2015
Postgraduate Medical Education
Annual Report 2015
## 2: Professional Development

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well developed workforce is crucial to delivering new models of health and care which cross traditional public service boundaries. When we were established as a special health board in 2002, we were responsible for the education and training of dentists, doctors, nurses, midwives, pharmacists and psychologists.

Today our role is much broader, supporting positive change by developing a health and care workforce with the right skills and behaviours to support new models of care. We now cover all staff groups, from administrative and support services staff and healthcare chaplains to clerical workers and chief executives, ensuring that people get the best care possible from well-trained and educated staff.

In 2014 we continued to respond to the Christie Commission’s calls for a systematic and coordinated approach to workforce development across the public sector through targeted support for the Scottish Government’s 2020 Vision of people able to live longer healthier lives at home, or in a homely setting.

2015 brings the second year of our refreshed strategic framework for 2014-19 Quality Education for a Healthier Scotland which will help us address substantial change within postgraduate medical education, including the establishment of a single regulator covering the whole continuum of medical education. This report is a celebration of the many ways that our medical directorate provides education, training and workforce development in partnership with NHS Boards and education providers.

Caroline Lamb
ACTING CHIEF EXECUTIVE

Today our role is much broader, supporting positive change by developing a health and care workforce with the right skills and behaviours to support new models of care.
his is the sixth Annual Report on Postgraduate Medical Education that NHS Education for Scotland (NES) has produced. Its purpose is to inform a wide range of interested people, both within Scotland and beyond, of what we do. NES is a Special Health Board, responsible for the development and delivery of education and training for all those who work in NHSScotland.

Through this, we support the work of NHSScotland in delivering services to patients that are person-centred, safe, effective and evidence-based. The NES Medical Directorate is responsible for the training of some 5,700 doctors - who deliver care every day while working and learning in general practices and hospitals in the territorial health boards across NHS Scotland.

Our role is to oversee this training, manage the trainee’s progress through the programme, ensure that training is delivered to the curricula and standards set by the GMC, and fulfill the role of the Responsible Officer to the GMC for all doctors in training in Scotland.

We also support the five Scottish medical schools through the distribution and performance management of resources for the clinical teaching of medical students - known as Additional Costs of Teaching (ACT).

At the time of our last report we had just launched the Scotland Deanery - created on 1 April 2014 from the four previous deaneries in Scotland, it is responsible for managing and quality managing all of our training programmes across the four NES regions. The Scottish model allows our four regions to work together as part of the Medical Directorate of NES, ensuring equity of recruitment and management approach, as well as national policies and working committees such as Specialty Training Boards, which mean that Scotland can deliver a consistently high quality approach, while allowing us a strong voice on a UK basis.

Our four Postgraduate Deans and GP Directors work together to provide strategic leadership and direction for postgraduate medical education and training to meet the requirements of the GMC. They take advice from Royal Colleges and Faculties to assist them, and in doing so, they ensure consistent regional delivery of national and NES policies.

Following the publication of the report of the review of the Shape of Postgraduate Medical Training led by Professor David Greenaway, work has been underway across the UK during 2014 to develop policy advice to ministers on the implementation of the recommendations contained in the report. A consensus statement on the way forward was published in February of 2015, and NES will now work with partners and stakeholders across Scotland and the UK to take this forward.

The GMC began reviewing their standards for medical education and training in 2013 and have drafted new standards that will cover both undergraduate and postgraduate education and training, which will be consulted on in the early part of 2015, and implemented thereafter. In addition, by the time this report is published, the GMC will have released unique data looking at the progression of medical students and doctors in training from medical school, through foundation training and into specialty training in the UK.

1. http://www.shapeoftraining.co.uk/1739.asp
Lastly, colleagues will be aware that Professor Philip Cachia, Postgraduate Dean in NES East Region and Professor Gillian Needham, Postgraduate Dean in NES North Region will be retiring during 2015. Both Philip and Gillian have been Postgraduate Deans for over a decade, will be greatly missed, and each will be a hard act to follow. I would want to take this opportunity to put on record our very deep and sincere gratitude for their enormous contributions.

Professor Stewart Irvine
DIRECTOR OF MEDICINE,
NHS EDUCATION FOR SCOTLAND
APRIL 2015

The Scottish model allows our four regions to work together... which means that Scotland can deliver a consistently high quality approach, while allowing us a strong voice on a UK basis.
Our ground-breaking work with university partners... has both challenged conventional ways of working and allowed creative co-production across Scotland.
2.1 INTRODUCTION AND BACKGROUND

While the NES Medical Directorate Professional Development (PD) workstream is where the Directorate develops a range of uni-professional activities in support of medical trainees and trainers, it is also where we aspire to fulfill our corporate responsibilities in offering team and multi-professional activities. Increasingly, this workstream aligns to the needs of the frontline workplace team, not only the doctors who train and are in-training there. Largely programme-based, the activities detailed in the following pages have the potential to cover most NHSScotland staff:

» quality improvement programme
» practice-based small group learning (PBSGL)
» mobile skills unit products
» patient safety training
» clinical skills network
» the Leadership and Management Programme (LaMP)
» the bereavement hub

These can largely be delivered wherever needed in the mainland or on the islands and in a range of community, primary care, and hospital settings.

Our ground-breaking work with university partners to design, develop and deliver the GMC Recognition and Approval of Trainers requirements once for Scotland, has both challenged conventional ways of working and allowed creative co-production across Scotland. Five medical schools, 14 territorial health boards and NES will, during 2015 and towards the July 2016 milestone, deliver a single managed approach that aims to be compliant with regulation.

Our ambitious CPD Connect work, strategically focused and having achieved coalescence of existing arrangements in support of GPs across Scotland into a single system, has ensured delivery of accessible, relevant CPD to the primary and community care teams.

Using well-tested educational methodologies (e.g. PBSGL) and exploiting digital technologies (e.g. the LaMP blended learning approach) we aim to offer modern, responsive, credible, and relevant approaches and products to NHS staff.

Five medical schools, 14 territorial health boards and NES will, during 2015 and towards the July 2016 milestone, deliver a single managed approach that aims to be compliant with regulation.
2.2 PRE AND POST CCT TRAINING

LEADERSHIP & MANAGEMENT PROGRAMME (LAMP)

The LaMP programme, originally developed for postgraduate medical trainees, was modified during 2014 and made available to dental trainees and trained doctors. These new programmes still retain the same core generic content but have been modified to reflect the differing roles and responsibilities of these groups.

<table>
<thead>
<tr>
<th></th>
<th>Number registered for LaMP</th>
<th>Number who have completed the programme</th>
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<tbody>
<tr>
<td>Medical trainees</td>
<td>1390</td>
<td>304</td>
</tr>
<tr>
<td>Dental trainees</td>
<td>22</td>
<td>4</td>
</tr>
<tr>
<td>Trained doctors</td>
<td>245 (209 SAS doctors, 36 Consultants/GPs)</td>
<td>22 (21 SAS doctors, 1 Consultant/GP)</td>
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The table above demonstrates those registering for and completing each of the LaMP programmes by the end of 2014.

Further interest has been expressed in LaMP by other professional groups and the possibility of developing the programme to meet their specific needs will be explored during 2015.
The Professionalism and Excellence in Scottish Medicine Group has identified “paired learning” as a potential approach to improving inter-professional relationships and fostering mutual understanding, respect and more effective collaborative working, drawing on the rich learning and experience from an initiative in NHS London.

In their report, Bob Klaber et al. summarise the compelling case for improving medical-management engagement and describe how a ‘Paired Learning’ development programme was devised and implemented at Imperial College Healthcare NHS Trust in 2010-11.2

“Conflict between doctors and managers may in part be a consequence of working within differentiated cultures in which there are different expectations of the ‘correct way to perceive, think and feel’ (Schein, 2010). Developing initiatives that lead to a better understanding of these different perspectives and stronger engagement between clinicians and managers is crucial to ensuring there is a strong joint focus on improving care for patients”.3

In their initial pilot (which ran over eight months), there were 17 healthcare managers paired up with Specialist Registrar doctors.

The programme “was designed to pair up Band 7 and 8 healthcare managers and specialist registrar doctors as ‘buddies’ in a way in which they could learn from each other’s expertise and experience and jointly improve services for patients”. The stated aim was “to bring managers and junior doctors together within the workplace to facilitate improved communication, peer-learning and a stronger understanding of each others’ roles and the impact they each have on patient care”.

The programme comprised five key elements:

- Conversations between pairs
- Opening up experiences through work shadowing (initiated / facilitated by the pair)
- Workshops on building self-awareness, leadership and improvement skills
- Service and quality improvement projects
- “Design surgeries” providing change leadership expertise and support for projects

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3. ibid. (p 1.3)
Quoting from the *Executive Summary* of the report:

“The study found the Paired Learning Programme to significantly increase preparedness for leadership roles for both Specialist Registrar doctors and managers across a wide range of domains. The qualitative analysis demonstrated that the co-development of managers and doctors had a powerful impact on the personal learning, attitudes and behaviour of participants. In addition there were a number of demonstrable wider organisational benefits, resulting in improvements in patient care through the collaborative work done within the programme.”

**Implementing paired learning across NHS Scotland - key principles**

In the draft “Implementation Work Plan, 2014-15” for the Professionalism & Excellence in Scottish Medicine (June 2014), one of the key actions identified is:

» Widespread implementation of Paired Learning - to promote contribution, professionalism, QI expertise, and mutual understanding.

**The following are key points:**

» It is important to keep a clear focus on the ultimate aim: to improve outcomes and services for patients.

» The paired conversations, based firmly within the real-life work context, are at the core of the approach. This is where the real change happens - in the participants’ attitudes, behaviours, assumptions and working practices.

» The approach needs to be carefully positioned and supported so that participants feel enabled to invest their time and energy in the paired conversations, paired relationships, the shadowing opportunities and the project.

» The learning from the shadowing opportunities has proved more significant than originally anticipated. To be effective, shadowing needs to be focused, well-managed and purposeful; participants should be encouraged to engage in pre-briefing and de-briefing in order to derive the full benefit from these important opportunities.

» While it might start with pairs comprising doctors and operational managers in acute settings, there is potential added value in broadening out the approach to include people from other professions, as well as patients, from diverse contexts. Using this approach to build better links across public services has particular relevance in the Scottish context (e.g., health and social care integration).

» While the focus on improvement projects which impact services is important, the primary qualitative impact of this approach is on shifting culture, changing attitudes for the better, and sustaining lifelong learning. This approach has had a profound impact on individuals’ behaviour and thinking.
The paired conversations, based firmly within the real-life work context, are at the core of the approach.

» The approach best starts from where there is joint work to be done, with energetic people who want to make a difference. In spreading the approach, follow the energy. Small bursaries (awarded by the NHS London Leadership Academy) have helped to support local paired learning initiatives. Momentum is best built bottom up, not top down.

» Build on what already exists, i.e., incorporate local development elements and resources into the approach rather than “re-inventing the wheel”. The workshops, while valuable, are less critical to the success of the programme than the paired conversations and shadowing opportunities.

» This should not be seen as a “no cost” or “low cost” approach. While the approach is work-based, it still requires effective, dedicated programme management and leadership and it is important for the programme team to come from diverse professional backgrounds (i.e., clinical/medical and managerial).

» Evaluation of the experience and impact of the programme is crucial - both in justifying the investment as well as spreading the value of the approach. To date, in NHS London, evaluations have been conducted on a single project by project basis. There has been no evaluation of the spread of paired learning or the impact on culture over time.
Principles for Paired Learning across NHS Scotland

The paired learning approach is highly relevant in the Scottish context with the policy emphasis on core public service values, leading for quality improvement, engaging people, fostering cultures of learning and innovation, co-production and collaborative working, and distributed (or "collective") leadership. Furthermore, this approach aligns well with key aspects of the current leadership and management priorities being led by the Board Chief Executives’ group (“Leadership Matters”):

- cross sector development
- values and performance management
- middle management development
- leading teams, engaging people

1. Local implementation.
   Develop and implement the paired learning approach at a local level within targeted areas, within specific Health Boards or with specific (self-selected) groups. Using a ‘bottom up’ approach, paired learning initiatives are most effective where they are built on local need, energy, interest and responsibility. Ensure robust programme management arrangements are in place, with “co-leads” drawn from clinical and non-clinical roles, i.e., mirroring the paired learning ethos.

2. Outcomes focus.
   Focus on the positive outcomes in terms of service delivery and quality improvement, i.e., an assets-based rather than a problem-based or deficit approach. The focus is on what positive, constructive, and mutually respectful professional relationships based on trust can deliver in terms of service outcomes, quality improvement, and person-centred culture and values.

3. Impact on culture and values.
   Recognise the potential impact of a paired learning approach on building a positive culture of engagement, learning and innovation and on fostering mutual understanding of shared, common, public service values. The quality of the paired conversations is at the heart of the approach and they should be valued and supported as such.
4. Identify and build on existing resources. Make full use of relevant development resources and capabilities which already exist both at a national and regional/local level. Develop locally tailored paired learning programmes comprising core elements and capitalising on existing resources, approaches and capabilities. Examples of existing resources at a national and/or local level include:

» QI Hub and the Leading Quality Network (LQN)
» SAS Managed Education Network
» Scottish Deanery’s LaMP (leadership & management programme) for medical and dental trainees
» local QI expert practitioners
» development workshops run for the Managers’ Development Network (MDN);
» the national collaborative leadership development programme, “Leading for the Future”
» local leadership development workshops - in particular those focused on the development of medical leaders
» local OD / leadership practitioners
» development activities around dialogue practice

5. Sponsor, support and nurture. Ensure that there is local leadership and executive level sponsorship for each paired learning initiative. Paired conversations will not just happen without the right kind of support and nurturing. To make a lasting difference, participants need to feel that they are being supported to learn, think and act differently.

6. Collate and share learning. Collate the learning from local projects and share knowledge about which approaches and resources are working most effectively across NHSScotland. Capture success stories and experiences in innovative ways (e.g. podcasts) as a way of promoting the approach and engaging other potential participants.

7. Evaluate impact. Incorporate a robust approach to evaluating impact in each local paired learning project, both in terms of participants’ learning and experiences as well as the wider impact on service outcomes and culture. Collate evaluation outcomes (at a national level) and explore the longer term and systemic benefits of the approach.

The paired learning approach is highly relevant in the Scottish context.
Implementing paired learning across NHS Scotland - recommendations and actions

Recommendations

Based on the principles outlined in section 3, above, the recommendations to the Professionalism & Excellence in Scottish Medicine Group for implementing paired learning across NHS Scotland in 2014/15 are as follows:

1. Establish a paired learning “guiding coalition” with co-leadership from a doctor and a manager in NHSScotland, e.g. nominated leads from the Scottish Association of Medical Directors (SAMD) and Health Board Chief Executives’ group.

   » The role of the guiding coalition is to: provide executive level sponsorship at a national level; report on progress into the P&E Group; and, to ensure that the paired learning approach is aligned with the on-going implementation of the 2020 Workforce Vision, in particular around Culture & Values, employee engagement, capability and leadership.

2. Establish a multi-disciplinary Paired Learning Implementation Project Team to be co-ordinated by NHS Education for Scotland (NES) comprising members from NES (Medical Directorate and the National Leadership Unit) and from the “early adopter” Health Boards (NHS Tayside, NHS Lanarkshire, NHS Highland, NHS Greater Glasgow & Clyde, NHS Grampian) in the first instance.

   » The role of the Project Team is to: develop resources and approaches to support the implementation of paired learning at local level; share learning and experiences from local paired learning initiatives to support on-going implementation across NHSScotland; undertake evaluation of the paired learning approach; and, make recommendations via the Guiding Coalition and P&E Group for further developments of the approach.
3. Adopt a **staged approach** to scoping and implementing paired learning across NHSScotland, learning from the iterative, bottom-up approach used in Trusts across NHS London. The first stage of implementing paired learning will involve the **provision of national support** (via the Project Team) to **six initial local paired learning projects**, each of which will be supported and led locally by a multi-professional group:
   - NHS Tayside (in Oncology)
   - NHS Highland (likely to be incorporated as an element in the new development programme for Consultants)
   - NHS Lanarkshire (to be confirmed)
   - NHS Greater Glasgow & Clyde (to be confirmed - provisionally within Diagnostics)
   - NHS Grampian (provisionally across primary and secondary care)
   - Scottish Clinical Leadership Fellows (the six Fellows in the August 2014 intake to be supported through paired learning throughout their Fellowship)

4. Drawing on the resources developed by Imperial College Healthcare NHS Trust, **develop a suite of national resources** which can be used to support and structure the implementation of paired learning at a local level (to be co-ordinated by project lead in National Leadership Unit in collaboration with Project Team).

5. **Identify the existing national resources** which could be drawn upon to support local paired learning projects (e.g., LQN; MDN workshops) and **collate information from across Health Boards** and national bodies about activities which are already happening around the paired learning concept, e.g. inter-professional action learning, (to be co-ordinated by project lead in NLU in collaboration with Project Team).

6. Create a digital repository (hosted on the Knowledge Network) for resources and information about the paired learning approach (to be co-ordinated by project lead in NLU in collaboration with Knowledge Services in NES).

7. Provide an initial communication on the launch of the paired learning approach to Board Chief Executives, Medical Directors and HR Directors in the first instance (to come from the Guiding Coalition and P&E Group). Thereafter, provide regular updates on local projects and the opportunities and resources available to extend and support the approach (to come from the Project Team).
**Actions:**

Actions taken to date and further actions around the implementation of paired learning across NHSScotland are fall under six headings:

- Governance and sponsorship
- Programme management
- Local implementation
- Development of supporting materials
- Development of paired learning elements
- Communication and spreading the approach

**National co-ordinating / development group:**

- Dr John Colvin (Scottish Government)
- Dr David Cowell (Scottish Clinical Leadership Fellow until Jan 2015)
- Professor Gillian Needham (PG Dean, NES)
- Ms Brigid Russell (National Leadership Unit, NES)
- Dr Emma Watson (Director of Medical Education, NHS Highland; member of P&E Group)
Introduction

The NES Quality Improvement Education Programme was initially established in April 2010 as a two-year programme to take forward the development of an educational strategy to build capacity in quality improvement methodologies and deliver a range of educational resources in response to the Scottish Government Health Department (SGHD) Quality Strategy. Since April 2012, the Quality Improvement Programme has evolved significantly both in terms of its maturity and as a result of the evolving policy and integrated service delivery contexts. A full-time Quality Improvement Programme Director was appointed in September 2012.

Quality Improvement Capacity & Capability Building Plan

A Quality Improvement Capacity and Capability Building Plan to support the delivery of the Route Map to the 2020 vision for Health and Social Care was proposed and agreed by the NES Executive Team, the Infrastructure Delivery Group and the Scottish Government Quality Unit between January and March 2013. The Plan describes key steps required to sustainably develop workforce capability to continuously improve service delivery and is summarised in the diagram below.

Quality Improvement Education Framework

The Quality Improvement Curriculum Framework was published in 2011 and a subset, the Measurement for Improvement Framework, published in 2012. The framework describes the skills and competencies required of staff at Foundation, Practitioner and Lead level. Key stakeholders were invited to review the Quality Improvement Curriculum Framework during 2013.

While the framework is well regarded, it was agreed that an introduction of an awareness level, further clarity about progression between Foundation, Practitioner and Lead levels and versions of the Framework at each of these levels would be useful for the workforce and work is ongoing in this regard.
Since April 2012, the Quality Improvement Programme has evolved significantly both in terms of its maturity and as a result of the evolving policy and integrated service delivery contexts.

Workforce Quality Improvement Self-assessment Tool

As lead partner on behalf of the QI Hub, NES has worked with one NHS Board and two national groups of Allied Healthcare Professionals to test a Quality Improvement Workforce Development Tool. This tool allows individuals, teams and organisations to self assess a range of improvement science, leadership and project management subject areas in relation to capability level, confidence and project team role.

There has been considerable interest in this tool, both from NHS Board and Public Services partner organisations. An online version of the tool will be developed and tested by the end of March 2015. Reports will be available at individual, organisational and national level. This work links closely to the further development of the Quality Improvement Curriculum Framework.
### Quality Improvement Learning Resources

#### e-Learning

There are currently 16 Quality Improvement e-Learning modules available on the NHSScotland Quality Improvement Hub website:

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<th>Leading Quality Improvement</th>
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<tr>
<td>Introduction to Quality</td>
<td>Creativity and Innovation in Healthcare</td>
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<tr>
<td>Introduction to Quality &amp; Quality Improvement</td>
<td>Introduction to Data Analysis</td>
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<tr>
<td>Improvement Methods</td>
<td>Measurement for Improvement – Presenting Data</td>
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<tr>
<td>Introduction to Measurement for Improvement</td>
<td>Introduction to Statistical Process Control</td>
</tr>
<tr>
<td>Lean in Healthcare</td>
<td>Evaluating Quality Improvement</td>
</tr>
<tr>
<td>Knowledge into Practice in Healthcare</td>
<td>Skills for Improvement: Measurement Module A – Planning</td>
</tr>
<tr>
<td>Introduction to Our Purposes and Values</td>
<td>Skills for Improvement: Measurement Module B – Analysing Data</td>
</tr>
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<td>Building a Quality Culture</td>
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**Table 1: Quality Improvement e-Learning Modules on QI Hub Website as at 31 July 2014**
Quality Improvement Taught Programmes

Following discussion between the Chief Executives of NES and Healthcare Improvement Scotland (HIS) in April 2012, it was agreed that responsibility for the delivery of formal quality improvement educational programmes ("QI Taught Programmes") should transfer from HIS to NES in line with NES’ strategic framework. NES assumed responsibility for these programmes from 1 April 2014.

The three programmes included in this transfer were:

- Scottish Patient Safety Fellowship Programme
- Improvement Advisor Professional Development Programme
- Scottish Improvement Skills Programme
Scottish Patient Safety Fellowship Programme
This is a 10 month educational programme of distance learning, coaching and focused residential seminars to develop and strengthen clinical leadership capability and effectiveness in safety and quality improvement by enhancing knowledge of the science and methods for improvement to support the development of safety programmes and to spread improvement.

The stated aims of the Fellowship Programme are to:

» develop and strengthen clinical leadership capability to support the SPSP (Scottish Patient Safety Programme)
» contribute to the development of a long term quality improvement and patient safety culture
» establish a learning support network for transformational leadership
» strengthen existing collaborations within NHSScotland

There are over 100 clinicians who have completed the Fellowship programme which is currently on Cohort 7. Around 60% of participants are doctors including several trainees. As well as Scottish Fellows the programme has participants from Northern Ireland, Republic of Ireland, England, Wales, Norway and Denmark.

Improvement Advisor Professional Development Programme (the IA Programme)
The Improvement Advisor (IA) programme is an Institute for Healthcare Improvement (IHI) programme. It has been specifically designed to train recognised experts in improvement science and is part of IHI’s international suite of programmes. The IA Programme is a rigorous nine-month patient safety and quality improvement programme which equips participants with the knowledge and skills to become improvement advisors within their NHS board. An IA is someone who can effectively lead and facilitate quality improvement, using data to drive improvement, thus assisting NHS Boards to achieve sustainable improvements at board level.

IHI have supported 4 cohorts of the IA Programme in Scotland and there are approximately 100 Improvement Advisors in NHSScotland, including a number of medical staff.

As well as Scottish Fellows the programme has participants from Northern Ireland, Republic of Ireland, England, Wales, Norway and Denmark.
Scottish Improvement Skills
Scottish Improvement Skills (SIS) is designed to help healthcare organisations develop the skills and resources they need to carry out successful improvement projects. The education and support for this programme is delivered by the SPSP Fellows, Improvement Advisors, and other HIS and NHS Board staff as speakers. This programme has been redesigned and the first new cohort commenced the programme in June 2014. There are 27 participants from NHS Boards (special and territorial) on this cohort. A further four cohorts have been scheduled over the coming 12 months.

Approximately 400 staff have completed the Scottish Improvement Skills course (or the IHI equivalent, Improvement Science in Action).

Scottish Improvement Leader (SciL) Programme
NES has led the development of a new lead level Improvement Science education programme targeted at people working in the Scottish public services who have a role in leading improvement work at an organisation level and coaching others. This Programme is being delivered mainly by Scottish faculty drawn from across the public services that have deep and broad improvement science and leadership skills and experience. The first cohort of this programme commenced in November 2014 and is made up of staff working in the NHS as well as in Early Years, Education and the Scottish Government.

Faculty development
There are around 200 staff across NHS Scotland who have completed the Scottish Patient Safety Fellowship and the IA Programmes respectively. Historically, there has been no systematic ongoing development for these people once they have completed these lead level education programmes. There is an expectation that they contribute to safety and improvement work nationally and they may be asked to present their work or assist with breakout sessions at Scottish Patient Safety Programme Collaborative Learning sessions. Now that the formal QI Taught Programmes have transferred to NES we are establishing a systematic approach to developing
this Scottish Faculty. This includes development of a person specification for Faculty for each programme, development of a programme of ongoing development opportunities (e.g. mentoring, planning for impact evaluation), support for communities of practice such as the IA Network, inclusion of two IA Graduate places on the current IA Programme wave, and involvement of SPSP Fellows in delivering the Future Quality Improvement Masterclass in a coaching capacity. This will support maintenance of local quality improvement capacity and capability and contribute to Scotland become more self-sufficient and efficient, reducing reliance on external providers for long term delivery of lead level programmes. In addition, Quality Improvement Faculty Development Day is scheduled for March 2015.

QI Hub Website (www.qihub.scot.nhs.uk)
The Education and Learning section of the QI Hub website contains information about NES quality improvement learning resources. There were over 1000 unique user visits to the Education and Learning section of the QI Hub website in July 2014 compared with around 670 unique user visits in July 2013, representing an increase of 57% in the last year. The QI Hub website Knowledge Manager is currently identifying ways in which we can access further website analytics which would allow us the understand the user profile/demographics in more detail.

This section of the website is being continually developed and updated to reflect new resources and opportunities.
The NES Clinical Skills Group was initially established to coordinate and manage the interface between NES and external clinical skills education providers, and to oversee the function of the Mobile Skills Unit (MSU). Since its establishment, the Group has overseen the integration into NES of the Clinical Skills Managed Educational Network (CSMEN) team and activities and has drawn together subject and educational experts from across NES and from external partners creating a strong ‘expert grouping’ to advise NES and to stimulate wider discussion on educational priorities in this area.

The Group structure reflects the increasingly cross-professional and cross-organisational agenda and strengthened links to the Patient Safety and Human Factors work streams within NES and amongst external partners. Regarding the commissioning process, our SLA process with external providers has clarified expectations regarding the relationship between funding and outcomes/output, has encouraged new ventures, supported sustainability and the enhanced sharing of good practice. The CSMEN Team and Clinical Lead and Regional Champions have continued to foster research, maintained links with key clinical and academic networks and developed/quality assured educational resources.

Previously the Clinical Skills Group operated outside the formal NES Directorate structures, but 2014/15 saw its formal integration within the Medical Directorate. This move has provided operational stability and further opportunities to both strengthen and articulate the relationship between Clinical Skills Education, Patient Safety and wider Quality Improvement.

A Framework for Excellence has been used to implement the principles of the Managed Educational Network for clinical skills and simulation by the Clinical Lead and the Regional Champions which has seen remarkable progress as the network continues to embed itself in enhancing the standards of behaviours in the practice of the NHS workforce through quality educational opportunities using simulation based learning underpinned by academic evidence.
Mobile Skills Unit

2014 was another busy year for the Mobile Skills Unit (MSU), visiting a total of 18 venues including three new sites (Nairn, Elgin and Southern General in Glasgow). Over 1200 individuals were trained on the Unit attending more than 200 training sessions (see Table 2 below).

<table>
<thead>
<tr>
<th></th>
<th>Total numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSU visits</td>
<td>18</td>
</tr>
<tr>
<td>NHS staff trained*</td>
<td>1074</td>
</tr>
<tr>
<td>Other agency staff trained*</td>
<td>134</td>
</tr>
<tr>
<td>Public trained*</td>
<td>74</td>
</tr>
<tr>
<td>Training sessions delivered*</td>
<td>231</td>
</tr>
<tr>
<td>MSU Faculty Development Courses</td>
<td>7</td>
</tr>
</tbody>
</table>

Table 2. Training figures for MSU (2014)
*Figures provided by the host for each venue

Participants benefitted from a broad range of training sessions delivered on the MSU including: Paediatric Intensive Care Outreach, Emergency Medical Retrieval, Neonatal Resuscitation and Obstetric Emergencies, Basic and Advanced Life Support, Anaphylaxis, Intravenous Cannulation and Airway Management. Heartstart and Basic Life Support sessions were delivered to members of the public and at Tiree an evening of Basic Life Support was organised for the local Beaver Scouts. Other agencies who attended training were the Police, Fire, Coastguard, RNLI and Mountain Rescue Teams.

Following training on the MSU at Islay, a Multi Agency Exercise - “Exercise Tempest,” was delivered which saw emergency services responding to an explosion at the Bowmore Distillery. The aim of the exercise was to test the multi-agency response to multiple casualties during daylight hours. The Scottish Ambulance Service, Scottish Fire & Rescue, GPs, Police, hospital staff and members of the public all played their part in this live scenario, utilising training delivered on the MSU.

In 2014, there were seven MSU Faculty Development Courses delivered on the MSU and facilitated by the Scottish Centre for Simulation and Clinical Human Factors (SCSCHF). A total of 46 healthcare professionals from across Scotland have been trained. The aim of the course was to prepare faculty in their unique role as simulation educators and to maximise the educational benefit for learners from the simulation facilities available to them on the MSU. In collaboration with the Clinical Lead and Regional Champions the programme has been updated and refocused to the needs of faculty.

PhD Fellowship

A PhD fellowship at the University of Dundee to undertake a study using a realist evaluation approach to explore faculty development for the mobile skills unit to maximise its impact on ensuring equality of access and quality of simulation based training. This is year 1 of the study which will involve using a realist evaluation approach to identify stakeholders’ views within the framework of context mechanism and outcomes and to synthesise the literature systematically to identify gaps for further exploration.
How to guides
These were developed for the MSU and have been refined and piloted during the course of the year by the Clinical Lead and Regional Champions.

Resources
Three new clinical skills online resources were published in 2014:

- Professionalism and Professional Accountability in Clinical Skills Practice (developed in collaboration with NHS Fife, NHS Lothian, NHS Tayside, University of Dundee, University of Glasgow)
- Intramuscular Injections (developed in collaboration with NHS Fife, University of Aberdeen, University of Dundee)
- Lumbar Puncture (developed in collaboration with NHS Greater Glasgow & Clyde, NHS Lanarkshire, NHS Lothian)

Two existing resources (Chest Drains and Intraosseous Cannulation) available from our website - www.csmen.scot.nhs.uk/resources - were adapted for use on learnPro. Statistics for user numbers for resources already on learnPro were very encouraging; in 2014, 2228 unique users from all 14 territorial health boards accessed the Intravenous Medications Administration resource and 199 unique users from 13 territorial boards accessed the Suturing resource.

The ECG resource is continuing to be developed and is being led by NHS Lanarkshire. The development and review of existing resources have been undertaken and supported where appropriate by the Clinical Lead and Regional Champions.

To ensure the standards of workshops and scenarios provided by the CSMEN, templates have been agreed and are available on our website ensuring quality of process as well as outcome.

Slide from Intramuscular Injections resource showing main muscle sites for administering injections.
At the March Human Factors Conference 221 participants attended from a diverse range of organisations. All the mainland territorial health boards and most of specialist boards were represented as well as several partner organisations and universities.

The Clinical Lead of CS MEN was invited to lead the educational workshop with Rona Patey as co-facilitator. This has led to a new piece of work exploring what human factors training is required across the health and social care sector.

Malcolm Wright, NES CEO, ended the Conference with a keynote speech in which he pledged that NES would provide leadership around the integration of Human Factors, Patient Safety, Clinical Skills and Quality Improvement in the development of educational resources to support the health and social care workforce in Scotland. Professor Stewart Irvine, Director of Medicine is the NES Executive Lead now responsible for developing this integrated approach and this work is already underway.

Generic online resource
Fiona Anderson, Training and Education Development Manager and Elaine Pacitti, Educational Project Manager in the NES Medical Directorate, have established a short life working group to develop an entry level e-learning Human Factors resource. This will integrate with other educational initiatives and resources in the areas of Quality Improvement, Patient Safety and with the Leadership and Management Programme (LaMP). A pilot e-learning resource will be reviewed by an expert reference group in the first instance, with a view to piloting and evaluating it in 2015.
Primary Care

Human factors (also known as ergonomics) is the application of scientific evidence to understand how human performance varies in relation to the working environment and design of work within the context of the system that people work within.

NES worked in partnership with the Nottingham University Human Factors Research Group on an innovative study to review existing GP specialty training within the west of Scotland region to understand how human factors science, practice and principles may benefit the existing programme.

There appears little evidence relating to human factors in primary care, hence this project commenced by gaining an appreciation of the nature of the work and working environment typical to a GP trainee in Scotland.

The exploratory nature of this work has provided a starting point to explore which human factors issues should be understood to inform GP educationalists, supervisors, trainers and trainee GPs on the issues most likely to influence their performance in the workplace training environment and impact on patient safety. The findings highlight why and how an understanding of human factors can assist a trainee GP to recognise the issues that may influence, for example, the safety and productivity performance of people and the organisation. Ultimately the aim would be to integrate the application of human factors thinking and practice into their future workplace. A key project output has been to represent these findings in a comprehensive format that can be expanded upon and verified during future work within this area. The study outcomes will be of high interest to other areas of medicine and clinical specialties.
CSMEN Research & Development Conference –
June 2014

This year’s Conference was held at Stirling Management Centre and showcased work from small grants funded by CS MEN. The five 2014 Award Winners all presented an introduction to their work.

In addition, four presentations from recently completed research programmes were also showcased. Two keynote lectures were given - Dr Vivien Swanson, NES, spoke on “Hands, Heads and Bumps” and Professor Peter Davey, University of Dundee, spoke on the subject of Quality Improvement: The Hard Science.

Workshops

Several workshops have been held in the past year by the Clinical Lead and the Regional Champions including one in collaboration with the NES Person Centred Care Group on Value Driven teams in June 2014. A two day interprofessional workshop was held in collaboration with the University of Dundee in relation to Patient Safety and Quality Improvement with participants from around NHS Scotland. In addition, in October 2014 the South East held a regional showcase event.

The Clinical Lead participated in an AMEE Simulation Expert Group workshop on use of cartoons to learn CRM skills in September 2014.
**Other Conferences**

**Association for Simulated Practice in Healthcare (ASPiH) – Scottish Clinical Skills Network (SCSN) Conference – April 2014**

The second SCSN ASPiH Joint Scottish Symposium was held at Uaill Fire and Rescue Training Centre in Cambuslang with 150 delegates and 17 Industry Exhibitors. Two workshops were held on the MSU, the first being a workshop by:

- Amputees in Action (specialise in developing casualty simulations for the Emergency Services)
- Inventive Medical (demonstrated their HeartWorks computer-generated, animated 3D model of the normal human heart).

CS MEN also presented a poster “A Whole Community Approach to Safer Patient Care” showcasing some of the multi-agency training that occurs aboard the MSU.

**Scottish Medical Education Conference Edinburgh May 2014**

» **CS MEN Team Won Award**

The CS MEN Team were the inaugural winners of the Innovation in Training Award presented by Dr Aileen Keel, Acting Chief Medical Officer, Scottish Government. The award was in recognition of the wide range of clinical skills education and training which has been designed, developed and delivered. This included the online resources, the programmes of training on the MSU, the range of workshops and the collaborative projects with other clinical skills providers.

» **Symposium**

CS MEN Clinical Lead, Professor Jean Ker was invited to lead a symposium on “The Role of Simulation for Undergraduate and Postgraduate Education” with additional input from other experts. This was well attended by over 50 participants at the Conference.

**NHS Scotland Event – British Association for Intermediate care, Scotland (BASICS) extrication from car**

This year NES had a considerable presence at the NHSScotland Event with CS MEN helping to man the stand and demonstrated two of their latest resources on Lumbar Puncture and Intramuscular Injections. CS MEN also worked with BASICS and the Scottish Centre for Simulation and Clinical Human Factors (SCSCHF) to bring a live demonstration of an interdisciplinary team training session to the main hall of the Conference.

The scenario was built around a car crash that had resulted when a parent lost control of the car rushing their sick child to hospital in a remote part of Scotland. This live demonstration drew large crowds resulting in a lot of interest over the two days in the work of CS MEN and BASICS.
2.6 DEATH CERTIFICATION

The arrangements for death certification and registration have been extensively reviewed and, as a result, new legislation The Certification of Death (Scotland) Act 2011 is being implemented in Scotland in May 2015. This impacts on everyday practice for the majority of doctors in Scotland.

The process of implementing the legislation is being managed by Healthcare Improvement Scotland and NES was commissioned by Scottish Government to provide resources for national clinical staff training for all grades of medical staff as well as non-certifying staff. In addition, we have created web-based resources for both patients and staff. All educational resources were made available for training from April 2015, ahead of the legislation introduction.

For further information please contact:
Professor Hazel Scott: hazel.scott@nes.scot.nhs.uk
or Dr Janice Turner: janice.turner@nes.scot.nhs.uk
The Scottish Government supported Scottish Grief and Bereavement Hub transferred into the professional development workstream of the NES medical directorate in October 2014. This transfer will enhance Scottish Government’s ability to adopt an interdisciplinary and cross sector approach to the development of training and education for staff, patients, families and carers in the care of the dying and bereaved, informed by the four key principles set out in the Scottish Government (2014) Caring for people in the last days and hours of life.

In the light of recent General Medical Council and Maclean Report recommendations, a particular focus of activity for the next two years will be the training needs of postgraduate medical staff and undergraduate students to support greater confidence in handling and initiating discussion with patients and carers. Work will identify existing resources and remaining gaps in training and develop a training framework.

This work will also inform the approach needed to extend this support across all health and social care professionals to reflect multiprofessional and cross sector service delivery teams.

For further information please contact:
Professor Hazel Scott: hazel.scott@nes.scot.nhs.uk
or Dr Janice Turner: janice.turner@nes.scot.nhs.uk
We support the transition of GPs from trainees to independent practitioners and independent learners in a variety of ways including fellowships and scholarships. A variety of year-long post-CCT GP fellowships are funded by NES with some partnership funding also from Health Boards for rural and occupational medicine fellowships. There are five categories of fellowship: rural, medical education, academic, occupational medicine (OM) and health inequality (HI). Recruitment to the fellowships was very successful for the 2014 recruitment round.

With respect to the rural fellowships, this is particularly pleasing at a time when there is increasing concern about recruitment and retention of GPs in remote and rural areas. Recruitment to the rural fellowships includes four innovative ‘acute care fellows’ in Skye and Moray training for roles in ‘no-bypass’ community hospitals. Participating territorial Health Boards, who co-fund the fellowships recognise the importance of the rural fellowships in their recruitment and retention strategy.

A survey undertaken in 2014 suggests that almost three quarters of rural fellows go on to play a substantive role in Scottish remote and/or rural practice.

We work closely with our colleagues in Scotland’s five medical schools to provide academic opportunities for GPs early in their careers and similarly through NES’s distributed regional structure provide opportunities for a small number of GPs to work with us as medical education fellows.
HI fellows in Glasgow, Edinburgh and Dundee are provided with the opportunity to develop appropriate skills and insights, and contribute to Scotland’s health inequalities agenda. Occupational Medicine fellowships, which are fully funded by participating Boards provide an opportunity to develop expertise in this important element of generalist practice and have provided a useful route for some into formal OM training.

Since 2010/11 NES has also offered 20 GPs per year a place on an innovative Scottish national Paediatric Scholarship scheme. The stated aim of the scholarships is to offer a focused Continuing Professional Development (CPD) experience for trained GPs, with the explicit aim that they go on to play an enhanced role in providing, leading or developing children’s services in primary care or at the primary care/secondary care interface in Scotland. The fifth cohort of scholars is currently undertaking the programme, which lasts over an academic year, is delivered in partnership with the Scottish School of Community paediatrics and consists of a taught element, clinical attachments, small group work and flexible sessions.

Formal evaluation of the scholarship has been undertaken and published. Scholars were highly satisfied with the programme and described a number of resulting benefits for their clinical practice including; possessing enhanced knowledge and skills in primary care and acute settings, using this knowledge in GP with more confidence, passing on learning through teaching in a variety of forms, applying for/ doing specialist sessions, and seeking more coherent relationships and understandings of pathways from primary to secondary care. A longer term evaluation will be required to determine whether a lasting impact has been made.
The aim of the Scottish Clinical Leadership Fellowship (SCLF) is to contribute to providing NHS Scotland with a cadre of doctors who are committed to living and working in Scotland.

Purpose of the Fellowship

The aim of the Scottish Clinical Leadership Fellowship (SCLF) is to contribute to providing NHS Scotland with a cadre of doctors who are committed to living and working in Scotland and who have enhanced capability to offer leadership in their workplace and, potentially, at national and international levels. The Fellowships are offered on a one-year ‘out of programme’ basis and are an integral part of NHS Scotland’s approach to developing Professionalism and Excellence in the medical profession.

The Fellowship is open to trainees in Scotland who have the curiosity and ambition to push their development to new heights and to work at the leading edge. While on the scheme, Fellows have a bespoke opportunity to develop their leadership and management capabilities and to contribute to aspects of contemporary health care and medical education development in an apprenticeship style model. Working closely with leaders in the host organisations, Fellows have the opportunity to be immersed in the practicalities of running an organisation at a national level and to contribute to the development of national policy and approaches relating to medical workforce, education and development.

Scope and elements of the scheme

The scheme is organised at a national level through a partnership between NHS Education for Scotland (NES) and the Scottish Government, with current contributing organisations being the General Medical Council, National Services Scotland, the Royal College of Anaesthetists, the Royal College of Surgeons of Edinburgh, and the Royal College of Physicians and Surgeons of Glasgow. Whilst it is managed for employment purposes within NES, Fellows are based in a number of organisations in Scotland.

Through the Fellowship, participants have access to relevant leadership development programmes and activities co-ordinated by the National Leadership Unit (NLU) in NES, as well as mentorship and inter-professional paired learning. A theme for the second cohort (Aug 2014) is to enable the Fellows to participate in “paired learning”, comprising a pairing with a general manager, shadowing opportunities, access to QI and leadership support around their project and a number of tailored leadership & management development workshops.

Through links with the Faculty of Medical Leadership & Management (FMLM), Fellows have some opportunities for joint learning with Clinical Fellows from the English and Welsh schemes. Depending on local arrangements with the host organisation, there is some scope for Fellows to continue with a small clinical commitment.

Each Fellow works on at least one live project within their host organisation for the duration of the Fellowship within the broad area of medical workforce, recruitment, education and development.
The scheme was launched in Scotland in January 2014 with two Fellows, both of whom were sponsored and hosted by NES and the Scottish Government (Chief Medical Officer’s office). These first cohort Fellows graduated in December 2014 and have returned to their training programmes determined to continue the journey as part of a Scottish alumnus of Fellows.

The RCPSG recruited a single Fellow through their own process.

A second cohort of five Fellows commenced their Fellowship at the beginning of August 2014, hosted by a number of organisations as follows:

- Post 1 (Scottish Government / NES)
- Post 2 (National Services Scotland)
- Post 3 (Royal College of Anaesthetists / Scottish Government)
- Post 4 (Royal College of Surgeons, Edinburgh / NES)
- Post 5 (General Medical Council)

As well as working as part of their host organisations, Fellows have the opportunity to work collaboratively with a number of key national groups which include:

- Scottish Association of Medical Directors
- Directors of Medical Education Group
- Scottish Chief Executives’ Group
- Faculty of Medical Leadership & Management

These first cohort Fellows graduated in December 2014 and have returned to their training programmes determined to continue the journey as part of a Scottish alumnus of Fellows.

The arrangements for sponsoring, guiding and supporting each of the Fellows throughout the duration of the Fellowship include:

- An Executive sponsor in the host organisation who provides a systemic and strategic overview and high level sponsorship of the scheme
- A project mentor whose main focus is on supporting the Fellow around the practicalities of delivering a project within the host organisation
- A leadership mentor – who is likely to be a senior medical or other clinical leader, not necessarily from the same host organisation - who focuses on the development of the Fellow’s leadership and management skills and future career
- A leadership consultant from the NLU and PG Dean from NES who provide support, advice and coaching around both their personal and leadership development
- Peers in the scheme
- Other national Clinical Fellows as relevant, e.g. Scottish Patient Safety Fellows.
Progress to date

Cohort 1:
- Worked on at least 2-3 projects each within their sponsor organisations
- Attended a number of national policy and senior leadership forums
- Contributed to building the reputation of the scheme and to the recruitment to the second cohort
- Contributed to the development of the proposed “Paired Learning” scheme within NHS Scotland
- Participated in inter-professional action learning sets
- Participated in the national cross-Board leadership development programme, “Leading for the Future” (three 2-day modules to date with 3 master class events to come)
- Attended a couple of master classes as part of the strategic clinical leadership programme, “Delivering the Future”, and through these contacts identified Leadership Mentors from amongst the programme alumni
- Made connections with the Leading Quality Network, QI practitioners and with SPSP Fellows

Cohort 2:
The six Fellows (5 NES employed and one RCPSG) in the second cohort commenced on the scheme on 6th August 2014 and are almost mid-way through their year.

Planned activities so far (beyond the core elements of the scheme) include:
- Participation in aspects of the induction and development programme for the 2014 intake on the Management Training Scheme (MTS) alongside the General and Finance Management Trainees
- Contribution to the FMLM / Clinical Leadership Event on 28th November 2014
- A development event organised by NSS for English & Welsh CLFs

Future developments
We have Cohort 3 about to start and projects will include a partner piece between the Scottish Deans’ Medical Education Group and the Scottish Foundation Board looking at Quality Improvement leadership and training across the curricula as a contribution to the Professionalism and Excellence Programme.
2.10

FACULTY DEVELOPMENT

RECOGNITION OF TRAINERS

IMPLEMENTATION

Key Issues

The GMC has determined that it will provide a register of recognised trainers based on recommendations from EOs, including deaneries (postgraduate medical systems) and medical schools.

In Scotland, in addition to the General Medical Council’s (GMC) recognised roles, other key roles will be recognised, for example, Training Programme Directors (postgraduate), and Student Support Tutors and OSCE examiners (undergraduate).

By 31 July 2016 all medical trainers in the four named roles, or entering such roles, must be fully recognised i.e. have met the EO criteria without use of interim concessions.

On behalf of all EOs in Scotland, NES is developing the Scottish Online Appraisal & Revalidation system (SOAR), used by all doctors for annual appraisal and revalidation purposes, to allow evidence in support of trainer recognition to be presented at appraisal. In this way we will ensure trainers are recognised as appropriate.

It is proposed that applicants will be appointed to these roles only after demonstrating that they meet the EOs’ criteria and any mandatory training requirements.

Other clinicians will be involved in supervising students and trainees in a clinical setting. We will refer to these as “Supervising Clinicians” to distinguish them from Named Supervisors. These individuals will not require formal recognition, but if they have a substantial teaching role, they will need
to demonstrate evidence of development for this role as part of their appraisal process.

Where doctors meet the criteria for recognition, they will be encouraged to seek it even if they do not currently hold one of the four named roles. It is also anticipated that further undergraduate roles will likely be included within the GMC requirements in due course. This is in keeping with the GMC’s publication Tomorrow’s Doctors.

To achieve recognition it is required that all trainers in Scotland must meet the following criteria which have been agreed:

1. Comply with all legal, ethical and professional obligations including completion of mandatory training requirements.
2. Comply with all aspects of GMC’s Good Medical Practice.
3. Be currently practicing within their field. For undergraduate trainers this may include academic practice or health professionals in disciplines other than medicine.
4. Have appropriate time allocated for their role.
5. Demonstrate awareness of their role and how that role fits with other educational and clinical roles.
6. Know how to get support if needed and know about the relevant EOs’ quality management procedures.
7. Demonstrate awareness of the curriculum and level of students/trainees.
8. Demonstrate an appropriate level of teaching competence.

Next Steps

1. Continue to work closely with Scottish Deans Medical Education Group and the Scottish Directors of Medical Education Group, to ensure a consistent approach for all Scottish trainers as we move to full recognition.
2. Continue to regularly communicate progress to trainers through partnered email arrangements with LEPs.
3. Support LEPs and specifically Directors of Medical Education as they continue to attempt to fulfill their responsibilities to trainers as their employees.
4. Work collaboratively within NES IT systems and policies to ensure functional and non-duplicative data systems that enable trainers’ development and evidence.
5. Develop the Scottish Trainers Framework and ensure relevant training products are identified and included in the framework.
6. Having hosted the 2nd UK (GMC/COPMeD) Recognition of Trainers Forum in Scotland in 2014 (1st Forum was in Cardiff in December 2013) we will continue to engage meaningfully with all networks.
7. Design and develop bespoke online and web-based products as needed, with partners, to best support trainers. Consider how to manage the failing trainer/ trainer with difficulties.
2.11
FACULTY DEVELOPMENT ALLIANCE

n response to the GMC’s Recognition & Approval of Trainers Implementation Plan, NES has established the Faculty Development Alliance (FDA). The FDA is an amalgamation of the SCOTS Management Group and the National (GP) Training Development Group. Its remit is to design, develop and deliver a range of training and education resources for all postgraduate trainers working across the NHS in Scotland.

The Faculty Development Alliance comprises:

» An Accountable Officer – Dr David Bruce.
» A Central Secretariat providing administrative support
» An Executive Group which ensures that the training on offer is sufficient to support new regulatory requirements and manages the design, development and delivery of training and education resources.

Training resources will be available at:

» an entry-level to support trainers in achieving recognition for their role, and
» an established trainer level allowing trainers to build on their skills and maintain their approval as a trainer

ENTRY- LEVEL SUPPORT

» A new one-day Trainer Workshop is being rolled-out across a number of Health Board areas.
» Scottish Prospective Educational Supervisor Course (SPESC). There has been further development of this course for prospective GP trainers. The course now includes the One-Day Trainer Workshop and a further 4 days of training focussing on the specific requirements of GP training.

SUPPORT FOR ESTABLISHED TRAINERS

A small number of resources are currently available for established trainers e.g. Supporting Trainees with Difficulties course, Training Programme Directors course, an Approved Educational Supervisor workshop (for those who have completed SPESC) and an Experienced Educational Supervisor workshop.

IN DEVELOPMENT

Building on Your Skills will in time offer a menu of e-learning and face-to-face workshops and courses covering a variety of training related topics from which trainers can choose. These new developments will provide a blended-learning option for trainers linked to the Academy of Medical Educators Framework areas.

The FDA’s remit is to design, develop and deliver a range of training and education resources for all postgraduate trainers working across the NHS in Scotland.

A new IT platform is being developed which will allow trainers, once registered, to access all training resources provided by the FDA through a single portal.
Since the introduction, in 2013, of Medical Revalidation 6821 doctors practicing in Scotland have been revalidated by the GMC. Appraisal and Revalidation are now part of the professional landscape for all doctors. Around 55 percent of career grade Scottish doctors have been revalidated to date (Jan 2015) and we are on track for almost all doctors in Scotland to have been revalidated for the first time by March 2016.

Revalidation is designed to ensure all doctors meet the GMC standards of medical practice and professionalism. Participation in annual appraisal is a mandatory and key element of the revalidation process. It is recognised that ensuring the quality, consistency and ethos of medical appraisal is essential to maintaining the confidence of the public, doctors and all stakeholders in the process.

The work undertaken by NES in this area has been pivotal in reaching this stage and has received extremely positive feedback from all stakeholders involved in the delivery of appraisal and the roll out of revalidation. Scotland has led the way in developing and providing the required educational resources and support for all those involved in appraisal.

The work undertaken by NES in this area has been pivotal in reaching this stage and has received extremely positive feedback from all stakeholders.
In the last year, the NES appraisal team have worked hard to ensure that the training and support we provide continues to be appropriate. Working in collaboration with the territorial boards, we have devised and delivered an innovative and comprehensive programme of appraiser training which we have recently revised extensively to meet the needs of the current cohort of new and experienced appraisers and the evolving requirements of appraisals. We have also continued to receive funding from with the Scottish Government to extend and enhance the IT systems that underpin the appraisal process.

Developments this year have included a major review of the usability of the SOAR system with changes made to make the system more intuitive to use and clearer in its presentation; the revision of forms for Academic Appraisals and work on forms to support the Recognition of Trainers process being introduced by the GMC later this year.

Whilst participation in appraisal supports doctors undertaking revalidation, appraisal also focuses on supporting the individual doctor and encouraging them to reflect on their role and to consider how they can develop and improve the quality of care they provide. NES is committed to the aim of creating an educational environment and providing the resources necessary to ensure that all those who work in NHS Scotland are supported to develop their performance. Continuing professional development for all healthcare professionals is an important element of a consistent strategy to improve patient care.

The Scottish Online Appraisal Resource (SOAR) is now the resource used by the vast majority of doctors undertaking appraisal in Scotland and we continue to develop the resources available to ensure that, no matter the particular circumstances or working environment, all doctors working in NHS Scotland are supported in participating in the appraisal process.
A key strand of this programme is the provision of a meaningful appraisal process that encourages behaviours which reflect core values and helps to improve and sustain the performance of the medical workforce. There is a clear synergy with the ethos of medical appraisal and the development of a workforce that is empowered to consistently deliver excellence in health care. The work of the NES medical appraisal team provides a good example of how stakeholders can work together to make a significant contribution to this agenda.

Appraisal also focuses on supporting the individual doctor and encouraging them to reflect on their role.
ES has a commitment to the provision of Continuing Professional Development (CPD) for each of the Primary Care independent contractor professions in Scotland.

The stated objectives for General Medical Practice are that:

We will provide a national primary care CPD programme for GPs and practice staff to improve healthcare offered to patients and to meet the needs of GMC revalidation scheme for GPs.

During 2014/15 we will:

1. Use one national CPD course administration process as part of our Medical Vision to deliver single consistent processes for postgraduate medical education across Scotland

2. Review the quality and type of courses to ensure they reflect current hot topics and training needs

3. Provide a programme of Practice-based Small Group Learning (PBSGL) to an increasing range of primary care and other staff and achieve a 10% increase in registered PBSGL members

4. Quality assure our core CPD activity and support non-core initiatives delivered by partner organisations

Our strategic policy document on CPD presented last year (Rebranding NES GP/Primary Care CPD: Position and Strategy Paper) was accepted by the Directorate Executive Team in January 2014. This outlined our strategy for this element of the Directorate’s work into a single national system from April 2014.
Our new national approach has a presumption for inter-professional learning and is rural-proofed. Key to this will be the development with Knowledge Services Group of a NES GP/Primary Care CPD website to meet the needs of GPs which is ‘customer-focused’. It will include links to NES Portal and SOAR, support multi-media platforms for educational delivery, and also the development of a capability to deliver webinars and webcasts to ensure that practitioners in remote and rural areas are served by our operations.

We have implemented a single national coordinated system built on the successes and strength of our four-deanery model. With the opportunities provided by moving to a single Scottish system, our CPD provisions are now available to primary care practitioners throughout Scotland with the following key outputs:

» Course provision
We review the quality, type and location of courses, workshops and other face-to-face events to ensure they reflect current hot topics and training needs with the aim of delivering a coordinated suite of courses for GPs and other primary care professionals throughout Scotland to help meet the needs of revalidation and provide a better service to patients. This is managed and led from the Glasgow office in collaboration with regional NES offices and with a strong regional input to local course provision informed by local needs from Board Local Appraisal Advisers and other sources. We will continue to provide face-to-face learning in the Edinburgh and Glasgow offices and increase our output from the Aberdeen office.

» Hot Topics
We offer three or four hot topics study days annually to GPs and their teams in various locations across Scotland. These study days offer a varied programme of topics relevant to primary health care and are delivered in a lecture-based format with time for questions and answers.
» On-line Learning
We compliment these described courses, workshops and other face-to-face events, and address access issues that some practitioners have, by providing a variety of on-line learning options including webinars, webcasts and podcasts of presentations as well as making available e-learning resources.

» Audio-video recordings
We will test the popularity of audio-recording of Hot Topics Events in Scotland and market this resource to GPs and their teams across Scotland. We hope to improve accessibility to a range of CPD events for GPs in remote and rural areas.

» Quality Assurance
We deliver a Quality Assurance system that is implemented for all NES GP/Primary care CPD courses led from the Aberdeen office with local delivery related to the local context. QA ‘badging’ for initiatives delivered by partner organisations is offered to attempt to ensure a consistent standard of CPD delivery.

» Support for Appraisal & Revalidation
We provide support for appraisal and revalidation for GPs through peer review of criterion-based audit, significant event audit (SEA), and consultation skills, managed and led from the Glasgow office.

» Practice-based Small Group Learning
We will continue to deliver and develop the Practice-based Small Group Learning programme for GPs with a growing number of other primary care professionals, including module production (at a rate of approximately 14 modules/year), peer-facilitator training and membership support, managed and led from the Inverness office. We will continue to expand the inter-professional approach to this CPD method and offer the programme to more practice nurses and pharmacists.

We will produce modules based on members’ expressed needs and also in response to appropriate requests from partner organisations, including SGHD, NHS Health and RCGP, and investigate and evaluate this approach in novel professional groups and contexts where appropriate and where capacity exists.
The Practice Managers Vocational Training Scheme (VTS) is accredited by the University of West of Scotland at degree level. NHS Education for Scotland is responsible for planning and delivering the programme, under the leadership of Marion MacLeod. The VTS is a joint venture with the Institute of Health Care Management which is responsible for programme assessment. One hundred and twenty six GP Practice Managers (PMs) have completed the programme since its inception in 2005. The programme was extended in 2012, to include Trainee Dental Practice Managers and eleven have completed the programme.

Competition for entrance to the programme is high and trainees must commit to at least seven hours of private study per week. The ethos of the programme is to develop and equip trainees to become strategic business managers capable of assessing their internal and external environment and leading effective change. The programme is modelled on the GP Training Scheme in that each trainee is (geographically) paired with an experienced Practice Manager Trainer. Trainees attend a series of seven, two-day training sessions where the strategic elements of practice management are addressed.

The ethos of the programme is to develop and equip trainees to become strategic business managers capable of assessing their internal and external environment and leading effective change.
They continue to work in their own GP practice and meet their trainer for two hours per week of tutorials focused on their individual learning needs. Tutorial topics are identified from a Menu of Learning developed by the PM Network for this purpose. The Menu is an electronic list of everything a Practice Manager needs to know, with each topic linked to an appropriate website.

**Practice Management Development Network**

The National Coordinator is supported in her role by a network of Local Coordinators (LCs) across each of the territorial health boards. Local Coordinators:

- share information and best practice with their PM colleagues, provide networking opportunities to minimise isolation
- offer support and mentoring to new PMs
- organise meetings, learning events and road shows for PMs within their health board area.

Eight road-shows were organised by LCs from Shetland to the Borders, and from Lanarkshire to Grampian in 2014, providing Practice Managers with a range of development opportunities.

Several LCs are trained Peer Appraisers, having undertaken a similar training course to GP Appraisers. Budgetary limitations preclude wide role out of this service. A number of LCs are trained Peer Reviewers for Significant Event Analysis.

**Practice Managers Conference**

The Practice Managers conference is unique in that it is designed by PMs for PMs, and provides an opportunity for PMs to network and get up to date on best practice. The Network’s eleventh annual conference ‘Getting it Right’ took place in June 2014 and attracted a higher number of delegates than any previous PM conference.
Information Services Scotland estimates that a third of consultations in general practice are undertaken by nurses who are in the main employed independently by general practice. In 2011 NES recognised a coordinated learning and development network was needed across Scotland to support their employers by providing new accessible education through two streams of activity.

The network was created by identifying sessional NES GPN Education Advisors, motivated and experienced practice nurses, to communicate with practice nurses in their Board areas on education and development issues. In three years this network has established a key role in cascading important information to what was a fragmented and difficult population to reach. The local sessional Education Advisors fulfil a particularly important role in the ten Boards where there is no practice nurse lead employed. Although the number of sessions is limited to 1-3 per month the advisors are able to be active in key areas: supporting new educational initiatives; promoting education opportunities; supporting workforce development; and consulting with stakeholders.
Supporting Education Initiatives

The GPN learning network initiated a new accelerated and funded programme of learning called NES GPN Programme. This 15 month intense practice based learning was credit rated in 2014 at 60 academic credits at SCQF level 10 and educationally accredited by RCGP. The pilot of 12 nurses new to general practice employment was highly evaluated by the participants and the report was published in May 2014 (http://www.nes.scot.nhs.uk/general-practice-nursing/). The report highlighted the importance of the GPN Education Supervisors who deliver regular tutorials and assess clinical practice. A unique component of this programme for nurses is filming for formative learning of consultation skills in behaviour change and supporting self management. The emphasis on person centred skills is key in supporting people living with long term conditions, a fundamental part of GPN. Now in its 3rd year the programme selected 16 nurses from an increasing numbers of applicants. 14 nurses from 15 in the 2013-14 group are expected to receive certificates in April 2015. Plans to increase access to this quality programme are being considered due to the need to replace a highly skilled but aging workforce.

Plans to increase access to this quality programme are being considered due to the need to replace a highly skilled but aging workforce.

It is estimated that most cervical cytology screening is undertaken by GPN. This year the NES GPN learning network identified there was a need to offer an initial training course to fill the need left by other providers withdrawing such a course. Although some Boards have developed their own courses there are many other areas which needed nurses trained in this technique which is not included in preregistration training. The network worked with CPDConnect to develop an affordable course based on the NES Standards for Education: Cervical Cytology in Practice. The two courses offered were fully booked. As a result other short courses are being planned including one on leadership for senior practice nurses who are team leaders.

The NES National Coordinator for GPN supports education development in immunisation, sexual health, supporting self management, and other areas as requested in order to provide a practice nursing perspective. The GPN Education Advisors also offer such support locally and nationally so that the practical and experienced voices of the recipients of education are included in development.

Promoting Education

The network cascades information for NES, Scottish Government and the third sector to the GPN workforce. The local advisors keep updated links to existing and new nurses and also respond to questions from the workforce. In this way GPN in Scotland is better linked. The advisors meet twice a year and keep in contact through email on learning and development issues such as where to find education on a topic or evaluate current opportunities. They also work closely with partners such as Boards and professional bodies by arranging local meetings. Twice yearly the network writes and cascades a GPN newsletter that highlights key areas of learning often related to NMAHP and Scottish Government initiatives. The advisors facilitate and promote small group practice based learning.
Supporting GPN Workforce Development

The network is supporting GPN workforce development in revalidation, health and social care integration and leadership by partnering others either in NES or in Boards. NES has an ePortfolio which is designed to help nurses to record learning for revalidation and the network is actively promoting its use. The NES National GPN Coordinator is supporting the Scottish Government survey of the primary care workforce and the development and the results of the survey will impact on the GPN network work plan.

In May 2014 the GPN network held a well attended event alongside the Scottish Medical Education Conference. The topics included mentorship of preregistration nurses by general practice nurses, continuing professional development and the career and development framework for GPN including becoming a nurse partner in general practice. A report and recommendations, published in the Summer 2014 NES GPN Newsletter, highlighted the importance of supporting strategies to develop better GPN careers from preregistration to advanced practice and leadership.

In May 2014 the GPN network held a well attended event alongside the Scottish Medical Education Conference.
The Scottish Government funded Staff, Associate Specialist and Specialty Grade doctor and dentist (SAS) development project is now confirmed to have recurrent funding from Scottish Government into the future. The fund continues to support professional development activities proposed by SAS and supported by their clinical services.

Whilst specialty specific and generic postgraduate qualifications may be supported into the future, as they have been in the past, an emphasis will be placed on support for attendance on practical skills training courses, and secondments to other clinical teams to broaden experience and skills for significant and measurable service improvement and patient impact. The fund will continue to be used to support top-up training for certificate of eligibility of specialist registration (CESR) purposes.

Feedback from applicants to the fund confirms that the development activities being undertaken are enhancing their own knowledge, skills and practice, as well as helping to develop the service they work for and benefitting the patients they care for.

Our experienced network of SAS Educational Advisers are being streamlined to best support SAS grades locally, by providing advice and guidance with regards to the application process, CESR process, job planning, career planning, appraisal and revalidation, whilst ensuring best value from the fund.

Earlier this year, we received a formal evaluation of the programme endorsing the value to date and influencing our future planning.

We have delivered a SAS-accessible NES LaMP programme to 220 doctors and dentists.

If you require any further information, please email SASProject@nes.scot.nhs.uk or visit our page on the NES website.
This year we have provided a further “Introduction to the Role of the Forensic Physician” course, designed, developed and delivered the 1st Scottish Conference for Professionals Working in Forensic Medicine “What’s New in Forensics” and in March 2015 will be providing a new course, “Essentials in Sexual Offences Forensic Examination and Clinical Management.” All these courses have been approved for the purposes of CPD by the Faculty of Forensic and Legal Medicine.

We have also completed and launched the “New to Forensic Medicine - Teaching Programme” which is a mentored programme covering the same topics as the Introductory Course and designed and managed in collaboration with the School of Forensic Mental Health (SoFMH). This is intended to provide an alternative to the face-face course particularly for clinicians in remote and rural locations.

We have plans in place to develop a learning module around documentation and report writing in collaboration with Police Scotland and hope to offer a “Court Skills” course to give clinicians an opportunity to experience what they might expect when invited to appear in court as an expert witness. We recognise that there are links to other educational resources being developed within the work stream for example the work done by Dr Janice Turner in relation to Fatal Accident Inquiries which is a web based educational resource under development for all NHS staff directly or indirectly involved in fatal accident inquiry proceedings. This resource will supplement existing and developing materials regarding court skills and the enhancement of professionalism and consistency around report writing.

We now have a dedicated portal accessed via the Knowledge Network.

This resource will supplement existing and developing materials regarding court skills and the enhancement of professionalism and consistency around report writing.
The Remote and Rural Healthcare Educational Alliance (RRHEAL) works to design and deliver educational programmes and resources for the remote, rural and island workforce across Scotland. RRHEAL works with a wide range of colleagues at a national level to develop remote and rural inclusive national programmes in line with NES Remote and Rural Inclusive Education Policy.

The NES Remote and Rural Action Plan 2014 brings together key targets and programmes of work from across NES directorates to ensure streamlined delivery in the following key areas:

A / Promoting awareness of remote and rural workforce needs

RRHEAL have worked with a wide range of colleagues across health, social and voluntary care services this year to support enhanced access to learning opportunities for the remote, rural and island workforce. This has centred on providing programme and technology design and support in developing effective accessible remote participation opportunities at national and local levels.

RRHEAL supported NES and The Joint Improvement Team colleagues in designing and delivering a national multi agency remote participation conference on Improving Integration involving one hundred and forty participants from eleven sites remotely across Scotland.

B / Supporting Improved Recruitment and Retention

RRHEAL continue to work with colleagues to find the most effective ways for education to support improved recruitment and retention of skilled medical and healthcare workers for remote, rural and island areas of Scotland. Work is underway examining the methods through which more students from remote and rural areas can be better supported to both undertake medical and healthcare career training and also increase numbers of students who are provided with remote and rural experience as part of their training. RRHEAL is currently working with colleagues from the university sector to develop new more accessible qualifying routes for a range of healthcare degrees that enable students to live and study closer to home in remote and rural communities.

RRHEAL are also working to establish an accredited and standard Rural Pathway or Rural Passport for a range of healthcare professions. The Rural Passport will be a series of accredited, remote and rural appropriate education and training programmes which, as they are accrued, provide the generic and wide range of skills required in remote and rural practice and also enhance the individual’s career and professional record.

C / Aligning Education and Training with workforce plans

RRHEAL have worked with health and social care colleagues to complete a range of work providing educational support for employers looking to develop new Rural Generic (health and social care) Support Worker roles (RGSW). RRHEAL have produced a RGSW Capability Framework, Employer Guide and mapped existing education to both health and social care competences and skills systems. This work, together with a core RGSW job description developed with Orkney colleagues, has been utilised by Highland in designing and recruiting new RGSW posts in 2014. RRHEAL are sharing the
work and resources developed for the RGSW with colleagues within the national Scottish Government Health & Social Care support Worker Working Group.

RRHEAL have continued to deliver a rolling programme of “at distance” Northern Islands Video Conference Network programmes. These focus on priority clinical and professional areas in response to health and social care workforce requirements and have been well received. Some of the recent topics have been Falls Prevention, Technology Enabled Care and Early Recognition of the Sick Child.

RRHEAL have also worked with a range of colleagues from across the remote, rural and island Boards and Partnerships to design and deliver high quality “at distance” re usable, education and training resources which make best use of all available technologies and trainers skills and time. Some examples of this work are given below:

» **Care of the Diabetic Foot:** A range of accessible training and education resources are being developed including video conference education and recordings to promote use of existing NHS Highland guidelines for early referral and lead to better clinical application of guidance and more appropriate earlier referral/enhanced treatment options and interventions.

» **Handover Training Programme:** Working with medical colleagues to develop at distance handover training resources that are accessible and available to remote and islands placed foundation year doctors in training.

**D / Educational Leadership to support service redesign and improvement**

RRHEAL continues to work closely with the Rural General Hospital (RGH) workforce to identify areas of common need and develop solutions. RRHEAL will launch the RGH Workforce and Education Network in 2015 to assist with providing ongoing multidisciplinary educational support.

**E / Leadership of the national Technology Enabled Learning Programme (TEL).**

RRHEAL have taken a lead role in the design and development of the large scale Technology Enabled Learning survey of the Scottish health and social care workforce in 2014. The survey provides a unique baseline measure of workforce confidence and capabilities in using technology at work to deliver care and to access ongoing learning. The survey had 13,000 responses. This work will inform the remote and rural and national response to addressing training and learning needs in terms of using technology to support transformation, improvement and integration for the health and social care workforce.
**2.19**
MANDATORY AND STATUTORY TRAINING

**APPROVED MEDICAL PRACTITIONER TRAINING PROGRAMME**

The Medical Division of NES has been asked by Scottish Government to review and update the existing material and manage the initial training and continuing development in relation to the Approval of Medical Practitioners as described in Section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003.

Work is on-going to replace the existing entry level Multiple Choice Questions with a test that is more relevant and fit for purpose. New education and training materials are being developed by the School of Forensic Mental Health (SoFMH) to supplement this. Once this is complete, then an educational programme to support CPD will be designed and developed.
2.20
CAREER SUPPORT AND ADVICE

GP RETAINERS

We are working with Scottish Government to provide a training programme for those who have been out of General Practice on a career break and those new to UK GP.

The intention is to build on the existing Scottish GP Returner Scheme which is excellent but lacks sufficient funding to include a wider range of trained GPs who would like to work in Scotland.
Embedded within the General Medical Council (GMC) Quality Improvement Framework, the NES Scotland Deanery’s requirement to effect QM-QI is embedded in statute.
3.1 OVERVIEW

The Quality Management (QM) and Quality Improvement (QI) of postgraduate medical education and training (PGMET) is the core business of the Medical Directorate of NHS Education for Scotland (NES). Embedded within the General Medical Council (GMC) Quality Improvement Framework, the NES Scotland Deanery’s requirement to effect QM-QI is embedded in statute.

QM-QI in the Scotland Deanery has 3 essential aims:

- To scrutinise and manage the quality of PGMET provided in training environments within LEPs against the standards that have been set by the GMC
- To drive improvements when deficiencies are identified
- To identify, promote and disseminate the implementation of excellent practice in PGMET

In February 2015, the GMC opened for consultation their new draft standards that signal an important change from the existing separate sets of standards for undergraduate & postgraduate medical education and training. This will lead to a unified approach to having common standards for both undergraduate and postgraduate medical education and training, reflecting the reality that clinical training is delivered in the same training environments. Many sources of data, information and intelligence inform our QM activities – one of the most informative being surveys, of which the GMC National Trainee Survey is the most important. Work on NES’ own Scottish Training Survey (STS) has progressed this year with refinement of the core question set that informs the key indicators and work that is still in progress to refine the statistical processes that define above and below outliers. Our aim remains to establish the STS as our primary driver of QM activities – because it is run at the end of each training post and provides a more dynamic tool to assess short term trends, but also because it provides a solution to the challenge of how to gather meaningful QM data from Local Education Providers (LEP)s with small numbers of trainees. Section 3.7 features an update on the status of the STS.

This is the final year of the traditional four separate and distinct regional approaches to the delivery of QM for PGMET that has been the legacy of the former four regional Deaneries model. Section 3.3 features an update on this year’s QM activities. Section 3.4 describes progress that has been made around QM of GP out of hours activities, an area where we have been keen to gain understanding of the quality of training experience.
Conducting QM activities over the wide range of LEPs that range from very large city centre teaching hospitals with large numbers of doctors in training in multiple training programmes to small rural hospitals with very small numbers of trainees in a few programmes poses challenges – section 3.9 describes how we tailored our QM process to the latter end of the spectrum of LEPs in a recent visit to the Western Isles.

The advent of the Scotland Deanery in April 2014 signalled the beginning of working within national work streams to craft new single, consistent processes, that where possible effect their business once, for Scotland. The NES Medical Directorate Quality Workstream has embraced enthusiastically the mission to deliver a ‘once for Scotland’, new model to effect Quality Management – Quality Improvement (QM – QI) that has, at its core, alignment of QM-QI within specialty groupings as currently defined by the constitution of Specialty Training Boards (STBs) for the whole of Scotland. The QM-QI change programme comprises 10 constituent projects that are described in more detail in section 3.2. Crucially the new model seeks to deliver not just the scrutiny element required of QM, but it also seeks to embed a new emphasis on quality improvement (QI) of PGMET, to ensure that training environments throughout Scotland can learn from good educational practices that exist currently around Scotland; to that end we are developing a new web-based tool (SHARE) to showcase good educational practice, for the benefit of the wider community who are engaged in delivering medical education and training.

We are developing a new web-based tool (SHARE) to showcase good educational practice, for the benefit of the wider community who are engaged in delivering medical education and training.
NES also has a locus in undergraduate medical education, which is to manage the Additional Cost of Teaching (ACT) fund, the Scottish Government funding that covers the additional costs of teaching medical undergraduate students within the NHS. NES distributes ACT funding to all NHS Boards and GPs in Scotland who are engaged in undergraduate teaching, using a model based on the number of students and the amount of teaching activity within each board including GP teaching. This funding supports the educational infrastructure as well as clinical placements and other direct teaching activity such as lectures, tutorials and teaching within clinical skills centres. A report on ACT is in section 3.8.

Research is a key element within the Quality Workstream – and falls into 2 broad strands. NES is part of the Scottish Medical Education Research Consortium (SMERC), a collaboration that includes the Scottish Medical schools that supports research in the field of education. A report on the work undertaken in association with SMERC is in section 3.10. The other element seeks to develop processes for the evaluation of the impact of the QM-QI activities referred to earlier.

The Scottish Clinical Research Excellence Development Scheme (SCREDS) promotes integrated clinical training and academic career development to promote and support growth of academic excellence within Scotland, through initiatives such as supporting appointments to Clinical Lecturer posts; a report on the activities of SCREDS is provided in section 3.5.
The Scotland Deanery is taking the opportunity to redesign how Quality Management and Quality Improvement (QM-QI) in postgraduate medical education & training are delivered in Scotland, with a view to introducing a new way of working.

Based on the guiding principles outlined below, the aim is for a consistent delivery model across all specialties, programmes and Local Education Providers (LEPs) that retains the benefits of local relationships alongside standardisation and transparency of process across Scotland as a whole.

The proposed new QM-QI model draws on the current strengths within the four Scottish regions, as well as best practice found elsewhere in the UK. Importantly it also envisages engagement with the Deanery’s Specialty Training Boards (STBs) whose knowledge of training in their specialties across Scotland will be used to ensure better assessment of available evidence, and more precise targeting of the Deanery’s QM-QI resources.

Accountability for QM-QI remains with the Deanery’s senior Medical Educational Leads (MELs) and responsibility for delivering all aspects of the function rests with the Quality leads and Quality Improvement Managers based across Scotland, who will fully support and underpin the contribution of the STBs.

Investment plans are being considered by NES and development of the new model is currently underway, with further consultation and engagement to take place.
<table>
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<tr>
<th>Guiding Principles</th>
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<tr>
<td>1. Deliver a consistent approach to the triangulation and evaluation of QM data &amp; information relating to all training environments in Scotland that provide training in any speciality; where variance is identified, measures will be taken to raise training to the highest quality that can be achieved in Scotland.</td>
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<td>2. Apply a consistent approach to the application of thresholds for interventions such as triggered visits after the evaluation of QM data &amp; information relating to all training/training environments in the same speciality, everywhere in Scotland.</td>
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<td>3. When conducting QM-QI visits, employ a consistent approach to evaluation of training/training environments against the same set of standards, with the aim of driving improvements to attain consistent, high quality training in all LEPs in Scotland that provide training in any speciality.</td>
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<td>4. Focus on postgraduate medical education and training, and also on the training environment in which that education and training are delivered.</td>
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<td>5. Ensure that chairpersons, lead visitors and lay panel members involved in QM visits will be trained for these roles to ensure that similar standards are pursued and applied within and among the training programmes and posts that are being scrutinised.</td>
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<td>6. Effect processes that are open and transparent, and that ensure that those engaged in conducting the business of QM &amp; QI declare any potential conflicts of interest that may potentially impact on their objectivity.</td>
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<td>7. Ensure that the quality improvement of training experienced by Scotland’s doctors in training is subject to consistent pursuit &amp; application of the same standards irrespective of where that training is delivered.</td>
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The proposed new QM-QI model draws on the current strengths within the four Scottish regions, as well as best practice found elsewhere in the UK.
3.3 QUALITY MANAGEMENT OF POSTGRADUATE MEDICAL EDUCATION

The Scotland Deanery’s quality management team play a vital role in monitoring and reviewing the quality of postgraduate medical education and training being delivered:

- at all training locations
- in all training programmes
- for all levels of trainee

Training is reviewed against the General Medical Council (GMC)’s standards for postgraduate medical education as listed in *The Trainee Doctor*. The Deanery’s six quality improvement managers (QIM) collect data from a variety of sources in order to review the provision of training:

- Trainee surveys (GMC National Trainee Survey (NTS) and NHS Education for Scotland Scottish Training Survey)
- Quality Management visits
- Training Programme Director (TPD) annual reports
- Local Education Provider annual reports
- Royal College data
- Annual Review of Competence Progression (ARCP) data
- Notifications of concern

The quality management team reports on the evidence gathered to the GMC in a Deanery Report. This report was in the past twice yearly; however, for 2015 it has been changed to an annual report. This report showcases good practice identified and provides detailed information on areas of concern in relation to delivery of training. The latter can include national or regional issues affecting all trainees or training providers; or specific issues relating to training provided at a particular location or within a specific programme. The quality management team adds new items to the report; and is also required to respond to items chosen by the GMC for comment (usually taken from feedback provided in the NTS).

The GMC quality assures postgraduate medical education; and as part of this the GMC can place training programmes or training locations under ‘Enhanced Monitoring’. Issues that require enhanced monitoring are those that could adversely affect patient safety, doctors’ progress in training or the quality of the training environment. Enhanced monitoring status is reserved for the most serious concerns and the quality management team report on these separately as part of the Deanery Report to the GMC.

The quality management team has well-established working relationships with GMC advisors in relation to all aspects of quality management.

The quality management team has well-established working relationships with GMC advisors in relation to all aspects of quality management. This includes a nominated link to their Visits and Monitoring team, one of whom is invited to attend the NES Medical Directorate Quality Workstream’s Quality Operational Group (QOG). The GMC can send representatives to sit on deanery quality management visit panels for enhanced monitoring cases; and will also perform their own ‘check’ visits as required. For more information about GMC Quality Assurance processes: [http://www.gmc-uk.org/education/assuring_quality.asp](http://www.gmc-uk.org/education/assuring_quality.asp)
Quality management visits are one of the key components of the Deanery’s annual quality cycle. Their purpose is to obtain current feedback from trainees and consultants with educational roles as to the quality of training being provided. Visits might be very specific, to a specialty training programme at a particular hospital; or broader in scale, e.g. to all foundation trainees in surgery at a large teaching hospital. Visits can be ‘routine’, part of a rolling programme of visits; or ‘triggered’, which is an urgent visit in response to a concern or concerns raised. These concerns might be directly raised with deanery staff by individuals or a group, or they might form part of a body of evidence collected in a training survey.

A Deanery-led visit team will meet with groups of trainees and trainers during a visit to ask them about their experiences in relation to receiving or delivering education and training. Discussions also focus on service issues if these are felt to have an impact on training. The groups are asked to highlight the strengths of their training experience and environment and also to mention any challenges they face. Quite often, in regard to the latter, the trainees or trainers are well placed to make suggestions as to how issues can be resolved.
A report is compiled following a visit which may include recommendations or conditions for improvement. These can be directed towards the unit providing the training, the TPD, the health board or the Deanery itself. The QIMs support the resolution of any recommendations/conditions and track and report on their progress.

Visits are an excellent way for Deanery staff to stay connected with how training is being delivered at a local level, and they facilitate valuable working relationships with units and health boards who are engaged in the delivery of training.

The Deanery’s General Practice (GP) quality management teams also operate an annual programme of quality management visits to approve training GP practices and educational supervisors on a three yearly basis.

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<tr>
<th>Table 1: Hospital Visits undertaken in 2014*</th>
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<td>*The majority of these visits included a review of training at all levels, i.e. FY, GP, CT and ST.</td>
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<td>Medicine</td>
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<th>Table 2: Types of Hospital Visit undertaken in 2014</th>
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<td>Routine</td>
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<th>Table 3: Types of Hospital Visit undertaken by specialty in 2014</th>
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<td>Routine</td>
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<td>Medicine</td>
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<td>Mental Health</td>
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<td>Anaesthetics / EM</td>
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<td>Diagnostics</td>
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Out of Hours (OOH) work is a core component of primary care. In order to achieve membership of the Royal College of General Practitioners (MRCGP) General Practice Specialty Trainees (GPSTs) have to be judged competent in this setting in the following:

1. Ability to manage common medical, surgical and psychiatric emergencies.

2. Understand the organisational aspects of NHS out of hours care, nationally and at local level.

3. The ability to make appropriate referral to hospitals and other professionals.

4. The demonstration of communication and consultation skills required for out of hours care.

5. Individual personal time and stress management.

A full description is available in the document: *RCGP Mapping of Out of Hours competences to the new GP curriculum*.

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A new process for approving OOH as a suitable Local Education Provider (LEP) has been developed by the Scotland Deanery and shared with the National Out of Hours group.

Currently in Scotland GPSTs in a GP post are contractually required to complete a minimum of 36 hours working in OOH services during their first 6 month attachments to General Practice and a 72 hour minimum during GPST3. OOH is defined by the Committee of General Practice Educational Directors (COGPED) as “work undertaken between 18.00 (in Scotland) and 08.00 weekdays and all day at the weekend and public holidays”. COGPED emphasises that the work must entail unscheduled patient contact within a different context from the working day and excludes extended hours surgeries. Trainees currently receive a salary uplift to allow for this commitment.

OOH provision varies throughout Scotland encompassing different delivery structures with triage provided regionally via NHS24. Any organisations that provide GPSTs with OOH experience must provide an effective learning environment as well as appropriate supervision. One role of the GP Quality Management – Quality Improvement refresh group is to provide clarity to the stakeholders involved in delivering GP OOH training. While it is recognised that there are many models of delivery a consistent approach and documentation is required to ensure safe development of OOH competence and maintain appropriate educational governance standards as set out in the General Medical Council document *The Trainee Doctor*. The responsibility for this is devolved to local Deaneries.

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As the employer of all GP trainees, NHS Education for Scotland (NES) appreciates that this would not be possible without the support of OOH services across Scotland.

With this in mind, a new process for approving OOH as a suitable Local Education Provider (LEP) has been developed by the Scotland Deanery and shared with the National Out of Hours group. The paperwork that supports this process includes:

1. Operational Framework for GP OOH Training
2. Self submission document to be completed by the OOH provider
3. Comparative GP trainee feedback on their experience of working OOH

This will form the basis of a rolling programme of approvals.

The Operational Framework sets out the governance arrangements and responsibilities of all those involved; including the provider (OOH LEP), NES, Educational Supervisors and Trainees. Clarification is provided on induction content, shift allocation, progress through supervisory levels for trainees, provision of clinical supervision and feedback/communication arrangements. The roles and responsibilities of GP Educational Supervisors and trainees are outlined. The document also includes the introduction of a standard Scotland wide feedback form.

The information provided by the self submission document will be reviewed, along with trainee feedback data and local Training Programme Director (TPD) reports by the regional GP Quality Management Group. If the QM Group is satisfied that training meets relevant standards, the provider will be approved/re-approved for OOH GP Training for 3 years with or without specific recommendations. If the group are unable to make a recommendation based on this information, additional processes exist to allow for requests for further information, a meeting with the Clinical Director and possible site visits before a decision is made.

The documents that have been formulated are not entirely new but are based on a pilot of Quality Management in OOH undertaken in South-East Scotland Region in 2012/13. Three local OOH services completed the paperwork and submitted these to the Deanery. It was felt that the self assessment forms were fit for purpose, that trainee feedback to providers was useful but that some further thought need to be given to COGPED guidance, hence the creation of the Operational Framework and the re-visitation of the self submission document. These findings were very similar to other parts of the UK where these processes have already been put in place.

We recognise the immense contribution OOH providers have made to GP Training over the past few years while dealing with significant challenges of service provision in this part of the NHS. We look forward to continuing our good working relationship, driving the quality of experience for trainees and helping to encourage GP Trainees to provide service provision in this area post completion of training.
The Scottish Clinical Research Excellence Development Scheme (SCREDS) provides an integrated training and career development pathway enabling clinicians to pursue concurrently or sequentially academic and clinical training within the NHS. It facilitates the attainment of a senior clinical academic appointment and the award of a Certificate of Completion of Training (CCT). Its current remit is for medical trainees only.

On the invitation of the Board for Academic Medicine in Scotland, the Scheme is operated by the Universities in partnership with NES. Across the five Scottish universities who participate there are around 300 doctors who currently hold appointments within SCREDS. How the scheme operates is set out in ‘The Scottish Clinical Research Excellence Development Scheme – A Guide to the Scheme’ published jointly by The Board for Academic Medicine in Scotland and NES.

The table opposite provides a summary of SCREDS academic training posts in Scotland. Of the 298 SCREDS funded posts, 105 are clinical lecturers and 155 are clinical research fellows. There are currently 34 advanced level appointments. There are also currently 120 academic Foundation posts which are managed outwith the SCREDS scheme. Distribution across the universities is as follows: Edinburgh University has 55.4% of SCREDS posts, Glasgow 27.9%, Dundee 9.4% and Aberdeen 7.4%. The 2014 demographic data collected on SCREDS trainees illustrated that the majority of SCREDS posts are aged 26 - 35 (72%). The gender balance of SCREDS posts is 44.9% female, however, only 27.7% of clinical academics are female across the UK. The ethnicity of SCREDS post is similar to clinical academics across the UK.
CASE STUDY
I have had a longstanding commitment to a career in academic cardiac electrophysiology and in particular I am interested in the mechanisms underlying life-threatening ventricular arrhythmias. Following my PhD I was keen to continue this research in this field and applied for a Clinical Lectureship. My appointment coincided with the start of my Specialty Registrar training, and the Clinical Lectureship has allowed me to successfully combine demanding clinical work with an active research programme throughout my training.

During my Lectureship I have acted as Co-PI on several successful project grants as well as being awarded a nationally contested ‘Starter Grant for Clinical Lecturers’. I also secured a post-doctoral scholarship at the world-leading Bers’ laboratory at the University of California, Davis. This was highly successful, allowing me to learn new skills and techniques and fostering a valuable scientific collaboration, which has continued since my return to Glasgow.

As a clinician scientist engaged in experimental research, a key objective of mine is to bridge the divide between clinicians and scientists. During my Lectureship I have been able to build collaborations on clinical projects with colleagues in Glasgow, Edinburgh and further afield, which have provided important training and experience for me in collaborative working and translational approaches.

In parallel with my research work, I have been able to achieve excellent progress in my clinical training and am in the final stages of subspecialty training in interventional cardiac electrophysiology, with a particular interest in the management of ventricular arrhythmias.

This Clinical Lectureship has allowed me to develop my clinical and academic skills in an integrated and complimentary way and has provided a solid foundation for my future career. This was recently demonstrated in my successful application for a Wellcome Trust Intermediate Fellowship, which will support the next phase of my clinical academic career.

West of Scotland SCREDs Medical Trainee
The NHS Education for Scotland (NES) Scotland Deanery is responsible for the commissioning and quality management (QM) of postgraduate medical education and training in Scotland. The Scotland Deanery has operational responsibility for ensuring that all aspects of postgraduate medical education, from Foundation to Core and Specialty Training, are delivered to the highest standards.

In 2009 NES appointed lay representatives to bring an additional level of scrutiny to our quality management processes, meeting requirements stipulated by both Conference Of Postgraduate Medical Deans (COPMeD) and the General Medical Council (GMC).

Lay Representatives bring a valuable non-clinical perspective to various aspects of Deanery work. The purpose of the Lay Representative is to bring knowledge and experience that, combined with a non-clinical perspective, provide objectivity, an independent external view and a broader basis for our inquiries and judgements. Lay representatives are part of Medical Directorate panels/committees at various local and national events relating to the management of postgraduate medical education. The lay representative is non-medical and impartial, with a fundamental role of ensuring transparency and adherence to due process. Accordingly, they are asked to complete a short online feedback form after each event they attend. If the Lay Representative observed non-adherence to due process they would be contacted by the local Quality Improvement Manager (QIM) for further information. The Lay Representative also has the opportunity to raise an issue with the event chair during or at the end of an event.

The purpose of the Lay Representative is to bring knowledge and experience that, combined with a non-clinical perspective, provide objectivity, an independent external view and a broader basis for our inquiries and judgements.
As part of the move to a Scotland Deanery the QM team have been reviewing the organisation of Lay Representatives to standardise their activities across Scotland. Firstly an inaugural national Lay Representative workshop was held in Perth which ran through some of the new procedures with our Lay Representatives and gained some valuable feedback from the Lay Representatives present. Standard procedures for the recruitment and induction of Lay Representatives have been trialled and then introduced.

There has been a round of recruitment in the North region to increase the number of Lay Representatives there. This was a highly successful as there were a good number of applicants which led to four successful candidates. The new North region Lay Representatives have completed a well evaluated induction day and have now started work. This process is currently being repeated in the West region where there was a good response to our advertising and five new Lay Representatives have been recruited. This process will be repeated across the other Scotland Deanery regions in the coming months.

The independence and objectivity of Lay Representatives is key to giving the Deanery Quality and Training Management processes due scrutiny.

To strengthen this we introduced a Roles and Responsibilities document, new terms of reference and a new policy document. This new documentation has been reviewed by Human Resources and the Central Legal Office. The documents have now been adopted by NES MDET (Medical Directorate Executive Team) and QOG (Quality Operational Group).
LAY REPRESENTATIVE CASE STUDY

I have been a Lay Representative for the North of Scotland region since 2009, and my six year term of office will come to an end in December 2015. I have attended Specialty Training Committee meetings, Hospital Department Quality Management Visits, the General Practice (GP) Assessment Centre, Annual Review of Competence Progression (ARCP) panels, and I am the Lay Representative on the North Region Quality Management Group. I have particularly enjoyed working with the GPs and also on a national level with the Neurology Specialty. It is good to know that they value and use Lay Representative input.

This year will be my third attendance as an assessor in the GP Recruitment Assessment Centre. This work is not for the faint hearted. It is a very long day which requires attention to what is being said and how it is being said by the wannabe GPs. The need to write down evidence and listen at the same time, then write a synopsis in the space of 5 minutes takes some getting used to.

However it is good training in the importance of not making assumptions and inferences about what is going on. It is the evidence that matters – useful for life in general. The actors who role play the various relationships to the patient are very believable and make the whole thing real.

The quality management visits to hospital departments are well run as a series of guided conversations with the various levels of trainees and other staff. It has been great to be given a full role in this process.
In particular, triggered visits resulting from red flags in the trainee feedback really do allow an in depth look at what the problems are and how they might be rectified.

It is good to attend ARCPs and see young people progressing and being congratulated as they move on in what is one of the more difficult careers to opt for. It is reassuring to see the care taken in supporting those who are struggling. Whilst only having attended one appeal panel I was struck by the care and attention paid to the needs of the trainee who was appealing a decision made by an Annual Review of Competence Panel (ARCP).

I enjoyed being involved in the interviews and induction of new Lay Representatives in the North region. The new recruits have certainly appreciated the sharing of our experience and we are now working a buddy system to support them.

I remain convinced that the culture of NES is one which centres on the learning and development needs of the trainees whilst taking into account how vital they are to the operational needs of the Health Service. The strength of Lay Representatives is that we can provide another perspective and are outwith the NES culture – all the better to understand how this culture affects decisions.

Of course we can also learn from this by developing self insight into why the Lay Representatives might have a different point of view which may well stem from the different experience and backgrounds that they come from.

As Lay Representatives, we can bring our own experience of working in other organisations and sectors. I know that my own experience in training and management development has been easy to share in the culture which NES has developed. I found when working with the GPs, for example, that they were open to input and went on to develop ideas to suit their own needs.

I remain convinced that the culture of NES is one which centres on the learning and development needs of the trainees whilst taking into account how vital they are to the operational needs of the Health Service.
THE SCOTTISH TRAINING SURVEY

Seeking trainees views on their training environment lies at the centre of the current paradigm of postgraduate medical education quality management in the UK.

The General Medical Council (GMC) runs the annual, UK wide, National Trainee Survey (NTS) to monitor the quality of medical education and training in the UK. NES Scotland Deanery’s Scottish Training Survey (STS) is designed to enhance the quality of data that is available from trainee doctor feedback in Scotland to give a greater understanding of the issues affecting the trainee experience. The Scottish Training Survey seeks trainees views on their training at the end of each training post as opposed to annually. This enables the creation of reports from smaller units using longitudinal data which greatly improves the coverage of trainee feedback reporting across Scotland. Many training locations have a very small number of trainees so without longitudinal data, feedback reports cannot be produced which maintain trainee confidentiality. It also allows access to dynamic trainee feedback data throughout the year which can drive quality management activities.

The STS core question set originally had 59 questions and 13 quality indicators. Reducing the question set allows for more certain results and encourages greater trainee participation. A prototype reporting dashboard was developed in 2014 which will inform the future development of the reporting function.

The Scotland Deanery Quality Workstream is holding an STS Workshop in early April 2015 which will to discuss and agree future STS development with the aim of making the STS the primary driver of Quality Management activities in the Scotland Deanery.

The survey has a very good response rate – an overall 76% given that the STS, unlike the NTS, is not compulsory. The STS has been run seven times since July 2013 and there has been over 16,000 completed surveys.

<table>
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<th>Trainee Responses</th>
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</table>
HS Education for Scotland (NES) recognises that investing in the education of medical students within the NHS helps ensure high quality healthcare for the future. The Medical Directorate therefore works closely with the medical schools in Scotland to ensure an integrated approach between those responsible for undergraduate and postgraduate medical education. The Additional Costs of Teaching (ACT) team work with the Medical Schools in Scotland to ensure that the quality of teaching at undergraduate level within the NHS is of the highest possible standards.

This work is supported by an annual budget of around £80 million which is fully distributed each year to the Health Boards in Scotland to allow them to meet the additional costs of teaching medical students within the NHS. The major project during the last year has been the refinement of our Measurement of Teaching (MoT) data-base, which records teaching activity undertaken within the NHS, to the point where it has been used for the first time in the allocation model used to determine the distribution of ACT funds to Health Boards. A short life working group reviewed the detailed proposals on the use of the MoT data in the allocation model and a number of recommendations were accepted and are now being put in place. The change to the allocation model is being managed by NES using a transition plan to ensure the impact of any change is managed over an appropriate time period. Other key recommendations from the group included the need to undertake a detailed review of the Medical ACT policy on travel and accommodation to ensure it remains fit-for-purpose and supports remote and rural education as well as the need to keep relative levels of hospital and GP teaching activity under review to ensure Medical ACT funding remains responsive to curricula changes and emerging educational priorities.

NES continues to be represented on the Scottish Deans Medical Education Group (SDMEG) where the focus for the last year has been on meeting the General Medical Council (GMC) requirements for the Recognition of Trainers. NES continued to coordinate the work programme as a single project between NES and the five medical schools. The GMC interim requirements were met by July 2014; for all trainers in recognised roles to be identified and interim recognition status given to these trainers. In March 2014 the Scottish Trainers Framework was successfully launched. This is a web-based tool designed to support the personal development of trainers, and those aspiring to be trainers.
The role of the ACT team is to distribute and performance manage the money to make sure it is used to greatest effect and to encourage the sharing of best practice.

SDMEG has also started initial discussions with NES colleagues on implementing joint undergraduate and postgraduate quality visits.

The role of the ACT team is to distribute and performance manage the money to make sure it is used to greatest effect and to encourage the sharing of best practice. With the move to using MoT data in the allocation model there has been increasing focus over the year on the use of MoT data at a local level. NES continues to work in conjunction with the Directors of Medical Education (DME) Group to ensure MoT teaching activity is properly reflected in job plans and, in due course, directorate budgets. A number of workshops were held with DMEs over the year to take forward this initiative.

The performance management of Medical ACT is now a well established feature of the allocation system. The results of the student evaluation Red Amber Green (RAG) reports, along with agreed follow-up action, is reported to NES in annual accountability reports prepared by Health Boards which also detail the use made of ACT funds and the effectiveness of any new investments. The performance management framework for Medical ACT focuses on meeting all the standards for undergraduate medical education required by the GMC and on continuous improvement. This will be used to plan ahead for the GMC visit to Scotland in 2017.

ACT funding is also used to develop and maintain the educational infrastructure required for excellent medical education including supporting some of the costs of developing clinical skills and other educational facilities many of which are used for the training of the wider healthcare team.
CASE STUDY

The Western Isles present unique opportunities and challenges for delivering quality postgraduate medical education. These remote and rural islands present a bespoke culture encompassing traditional values set paradoxically amid 21st century technology, aspirations and expectations. Health care provision is the responsibility of NHS Western Isles (NHSWI) whose challenge is to deliver primary and specialist care to an aging population dispersed across sparsely populated islands. This includes the need to manage, urgently, sick patients, stabilising the acutely ill and transporting them off the island for onward treatment.

Foundation doctors, general practice specialty trainees and core trainees in medicine and surgery rotate to NHSWI (General Hospital and primary care). The outcome objectives are that trainees receive high quality education to develop clinical experience, promote working in a remote and rural environment and be encouraged to develop permanent careers in the islands whilst ensuring current effective service delivery.
CASE STUDY (CONTINUED...)

The NHS Education for Scotland (NES) Medical Directorate is responsible for the quality management (QM) of postgraduate medical training in NHSWI. The QM function is via standard processes, relying on Deanery and UK General Medical Council (GMC) survey data and regular site visits. A visit in 2010 followed a number of “red flags” that had appeared in the GMC National Trainee Survey.

Areas of good practice were perceived by senior trainees who found the experience professionally satisfying, the workload manageable, liked the level of clinical supervision and appreciated the lack of undermining in a small hospital. Concerns were focused by Foundation doctors on induction, handover, clinical and educational supervision, work pattern, feedback and the issues about short-term service locums.

Engagement of senior management and enthusiasm for improvement were obvious, linking the importance of education and training to the quality of healthcare. Issues were about expectations of trainees and local staff, working patterns that had not evolved to match the European Working Time Directive (EWTD), inconsistency of clinical and educational supervision, relationships across primary and secondary care sectors and chronic staff shortages on all rotas with the associated necessity of employing locums to fill often unpredicted gaps.

Frank discussions followed, providing conditions and timescales for progress. The Deanery and an adjacent Health Board promised support. There was an agreement to review at six months, however, then, no significant improvements were found despite all efforts; and concerns about safety of aspects of the service arose. It was clear that changes had to be undertaken to ensure that clinical and educational governance were up to standard, and maintained.

Developing culture change in an organisation takes time; a lot of time; and a huge amount of sustained effort. NES supported the organisational change with continued support, working with NHSWI to drive forward improvement in the quality of clinical and educational practice. To say there was no risk in this decision would be untrue but given the implications of withdrawing trainees from the islands, in the face of clear local commitment, it was felt to be right.

Over the following five years, NES watched, visited, discussed and began to observe change for the better. With considerable effort from NHSWI, medical education (undergraduate and postgraduate) has improved. Using education and quality to drive cultural change and as an organisational adhesive NHSWI has improved integration of primary and secondary care, enabling GPs to provide out of hours services at the “front door” of the hospital in place of trainees. Rotas and the service were redesigned to ensure trainees have continuity of care with patients and night time cover is via role-extended nurses. Overall,
the out of hours admission rates have fallen and consultants report fewer of out of hours calls. New systems of multi-professional, scheduled hand overs were introduced, in line with World Health Organisation (WHO) recommendations, using technology-assisted Situation Background Assessment Recommendation (SBAR) methodology to develop an educationally rich learning environment. There is continued and still-developing commitment to an educational culture. Clinical governance issues are resolved.

GMC survey data now show NHSWI as among the top performers in induction, handover and educational supervision. Work is still to be done in maintaining consistency of clinical supervision and organisation of workload which at times remains very high.

The learning from this experience is about the importance of a collaborative approach to governance to support local solutions, recognising local leadership, behaviours based on open dialogue and the maintenance and use of communication channels.

The importance of a long view in time is essential – difficult permanent developments cannot happen in a few weeks. This process has been underway for five years. Still, obstacles appear in the path towards the goal for a sustainable and educationally strong and positive culture. Whilst inevitable, unswerving determination to overcome these challenges – and again this is primarily local – is essential. The Deanery role is about reflecting progress and maintaining assurance that progress is still possible. This is about a balance of regulation and change management, bearing risk with patience, sensitivity and consistency. Ultimately it is about the shared values that drive culture change in a context of belief in people who will do what they say they will and in trusting them to get on and do so.

Peter W Johnston, February 2015

Acknowledgements: Dr Jim Ward (Formerly Medical Director NHSWI), Dr Angus McKellar (Medical Director - NHSWI), Mrs Caroline Picker (Quality Education Manager - NHSWI), the nurses, doctors, AHPs, HCSWs in NHSWI, staff from NHS Highland and NES team members.

The learning from this experience is about the importance of a collaborative approach to governance to support local solutions.
The Scottish Medical Education Research Consortium (SMERC) entered its second phase in September 2014, after successfully completing phase one in August 2014. By the end of phase 1, effective relationships, governance structures, communication and education research capacity for the consortium had been built. Four nationwide medical education research projects had also been completed and SMERC witnessed the successful progress of two PhD studentships.
By the end of phase 1, effective relationships, governance structures, communication and education research capacity for the consortium had been built.

Phase 2 is focused on conducting high-quality and impactful research relating to five work streams identified in our phase 1 priority setting exercise (PSE). This in turn sits well under the NES research strategy headings of developing the workforce and developing the workplace. This work will be achieved through cross-institutional collaborations in Scotland and across the UK, with core funding from NES, Principal Investigator time funded by the five partner Universities (Aberdeen, Dundee, Edinburgh, Glasgow and St Andrews), and funding from third parties.

Over the coming year, further integration of NES medical directorate researchers is planned.

With the launch of our website in Autumn 2015 (http://www.smerc.org.uk/), came our first call for research grants, with one large research grant, one PhD studentship and two small research grants available. In November 2014, there was the announcement of five NES awards with two PhD studentships (career decision making in the Foundation Programme, Aberdeen; and understanding, valuing and enhancing the role of clinicians who teach, Edinburgh), one large research grant (exploring the transition experiences of higher-stage medical trainees, Dundee), and two small research grants funded (burnout and health behaviours in medical students, St Andrews; and interprofessional learning with students engaging with marginalized groups, Dundee). Work began on these projects in early 2015.

The results of our PSE are already beginning to determine the medical education research agenda for SMERC and have determined the structure of our 5 thematic networks going forward.

In 2015, the SMERC Associate Directors and Network Leads are actively recruiting folk to join these networks:

» Culture of learning together in the workplace (Dr Rola Ajjawi, Dundee),

» Enhancing and valuing the role of educators (Professor Jill Morrison and Dr Lindsay Pope, Glasgow),

» Curriculum integration and innovation (Professor Jennifer Cleland, Aberdeen),

» Bridging the gap between assessment and feedback (Professor Helen Cameron, Edinburgh) and

» Building a resilient workforce (Dr Anita Laidlaw, St Andrews).

Professor Charlotte Rees, Director of SMERC recently stated: “these are exciting times for SMERC with our priorities for 2015 including growing the membership of our thematic networks, continuing our high-quality medical education research, securing third party funding for research and continued development of capacity building for education research in Scotland”.

The reorganisation of the Medical Directorate offers the possibility of better and more consistent management of issues both across Scotland and across all specialties.
In Scotland the alignment of processes for managing trainees has been evolving in many ways over the last few years, in advance of our organisational changes. The use of our various IT systems means that trainees in each of the regions are much more likely to have a consistent experience in the way they progress through the various training hoops.

The move from Pinnacle to Turas, our new trainee database discussed in 4.5, has simplified the management of rotations and the underlying finance to support this. Delivery of revalidation for trainees was developed in close cooperation with the General Medical Council (GMC) and Scottish Government, and once again, the use of Scottish Online Appraisal Resource (SOAR) for the annual declaration, validated at Annual Review of Competence Progression (ARCP), has meant our cohort of trainees have had a seamless course through the process, with minimal fuss. Over 400 trainees have revalidated since its introduction, and all Scottish trainees have successfully made their declarations through SOAR.

The reorganisation of the Medical Directorate offers the possibility of better and more consistent management of issues both across Scotland and across all specialties, including General Practice. Study leave, recruitment, manpower planning, programme management in general and progression through training are examples of this work. Several pieces of work are ongoing to streamline our approach to Less Than Full Time Training (LTFT), Out of Programme (OOP) opportunities and Performance Support to allow the medical trainee to experience a much more uniform and equitable approach across the country. The successful introduction of inter regional transfers and alignment of other resources means that fairness and openness are more obvious in the work that we do.

Most recruitment is now handled nationally (UK and Scotland) through a core team coordinating, and this has given much more consistency for trainees and service alike. NES employs GPs in training when they are placed within practices. The successful introduction of Tier 2 visa sponsorship for all trainees in a programme built on the success of such sponsorship for the GP trainees. The cornerstone of our efforts in single system working is to reduce unnecessary bureaucracy and cost for all concerned in medical training.

Trainees will not notice much difference even though the Scotland Deanery is reorganising. There will still be local Deanery offices with senior local staff who will continue to look after trainee’s needs, as at present. However, this will now have a more coordinated and consistent approach.

http://www.scotmt.scot.nhs.uk/
tART, our Strategy to Attract & Retain Trainees, was launched in 2013 to address the perennial challenges we face in filling our Scottish training posts; the challenges to recruit fully are experienced by all Deaneries / LETBs in the UK outside London and are a reflection that the numbers of available training posts exceed the number of available applicants. In Scotland, typically 18% of the posts we advertise are unfilled after national recruitment rounds. StART aims to reduce these gaps due to failure to recruit by 5% by 2016.

In this second year of StART, we gained experience of running our first major careers event, the 1st Scottish Medical Training Careers Fair (SMTCF), on the 20th September 2014, in the Royal Concert Hall in Glasgow.
Feedback from a delegate who attended the 1st Scottish Medical Training Careers Fair:

“The fair overall was a fantastic event. I learnt a lot of information from the different stands however. I was thrilled that the consultants and trainees that I spoke to spent so much time describing the different aspects of their career and answered all my questions. Being able to establish contacts with consultants and trainees is what I am most grateful for. Thanks to this event a door has been opened to many opportunities that I previously did not think would come my way. The stalls were set up very well and all were engaging and informative. All the ambassadors and senior staff were enthusiastic and welcoming! This should definitely be run again.”

This is the first of five annual recruitment fairs that the NES Medical Directorate will support through StART. This year’s event featured 67 stands with contributions from all 8 Specialty Training Boards (including Foundation), from all of Scotland’s territorial Health Boards and from Royal Colleges. The SMTCF attracted just under 400 delegates (37% were postgraduates) who also had access to 18 seminars covering 16 topics including themes such as ‘How to succeed in selection processes’, ‘Academic training in Scotland’ and ‘Remote & rural training’, most of which ‘sold out’ their seating capacity of 80 in advance of the event. In a very successful collaboration between the careers professionals within NES and those dedicated to provide careers support to undergraduates in our five Medical Schools, they joined forces to deliver a careers clinic offering 1:1 appointments throughout the event. Among the elements that were evaluated most highly by delegates were their ‘interactions with experts and career professionals on stands’ and their ‘conversations with training ambassadors’.

There is no doubt that prominent among the success factors that defined this event was the tremendous contribution from our training ambassadors, wearing distinctive specialty-specific-coloured T-shirts who willingly and enthusiastically engaged with the delegates who attended the SMTCF. Overall, there was a real sense that NES, service and other key stakeholders were working together through the SMTCF to address our shared challenge of trying to attract and retain trainees in Scotland.

Another highlight of this year’s StART initiatives was our presence again at the BMJ London Careers Fair in October 2014 but this time our team included, for the first time, some of our training ambassadors who engaged extremely well with those who visited our NES stand. Once again the training ambassadors proved to be a key success factor in delivering our message around the attractiveness of Scotland as a place to live and to train.
Since August 2014 the NHS Education for Scotland (NES) Medical Directorate has been working closely with IT on developing a new Training Management Database, TURAS. This was developed to replace our existing database, Pinnacle which had reached the end of its development lifespan.

The main reasons for this development and the development process used were:

- The Medical Directorate had established single processes for managing NHS Scotland’s 6000+ medical and dental trainees
- Developing Turas was required to focus on building an IT system to support the agreed single processes, quickly, using up to date methodology and technology

TURAS has been developed using Agile Scrum Methodology, initially in partnership with PA Consulting.
PA’s role in the development of Turas was to bring the methodology and deliver a technology platform to support the development and delivery process.

Agile Scrum was introduced and implemented. A state-of-the-art platform using industry-leading tools was built, enabling the delivery team to be as efficient and effective as possible.

Throughout the delivery of TURAS Version 1 NES were involved. Knowledge was transferred to empower NES to take the development of future versions forward themselves.

The team delivered a live system to users within 16 weeks, delivering every Sprint on time and to a high quality standard. Version 1 went live on 28th November 2014. The NES team have continued working on the delivery of richer functionality and improved user experience. TURAS Version 1.1 went live on 16th February 2015.

The NES team are currently working on Version 1.2 with an estimated delivery of the end of March 2015.

The system has delivered many benefits including the main aims of:

» Every NES Region working to a centralised process
» The system providing a single and reliable source of data for managing trainees

There have also been substantial benefits delivered to users such as:

» Much quicker generation of reports
» Robust and accurate data
» Processes are more efficient

» The user is guided through the process to ensure the required data is entered
» Out of Programme and Less Than Full-Time applications can be tracked through the approval process

Throughout the whole process users have been involved. They have been invited to Sprint Reviews and have taken part in User Acceptance Testing. Their feedback has been invaluable in enabling the delivery of a high quality system.

Throughout the delivery of TURAS Version 1 NES were involved. Knowledge was transferred to empower NES to take the development of future versions forward themselves.
4.4 RECRUITMENT

Scotland remains committed to UK wide recruitment with all specialties utilizing UK process. Specialties use a variety of related national IT systems (11 in total) dependent on the specialty and a single offers portal (UK OFFERS system). Applications to UK recruited specialties are managed by a lead Local Education & Training Board (LETB), Deanery or Royal College on behalf of the UK. For UK recruited specialties candidates submit one application per specialty.

Applicants then have the opportunity to select which areas of the UK they would prefer to take up a training post within. Three specialties remain uniquely recruited to within Scotland – Trauma and Orthopaedic Surgery ST1, ICM Dual with Anesthetics and ICM Dual with partner specialty, these specialties continue to be recruited through the Scottish Medical Training recruitment system.

All specialties follow nationally agreed person specifications detailing the required competency levels to meet the eligibility criteria for that specialty and training grade. National recruitment continues to run to a UK agreed timetable, enabling the synchronisation of offers and clarity on application windows dates for applicants.

2014 recruitment saw a new single UK-wide specialty recruitment portal, Oriel, being piloted for several ST3 specialties; Acute Medicine, Allergy, Anaesthetics, Cardiology, Clinical Pharmacology and Therapeutics, Dermatology, Endocrinology and Diabetes, Gastroenterology, Genitourinary Medicine, Geriatric Medicine, Haematology, Immunology, Infectious Diseases, Neurology, Otolaryngology (ENT), Palliative Medicine, Rehabilitation Medicine, Renal Medicine, Respiratory Medicine and Rheumatology.

With the introduction of Oriel, an applicant will register only once, search for all vacancies, apply, manage and book interviews and assessment centres, all within the one location. Scotland joined the pilot for the above specialties.

Subject to a successful pilot of Oriel, 2015 recruitment will see all specialties (including specialties unique to Scotland) recruited through the single Oriel Recruitment System. The Oriel portal for 2015 recruitment will also manage offers providing applicants with a single point of access to all training vacancies, recruitment to all vacancies and offers – this will streamline the applicants’ recruitment experience considerably.

A summary of the fill rates for 2014 is shown in Appendix 1.
HS Education for Scotland works in partnership with NHS employers, through the four postgraduate regions to provide education, training, and support for medical trainees from graduation to completion of their specialty training.

The development of the Scotland Deanery provides an opportunity to revisit the processes and structures in place for dealing with trainees whose performance raise concerns. The future plan is to build on the current existing structures and to have a more integrated process for trainees who have more significant problems. We currently have an operational guide and a Doctors in Difficulty Policy. These define three levels of seriousness of concern:

- Level One – level of which ward-based management is appropriate
- Level Two – situations for further investigations/ongoing support is required
- Level Three – serious or persistent problems which require a higher level of management can on occasion result in termination of training or employment

The Performance Support Unit (PSU) will consist of a strategic group which will be answerable to MDET via training management. This group will have responsibility for the development and implementation of the NES policy and operational guide as well as overseeing the activity of the operational arm or the Performance Support Delivery Group (Diagram One). The Performance Support Delivery Group will receive referrals from all Level Three category problems and some Level Two. Referred doctors would be assessed and supported by Case Managers who would have access to the relevant resources. The Case Managers would meet with individual trainees from all specialties and there would be regular Case Conferences as well as quarterly meetings to discuss all referrals. There will be standardisation of paperwork and processes. The PSU would communicate with the relevant TPD and Postgraduate Dean in the Region so that they were aware of action plans and progress for their trainees.

Level One and most of Level Two category problems will still be dealt with in the regions. Each region will have a Performance Management Group chaired by the Associate Dean or Assistant Director and they will follow nationally agreed policies. The strategic group will receive regular reports on local activity.

A short-life working group has been established and are working on eight discrete projects which include review of current processes and paperwork, development of a database, training, resources, development of local teams and communication strategy.

The timescale for the delivery of the PSU is August 2015. The move to a PSU will ensure greater consistency in how we manage trainees whose performance raises concerns. Early identification of individuals who need support should reduce the level of remediation in the future and it is an opportunity for all specialties to share expertise in this area.

### Training Management Workstream Lead

**PC : WR : MK (accountable)**

- **Performance Support Unit Strategic Group**
- **Performance Support Unit Delivery Group Level 3 +/- Level 2 Referrals**
- **Regional Performance Groups **
- **x 4**
- **Relates to ES/TPD/FPD locally**

www.nes.scot.nhs.uk
A record 311 delegates attended the 4th National Scottish Medical Education Conference on 6 May 2014.
5.1 STRATEGIC PLANNING AND DIRECTORATE SUPPORT (SPDS) INTRODUCTION

The Strategic Planning and Directorate Support (SPDS) workstream continues its role in support of the three activity based workstreams and the wider functions of the Medical Directorate. This includes interactions with other parts of NES and the diverse range of organisations that have a stake in postgraduate medical education.

All of the above is taken forward through the workstream’s Strategic Planning Group (SPG), co-chaired by Professor Rowan Parks and Dr David Bruce, which oversees and leads on all cross-cutting elements of the Directorate including communications, operational planning, finance and budgets, performance and staffing.

Organisation of the 5th Scottish Medical Education Conference has been a major focus for staff within the workstream and it is hoped that the new format, developed in relation to feedback from previous years, will be well received and enjoyed by all who attend. Asides to this the workstream has overseen the publication of the new Scotland Deanery Newsletter providing up to date news and relevant features to over 9500 trainees and trainers across Scotland. Plans are also now being taken forward to re-launch the Directorate’s website and associated sites for the Scotland Deanery and the specific recruitment site for Scotland to produce a well packaged and streamlined resource that really works for trainees, trainers and the wide range of others with an interest in the Directorate and its work. The workstream works closely with corporate colleagues in NES to develop detailed budget and activity plans helping to make sure resources and funding match planned activity: to allow the Directorate to fully deliver on its wider aims and set objectives.

SPDS team members continue to act as the secretariat for the Directorate for the Medical Directorate, the Scotland Deanery and its Specialty Training Boards (STBs), providing a full range of administrative functions for the many formal committees and meetings that take place. In common with the other workstreams there is emphasis on ensuring consistency across the Directorate’s four regions and work is now underway to standardise procedures for complaints and appeals.

The General Medical Council (GMC) is due to visit Scotland in 2017 as part of its regional review process and looking ahead there is great deal of planning and preparation to be done to ensure that Scotland remains a leading provider of quality medical education and training.

Looking ahead there is great deal of planning and preparation to be done to ensure that Scotland remains a leading provider of quality medical education and training.
The 4th National Scottish Medical Education Conference was held on 6 May 2014 at the internationally acclaimed Edinburgh International Conference Centre. A record 311 delegates attended.

The programme included a mixture of plenary talks and a number of parallel workshops and symposia. The conference was opened by the Chair of NES, Dr Lindsay Burley CBE.

Keynote speakers included:
- Dr Vicky Osgood, Assistant Director, GMC
- Professor Ian Cumming OBE, CEO, HEE
- Professor Stewart Irvine, Medical Director, NES
- Professor William Reid, Postgraduate Dean, NES
- John Ballatt, Author of Intelligent Kindness
- Margaret Murphy, Lead for WHO Patients for Patient Safety Programme
Topics included:

» Quality Assurance and the role of the GMC
» HEE priorities for 2014 and beyond
» Launch of the new Scotland Deanery
» Shape of Training Review
» Caring for the Patient

There were various workshops on topics including:

» Professionalism and Excellence
» Recognition of Trainers
» Human Factors and Improving Patient Safety
» Remote and rural education and training
» Medical Appraisal
» Role of simulation in undergraduate and postgraduate education
» Strategy for attracting and retaining trainees in Scotland
» Learning about teaching as an SAS doctor
» Preparedness for practice
» Managing doctors in difficulty

At the conclusion of the conference, the inaugural Medical Directorate Awards for excellence were presented by Dr Aileen Keel CBE, Acting Chief Medical Office for Scotland.
The STB welcomes recent work around workforce profiling which offers the opportunity to pull together many of the important strands of evidence required for coherent workforce planning.
Our STB specialties continue to face significant challenges around the ongoing increase in demands for the delivery of both scheduled and unscheduled care. Despite regular forecasts of limited expansion, consultant numbers in all 3 specialties continue to increase and our STB remains actively involved in discussions around the required future medical workforce.

Both anaesthesia and emergency medicine recruit to core training through UK recruitment processes with interviews delivered in Scotland and well supported by the respective consultant groups. Both specialties again achieved 100% fill rates in Core for 2014 and further to decisions by the Scottish Shape of Training Transition Group will again look to recruit to increased core numbers in 2015. Anaesthesia recruitment to Specialty Trainee 3 (ST3) level remains challenging though with some evidence of a trend of increased fill rates. It is hoped that the recent increases in core numbers will feed further increase in ST3 intake upcoming years. Specialty Trainee 4 (ST4) intakes in Emergency Medicine (EM) remain low. The decision to revert to EM being a run-through specialty has been made with the aim of improved retention within training schemes, though uptake of offers of run-through have been variable to date.

Further to sustained year on year specialty input, the Scottish Shape of Training Transitions Group gave support for an expansion in Intensive Care Medicine (ICM) training numbers with four funded posts being agreed. These posts will allow ICM to be part of UK recruitment for the first time with posts being interviewed in April 2015. Funding for these posts is welcome but further expansion will be required to meet the projected increases in critical care demand.

There remains much to be done in securing a sound strategy around the required future medical workforce and the STB welcomes recent work around workforce profiling which offers the opportunity to pull together many of the important strands of evidence required for coherent workforce planning.

The STB remains a firm supporter of the NHS Education Scotland (NES) Strategy to Attract and Retain Trainees in Scotland (START). Board members and, more importantly, the NES Training Ambassadors played a key role in the excellent Scottish Medical Training Careers Fair, held at the Royal Concert Hall in Glasgow in September. Recent collaborative work between the Scottish Government and NES around the development of Overseas Medical Training Fellowships is welcome. It is hoped that these fellowships will bring added value to senior trainees from overseas while also bringing benefit to both service and training locally.

The move to a single deanery structure in Scotland has been a recent focus of STB discussion. While this change will no doubt present some challenges STB members look forward to being involved in discussion around this and would look to use this opportunity to further improve the delivery and management of high quality training in Scotland.
personalised care requires, at its foundation, understanding of the precise nature of each individual’s disease or condition. This definition allows the rational use of treatments designed to target specific molecules allowing access of potent pharmacological agents to damaged or malfunctioning cells. In today’s medical practice, determining the nature and detection, severity and extent, monitoring and responsiveness of diseases are the functions of diagnostic services. These services are heavily technology dependent however the technology produces complex results which require expert interpretation in the clinical context of the patient from whom the material under investigation comes.

Increasing longevity carries with it a population whose opportunity to develop diseases increases at least proportionately. As treatments get more effective and expensive, the need to direct resources appropriately is intensified as is the importance of following up treatment to ensure best outcomes. All these advances are seen as benefits although they do present challenges to diagnostic services. More investigations are requested as patients develop more pathology. More complex investigative tests and processes are called for to define conditions and underpin treatment. The scope of advanced molecular based therapies, once only practical in relatively rare haematological malignancies, has broadened to encompass many of the common “solid” tumours as well as a range of inflammatory diseases.

Diagnostics remains in the vanguard of service redesign, role extension and technology incorporation as part of service improvement and cost-benefit to patients receiving treatment within the NHS in Scotland. The Diagnostics Specialty Training Board advises NHS Education for Scotland (NES) on the education and training of medical staff in training grades in its relevant specialties, aware of the growing need for the services and the benefits to patient outcomes of their well-directed use. There is clear association of a culture of high quality education and excellence in clinical care.
This is a major driver in the Board’s determination to improve the quality of the educational experience offered to trainees in Diagnostic specialties in Scottish practice.

The new arrangements of NES workstreams fit well with the culture of cooperation across Scottish regions which has been a characteristic of the Diagnostics Board since its inception and which enable the sharing and transfer of good practice and widening access of learning opportunities for doctors in training.

Over the last year:
» The Board has been pleased to see the expansion of trainee establishment in Clinical Radiology, possibly the most understaffed specialty in Diagnostics, by four posts. There has been a further increase of two posts in Interventional Radiology Sub-specialty training, adding to the two posts secured in 2013-14. Radiology plays a central role in the investigative functions of patient care described above and the opportunity to train more doctors to do so is welcome.
» The General Medical Council has recognised a new process for training in Infection, involving a Combined Infection Training (CIT) Programme, entered after completion of Core Medical or Acute Care Common Stem Training. Trainees will then continue towards training in Medical Microbiology, Medical Virology or Infectious Diseases. Setting up the systems to enable arrangements to select, recruit and operate CIT have been a major exercise for Board members who have quickly embraced new ways of working towards what is seen as an improvement in educational for specialists whose services deal with patients in whom infection is a central pathological mechanism.
» Forensic Pathology is now operating as a separate specialty having been born of Histopathology with which it has many common links and educational requirements.
» NES has agreed to cluster Diagnostic Specialties under the auspices of the East Region Office. There is merit in the process of reorganising towards the new arrangements is underway.

The forthcoming year will see continuing pressure on Diagnostics in the Scottish NHS and thus a need for the Board to maintain efforts to develop the scale of the workforce to permit policy-driven expansion. There is work to be done in the development of the Core Infection Training programme to ensure the melding of the various elements it comprises into a cohesive entity. There is a need for awareness about future staffing shortages in Chemical Pathology. It is anticipated the reorganisation of NES support for specialties in line with revised working practices will be completed and whilst this will probably not affect the Board’s functioning, it will mean changes to the ways Board members work in the educational roles. The need for discourse about the implications of the changes is apparent to the Board which will facilitate and encourage sharing of practice and collaboration across the Deanery. New specialties of Paediatric Pathology and Neuropathology have been recognised by the General Medical Council (GMC) and, like Forensic Pathology, were formerly sub-specialties of Histopathology. As these posts become available, the Board will be involved in developing systems to establish programmes in Scotland.

The core values of the Diagnostics Specialty Training Board include commitment to quality education and training to develop doctors with attributes honed to the clinical and professional functions of work in the Scottish NHS. The importance of education as the instrument of quality improvement is central. The Board is motivated to ensure this is a shared norm across the culture of the Scottish NHS. The Board is ever-grateful to the inspirational enthusiasm of its members whose tireless work is the basis of our educational endeavour towards the future quality of Scottish Diagnostic services.
The Scottish Foundation School has responsibility for ensuring that all aspects of postgraduate medical education in Foundation are delivered to the highest standards. The Scottish Foundation School is committed to ongoing improvement and development to meet the needs of current and future trainees.

The School considers all data that it receives from quality management visits, from National Training Survey (NTS) survey results to Annual Review of Competence Progression (ARCP) outcomes in order to continuously improve. In the NTS survey for overall satisfaction of programmes, the School came first in the UK for Foundation Year 1 (North) and second for Foundation Year 2 (South-East). This is good news and will sends a positive message to all prospective trainees that Scotland is a good place to work and train rather than the perceived concerns of some that it is “the back of beyond!”

The School has been working hard over the past year to improve consistency of approach for all its trainees wherever they work and train. This has been supported by a strong team of administrative personnel, Foundation Programme Directors (FPDs) and the Associate Dean’s responsible for Foundation in each of the Regions. There is a good team and governance structure with groups responsible for specific activities, namely, Curriculum and Assessment, Academic Foundation Programmes and the Operational Group. Last year saw the introduction of our first Scottish Academic Conference for foundation programme trainees. This consisted of a number of plenary sessions together with plenty of opportunity for academic trainees to present their work: A very positive day with some excellent work being produced. The annual Foundation Programme Directors Development Day concentrated on the implementation of ARCPs together with sharing of good practice from around the country. This was the first year that ARCPs had been introduced for foundation trainees. The use of the e-portfolio both for considering all the evidence together with the production of the necessary forms and Foundation Achievement of Competence Documents (FACDs) greatly eased the process and all were completed within the allotted time frame. No mean feat for over 1600 trainees in short time period.

The Shape of Training review, which covers all postgraduate medical education, has recently been published and we await guidance on which recommendations are to be taken forward. Suffice to say, there was support for the foundation programme and what it has achieved. Representatives from the Scottish Foundation School sit on a number of national committees which helps not only guide policy and but also informs about the work of the Scottish School. Further information relating to our work and role can be seen on the website which now has dedicated sections for our key stakeholders and is being used to inform both trainers and trainees. And finally… we have moved into the social media age with a Twitter account@ScotlandFSD so follow us to find out more about what we are doing.
6.4

GENERAL PRACTICE, PUBLIC HEALTH MEDICINE AND OCCUPATIONAL MEDICINE SPECIALTY TRAINING BOARD

The General Practice (GP), Public Health Medicine (PHM) and Occupational Medicine (OM) Board is a diverse Specialty Training Board (STB). The three specialties that constitute the Board are of significantly different size in terms of trainee numbers as illustrated by the vacancies in the 2015 recruitment round; GP is recruiting to over 300 posts, PHM to five and OM to two! Despite this, the STB prides itself on balancing the interests of all three specialties with an equitable distribution of representatives and discussion on issues of relevance to the individual specialties and on areas of common interest or collaboration.

No major change to the trainee numbers in 2015 in GP, PH or OM are anticipated but there is a recognition that a review of GP numbers will be required in the wake of increasing numbers in England, an inadequate ‘replacement factor’ and the probable need for more community-focused doctors to implement the 2020 vision. Two extremely important documents about changes in recruitment required to support the GP workforce from NHS England (Health Education England and the Centre for Workforce Intelligence) were considered at the August STB and their implications for GP Specialty Training numbers, and in concert, hospital training numbers could be very significant.

The STB prides itself on balancing the interests of all three specialties with an equitable distribution of representatives.
The STB recognised the issues described, and the solutions recommended as being relevant also in Scotland. How these recommendations will be addressed in the wake of significant recruitment problems to General Practice Specialty Training (GPST) across the UK, and most noticeably in parts of England is very unclear.

Application numbers to GPST in the UK were significantly down in 2014 – by 12.5%, although Scotland was less badly impacted than many parts of England. After two rounds of recruitment to GP Specialty Training 33 posts remained unfilled across Scotland; 23 in the West of Scotland, nine in the North of Scotland and one in the East of Scotland. At the time of writing, we are in the middle of the 2015 recruitment round and the worrying trend continues. Applications to GPST are 6.7% down and 10.7% down in Scotland.

Recruitment to PHM was UK national process for the second time in 2014 and six posts were offered; all were filled. OM filled its single vacancy in 2014.

There are some uncertainties and challenges around the future training arrangements for Public Health Medicine in Scotland. Some Health Boards are reluctant to take on potentially expensive trainees and not all retirements at consultant level are being replaced. In addition, there is uncertainty around what the ideal training establishment should be. Finding the way through this will involve close working between the Scottish Government, the specialty of PHM, the STB and territorial Health Boards and there is a review of the Public Health workforce under way, in which the STB will play an important role.

There is a review of the Public Health workforce under way, in which the STB will play an important role.
There are uncertainties also about OM training and the role of industry in this. A high proportion of OM specialists are over 55 and there are signs that industry is realising it has to grow its own people. Industry posts must be advertised in open competition with Deanery and Regional Specialty Adviser involvement although they will be recruited separately and appointed by industry. This recruitment is not bound by the NHS Education Scotland (NES) recruitment timetable and potentially candidates could apply to both.

For some years the Royal College of General Practitioners (RCGP) has been seeking support for its case to enhance GP training. General Practice has the shortest period of training and the college’s case to enhance training proposes a move from the current three year programme with 18 months in GP to four years with two years in GP. These enhanced training arrangements would address a perceived need for enhanced clinical skills, generalist skills and leadership skills. It is likely however that any change in the length or content of GP training will be addressed through the implementation of the proposals made in the Shape of Training review published in October 2013. The STB very much welcomes the increased emphasis in the review on generalism and the potential for developing a broad-based community-focussed set of programmes.

Recruitment to GP Specialty Training remains challenging with particular difficulties in filling four year programmes in areas peripheral to the major conurbations. The institution of a rural-track GPST programme in Scotland in 2012 has shown promise and the STB plays a full part in the START (Strategy to Attract and Retain Trainees in Scotland) Alliance initiative.

In a challenge brought in 2013/14 by the British Association of Physicians of Indian Origin (BAPIO), the RCGP and the General Medical Council were found not to have failed in their public duty with reference to alleged discrimination in the RCGP’s Clinical Skills Assessment exam. However although BAPIO failed in their legal case Justice Mitting suggested that they had won a ‘moral victory’, and it was made clear that the RCGP and deaneries are expected to work to reduce the risk of failure in the CSA by non-UK graduates and trainees that are of Black or Minority Ethnic origin. On behalf of the Scotland Deanery, Dr Alison Sneddon will lead a group in the coming months to investigate best practice in this area both in Scotland and in the rest of the UK to put in place appropriate support for these groups of trainees in time for the 2015 recruitment round.

The STB continues to support a range of post Certificate of Completion of Training GP fellowships and scholarships, which provide a year-long higher professional experience that address a range of service, public health and occupational medicine needs. These include ‘standard’ rural fellowships, ‘acute care’ rural fellowships, health inequality fellowships, occupational medicine fellowships, medical education fellowships, paediatric scholarships and, in collaboration with the academic primary care departments of our sister medical schools, academic fellowships.
Medical Specialties are acknowledged as the most complex area of specialty training to manage. Most Training Boards deal with a small number of individual specialties whilst Medicine has 26. This means the Scottish Board for Training in Medical Specialties (the Board for short) must speak globally for a number of different practice areas and cannot include representatives from all medical specialties. The Board prides itself on both meeting the needs of trainees across the multiple medical specialties, whilst allowing scope for all specialties to present their individual interests and concerns.

The role of the Board in Scotland is an advisory one, with the Chair, Dr Donald Farquhar, holding a role similar to a Head of School elsewhere in the UK. The UK Royal Colleges of Medicine determine the curricula and most decisions relating to Scottish trainee numbers are made by the Scottish Government. It is the Board’s role to make sure the curricula are being delivered to trainees in Scotland, that trainees are adequately trained and to ensure that the 4 regional areas of the Scotland Deanery take the same approach to training and maintain consistency.

The Board has a lead role in annual recruitment of both Core Training and Higher Specialty Training in Scotland. 2014 saw increased training posts offered in core medicine, acute medicine and geriatric medicine. These increases were agreed after STB figures confirmed the need for trainee expansion.

The Board has an increasing role and responsibility in the Quality Management of training programmes. The move to a single Deanery will expand the role of the Board further in 2014/15. There are differing training arrangements across the 26 specialties, with a mix of national programmes for the small specialties (2-30 trainees managed nationally) and larger programmes run individually in each of the four Scottish regions. The Board needs to ensure that each programme meets training requirements and maintains a high standard of quality for training. Trainees are encouraged to provide feedback, via the Specialty leads and Board representatives, on differences between programmes, recruitment and clinical exposure across Scotland. This process guarantees a fluid communication and ensures appropriate action can be taken to maintain the quality of the training experience. The Board is dedicated to ensuring that no matter where a trainee goes in Scotland they will receive the same training opportunities.

Negotiating trainee numbers and ensuring quality of programmes is a complex and detailed process. The Board has strong support from its representatives and has a credible reputation that it meets the needs of all 26 medical specialties.

Key to the past and continuing success of Scottish medical training has been that Scotland is small enough to make things work easily, whilst still offering training programmes across a variety of environments. Trainees may enjoy the cultural festivities of Edinburgh, the hurly burly of Glasgow, or the stunning vistas of remote and rural practice. Across this range of differing medical situations, the cohesive influence of the Board, which is in direct communication with specialty leads, ensures all trainees in Scotland receive a high standard of medical training and preparation for their medical career.

The 2014 GMC survey results confirmed that Medical specialty trainees across Scotland have high overall satisfaction. This is an outstanding achievement for the Deanery, medical training and Scotland.
Scotland is recognised as an academic achiever in science and medicine. NHS funding per person is more in Scotland which has allowed additional scope and flexibility for trainees to pursue research and academic opportunities. All five Scottish Medical Schools have a strong academic bent for Medicine. The largest proportion of Academic MRC funding goes to Medicine and it is significant that Scotland is recognised as a UK leader.

The 2014 GMC survey results confirmed that Medical specialty trainees across Scotland have high overall satisfaction. This is an outstanding achievement for the Deanery, medical training and Scotland.
Mental Health continues to work hard to offer and expand good training opportunities. We continue to provide training for trainees pursuing a career in the Psychiatric specialties and for General Practitioners and Foundation doctors.

**RECRUITMENT**

In 2014 we continued to recruit once yearly to Core Training 1 (CT1). This process was nationally co-ordinated using the process run by North West Deanery for HEE but was run and held in Dundee for applicants to Scotland. This may change in the future. Recruitment to Specialty Training 4 (ST4) in 2014 was undertaken twice yearly, through a full National Recruitment process in Manchester and London. Scottish Psychiatry is engaged with this, providing interviewers. A member of our Specialty Training Board (STB) continues on the National Recruitment Board for Psychiatry.

We had previously reviewed our 2008-2011 and 2009-2012 Core training cohorts, through the STB. This year we were able to help with this work that had been taken on by David Cowell, one of the Clinical Leadership Fellows at Scottish Government. We were able to help fill in the gaps in following up the 2011-2014 cohort.

This showed us that the number of trainees completing Core training with successful exam passes and being able to progress to ST4 after 3 years remains around 50%.

**WORKFORCE PLANNING**

Filling our Advanced training posts continues to be a challenge. Fill rates were even poorer this year. E.G. Child and Adult Mental Health Services (CAMHS) 38%, Forensic 50%, General Adult Psychiatry 18%, Old Age Psychiatry 70%, Learning Disability 11% and Psychotherapy 50%. However, we were able to recruit from a few posts in the second recruitment round. We have continued to give advice to Workforce Planning in conjunction with the Workforce Group of the Royal College of Psychiatrists in Scotland. We were extremely pleased that the advice to increase Core training posts was again heeded. This year there was a conversion of 12 unfilled Higher training posts to Core, for the August 2015 intake.

The Royal College of Psychiatrists continues with their recruitment and retention strategy led by Dr Tom Brown. We continue to engage with and are trying to increase opportunities for school students and Foundation trainees to experience Psychiatry.

We were extremely pleased that the advice to increase Core training posts was again heeded.

**ARCPS**

We have continued to audit the outcome for ARCPs across Scotland and are pleased that again we are showing a high number of outcome 1s and 6s.

**FOUNDATION TRAINING**

Mental Health again continues to actively promote Psychiatry posts via the Foundation Programme seeing exposure to Psychiatry as being important training for all doctors. The new Foundation Year 1 (FY1) posts in Psychiatry from last year were largely successful, although we still remain below the UK National recommendation that 7.5% of all FY posts should be in Psychiatry. We are pleased that here has been scope to expand Foundation Year 2 (FY2) posts in Psychiatry for August 2015, particularly in the West where the percentage of posts in Psychiatry was lower.
ACADEMIC TRAINING
Scottish Psychiatry has tried to continue to increase academic opportunities for our trainees. The PsySTAR Programme has recruited further trainees and is a very successful initiative. The GATE Programme for Core trainees in Glasgow continues with an additional recruit in Core Psychiatry. In the North 2 Core trainees have an academic training being seconded a day per week to the University of Aberdeen. There is a plan to increase SCREDS posts in Psychiatry in Scotland for example – SCREDS posts in General Adult Psychiatry in the West and potentially a post in Child and Adolescent Psychiatry in the future.

START
The Psychiatry STB has enthusiastically engaged with the StART Initiative with representation on the Committee including trainee representation. We hosted a Webinar for recruitment to ST4 Psychiatry in Scotland in February 2014. We hosted a stand at the September 2014 Scottish Careers Fair, with an impressive representation from Trainee Ambassadors and Trainers. Our lecture on “Careers in Psychiatry” was well-received.

SHAPE OF TRAINING REVIEW
Psychiatry STB has welcomed the report and is doing work considering implications for Psychiatry. We ran a small sub-group of our STB and have also provided a representative for the Royal College of Psychiatrists Implementation Group on the Shape of Training Report.

PROGRAMME DEVELOPMENT
In our Psychotherapy Programme we have introduced dual training posts CBT Psychotherapy with General Adult Psychiatry. The first of these posts has a trainee in post and a further two posts are planned for the autumn 2015 recruitment round.

The STB has been involved in the development of Intellectual Disability Psychiatry moving to a National Programme in Scotland. This becomes operational in February 2014.

QUALITY OF TRAINING
As in previous years, the GMC Trainee Survey shows positive feedback on many of our programmes, showing that although we have difficulty filling programmes, we do offer extremely good quality. Our Psychotherapy programme 2014 was the top programme in the UK with a Green Flag for outstanding quality. The top three General Adult Psychiatry programmes in the UK in 2014 were Scottish programmes. We also had the top two programmes in Core Psychiatry in the UK in Scotland. Three of the top Old Age Psychiatry programmes in the UK were from Scottish programmes. One of our Learning Disability programmes was also in the top four and other programmes rated well.

IN SUMMARY
We offer a range of excellent training opportunities in Psychiatry across the country but continue to have challenges with recruitment. We hope that the work with a number of the initiatives outlined above will improve this.
6.7

OBSTETRICS, GYNAECOLOGY AND PAEDIATRICS SPECIALTIES TRAINING BOARD

The Specialty Training Board continues to strive for the highest quality for those in training in obstetrics & gynaecology, paediatrics and community sexual reproductive health. This involved Training Programme Directors sharing examples of good practice in delivering the respective curricula within the different regions, as well as reviewing any issues and working together to find solutions.

Both obstetrics & gynaecology (O&G) and paediatrics are high intensity specialties and continue to have high rates of Out Of Programme (OOP) and less than full time training. Workload and gaps in rotas remain a problem for these specialties, which has resulted in a number of Deanery quality management visits. However trainers and units are trying to address the issue and there have been an increased number of consultant post appointments with out of hours duties to address the pressure on trainees and improve the amount of daytime training they receive. The challenge to offer rewarding training programmes while balancing service requirements is ongoing.
Trainers continue to promote the specialties within undergraduate teaching and foundation training. The specialties remain attractive as run through training programmes and all specialty trainee (ST) posts were recruited in Scotland this year.

This year the specialty of paediatrics was involved in national recruitment with Royal College of Paediatrics and Child Health which ensured a transparent process for trainees aiming to enter the higher levels of paediatric training programme. The regions of Scotland fully participated and have made some suggestions for improvement for next year, which will result in further refinement of the process.

Paediatric trainers are aware of concerns for future staffing of community posts for NHSScotland and have increased the focus on identifying training posts across the country and encouraging trainees to consider this career choice. Additionally this year, an increase number of ST posts were recruited in paediatrics in order to address service needs. It is anticipated that this will result in an increase in the numbers of community specialists in future years.

Higher subspecialty training in paediatrics is available through a National Training Number GRID system of recruitment. Scotland is able to offer a number of programmes through this process ensuring its attractiveness. Further work to co-ordinate a single deanery process is ongoing.

The National Trainees Survey has identified undermining as an issue in O&G. The Royal College of Obstetrics and Gynaecology has promoted the establishment of workplace behaviour champions as a resource for trainees to raise issues within their regions and for the champions to work with trainers and departments to improve culture. All four Scottish regions have appointed champions and Training Programme Directors report that this has been helpful.

Co-ordination of Scottish O&G training courses continues through the Scottish Committee RCOG in conjunction with the Training Programme Directors and this collaboration is felt to be valuable.

The community sexual reproductive health specialty is still a new training programme and has been successful in recruitment and establishing co-ordinated training posts.

Overall a successful year with strong inter region working to benefit training.

The challenge to offer rewarding training programmes while balancing service requirements is ongoing.
The year 2014 has seen further developments in the field of Simulation in Surgical Training in Scotland. The initial incorporation into the Core Surgical Training programme of elements of training within the simulated environment has been expanded. Core trainees are now all invited to attend the Highland Surgical Bootcamp and a programme of Incentivised Laparoscopic Practice (ILP) has also been introduced. The emphasis in 2015 will be the integration of Simulation into the training programmes in Urology, General Surgery, Vascular Surgery and Paediatric Surgery.

Vascular Surgery is now an established specialty, no longer regarded as a subspecialty area within General Surgery. The Vascular Surgery training programme has recruited new trainees in each of the last two years and will be augmented in 2015 by the transfer of a number of existing trainees from the General Surgery programme who have expressed the desire to specialise solely in Vascular Surgery. The development of The Vascular Surgery programme has seen significant cooperation with Interventional Radiology due to the overlap in the domains of Vascular and Endovascular treatment.

Despite a very significant contribution by Scottish consultants to the recruitment process for Core Surgery, 2014 saw a disappointing failure to fill any more than 75% of Scottish vacancies at National Recruitment. However, it is hoped that changes to the recruitment process for 2015 will produce a better outcome in 2015. No further increases in Core Surgery training numbers are anticipated.

Scotland remains the only part of the UK to offer run-through training in Trauma & Orthopaedics. This appears to be an attractive option to trainees as evidenced by the increasing competition ratios observed in the latest round of recruitment.

The establishment of the single Scotland Deanery is seen as an opportunity for surgical specialties to consider innovative developments in training programmes.

The Surgery STB has reaffirmed its support for the provision of General Surgery of Childhood by General Surgeons trained in this area of interest. The Training Programme Directors have been encouraging trainees to avail themselves of the opportunity to gain experience in this field in all four regions of the Scotland Deanery. The STB has also expressed its support for the appointment of Consultant Surgeons in the Remote and Rural setting and has acknowledged the need for proleptic appointments in this field with the opportunity for appointees to undertake bespoke post-Certificates of Completion of Training Fellowships to acquire the necessary skills before taking up their posts.

The establishment of the single Scotland Deanery is seen as an opportunity for surgical specialties to consider innovative developments in training programmes in the coming years as a result of the increased flexibility which it may bring.
## Appendix 1:
### SCOTLAND 2014 FILL RATES

### Core and Run-Through

<table>
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<tr>
<th>Specialty</th>
<th>Posts</th>
<th>Fill rate %</th>
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### Higher Training

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Acknowledgements

We are grateful to all the people who have contributed to the production of this report.
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