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Professor Stewart Irvine
Medical Director

Welcome to the Summer edition of our Scotland Deanery newsletter and our round-up of topical issues and developments in Scottish postgraduate medical education.

Firstly, we feature an article on this April's Scottish Medical Education Conference that was attended by almost 1500 delegates – making it the largest to date and the largest conference of its type in the UK.

Keynote speakers of international repute, around 150 posters and a richly diverse range of parallel sessions and workshops made it very rewarding for all those attending. Alongside you will find links to our 2018 Annual Report, launched at conference, that looks back on the postgraduate training year in Scotland, describing just what we did and what we delivered for trainees and trainers in Scotland. I commend the 2018 Annual Report to you.

We have now received the GMC's full report from their national review of Scotland and I am delighted that the GMC paint an extremely positive picture of medical education and training in Scotland and found the standard of medical education and training in Scotland to be very high. You can read more inside and find links to the actual report.

The NHS is 70 this year and we thought it would be interesting to look at the history of medical education and training in Scotland, in relation to the landmark introduction of the NHS. Next-up we feature another milestone by highlighting that we now publish all reports from our Quality Management visits to secondary care education providers. The open and transparent publication of our work will allow trainees to see the efforts made

both by educators in Health Boards and the Scotland Deanery on their behalf – helping to build confidence in our processes and in making sure Scottish training remains among the best in the UK. Links to our publication site are provided.

The identification of differential attainment rates between learners from different backgrounds is a real concern and in conjunction with the GMC and other stakeholders something we in the Scotland Deanery are actively addressing. We give some background to the issue and further details of what we are doing to improve the situation. As we gain more knowledge about the factors that are impeding attainment, I am confident that we can put in place measures to make a positive difference. A short article gives further information.

This edition also features articles about our bereavement training packages, a new funding award for 'always events' training and the launch of new quality improvement guidance for primary care teams.

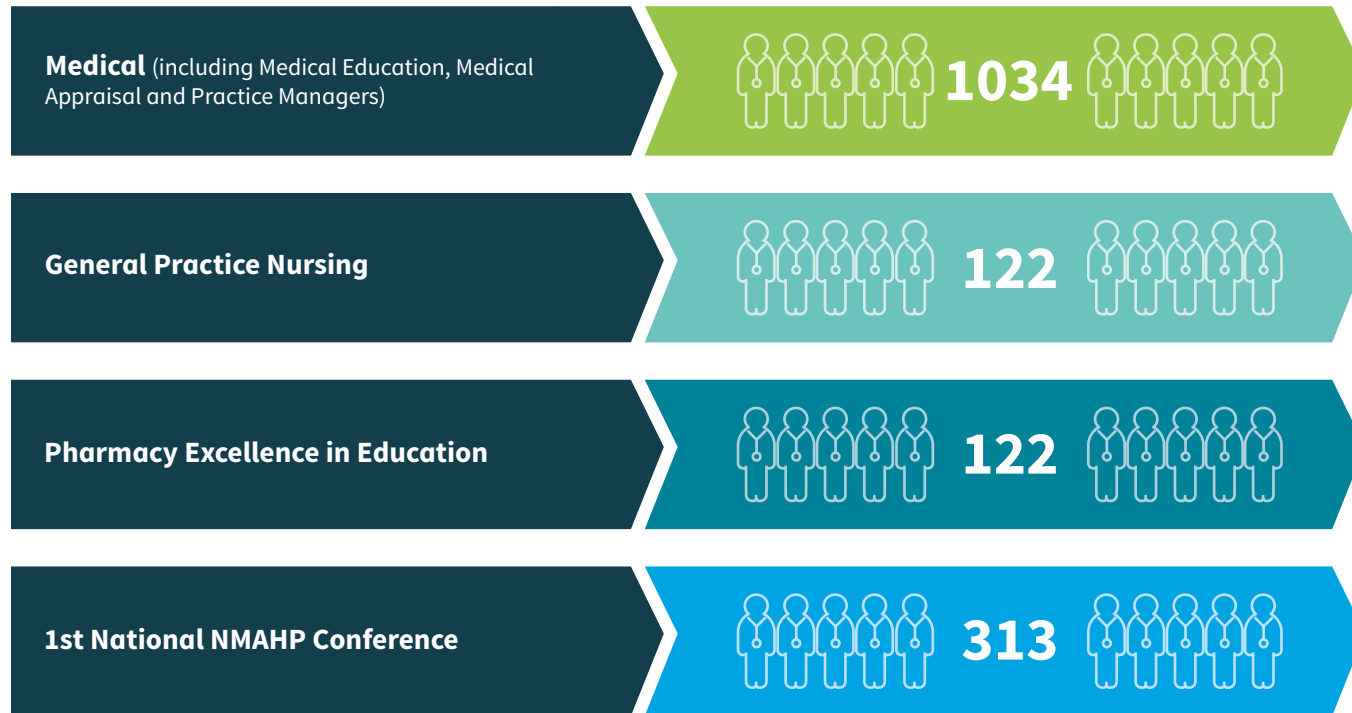
I hope you enjoy the read and the summer holiday season.

The 8th National Scottish Medical Education Conference 2018

The 8th Scottish Medical Education Conference was held at the Edinburgh International Conference Centre on Thursday 26th and Friday 27th April 2018 and incorporated the annual Medical Appraisal Conference, the Practice Nurse Conference, Practice Managers Conference.

1469 delegates attended the conference – a record number.

Attendance by Conference



Posters presented:



Keynote presentations were given by:

Sir Muir Gray, Honorary Clinical Researcher, Nuffield Department of Primary Care Health Sciences/Visiting Professor, Nuffield Department of Surgical Sciences University of Oxford

Fiona McQueen, Chief Nursing Officer

Paul Gray, Director General, Health and Social Care, and Chief Executive of the NHS in Scotland

Charlie Massey, Chief Executive and Registrar of the General Medical Council

Catherine Calderwood, Chief Medical Officer

Cees van der Vleuten, PhD, Professor of Education at Maastricht University, Department of Educational Development and Research in the Faculty of Health

Jim Mackey, Chief Executive, NHS Improvement - "The NHS – Delivery, Leadership and Education"

Professor Val Wass, Head of the School of Medicine at Keele University

Dr Colin Melville, Director of Education and Standards, General Medical Council

Professor Jon Dowell, School of Medicine, University of Dundee – talking about UKMED

Rose-Marie Parr, Chief Pharmaceutical Officer



There were workshops and parallel sessions covering a range of topics relating to undergraduate and postgraduate medical education and training, medical appraisal, patient safety and workforce issues.

Prizes were awarded for the best oral and poster presentations. A number of awards were also given out at the Conference Awards Dinner to recognise outstanding contributions to medical education and training in Scotland.

Feedback from the conference has been very positive. The feedback highlighted the excellent programme and opportunity to network with colleagues throughout Scotland who have an interest in medical education/training and appraisal.

The Conference presentations and resources are available here:

<http://www.scotlanddeanery.nhs.scot/news/scottish-medical-education-conference-26-27-april-2018-presentations-and-resources/>

Dates for next year's 8th Scottish Medical Education Conference are:



This year's report reflects a successful year for Postgraduate Medical Education and Training in the Scotland Deanery in 2017/18. It has some great case studies highlighting work that is happening around Scotland.



The report is here: [PGMET Annual Report 2018](#)



The regions and nations of the UK are visited by the GMC on a rotational basis to determine if the organisations who commission, manage and deliver education and training are meeting the standards set out by the GMC in their key document Promoting Excellence available here: [GMC Promoting Excellence](#)



Promoting excellence:

standards for medical education and training

Working with doctors Working for patients

General
Medical
Council

In anticipation of the GMC's visit to Scotland the NES Medical Directorate embarked on a major programme of change, improvement and collaboration with partners to ensure preparedness for the review and to be able to demonstrate how standards are being met.

Principally, this involved the creation of the Scotland Deanery, bringing together Scotland's 4 established regional Deaneries into one system with consistent policies and procedures for all of Scotland. The new Scotland Deanery, combining the benefits of consistent national approaches and local understanding/communications, resulted in a flexible but strong set of arrangements deliberately focused on trainees and the training experience in Scotland.

This is confirmed by the GMC who reported an extremely positive picture of medical education and training in Scotland, as represented in their press statement that "The standard of medical education and training in Scotland is very high..." and that "The Scotland Deanery and NES deserve great credit for the support they provide to the boards and medical schools."

Further to this, the GMC's judgement was that the Scotland Deanery was aware of what is happening across Scotland and has robust systems in place for identifying and managing concerns over safety or quality - singling out the NES digital strategy and multi-professional approach as areas of notable good practice. In concluding their review, the GMC directed all of the organisations visited to produce action plans in response to their findings. The required action plans were to take forward areas of good practice, focus on areas found to be working well and address specific issues where they had put forward requirements and recommendations.

The Scotland Deanery was tasked with bringing together all the plans to produce a single action plan for Scotland and further to this the GMC mandated the Scotland Deanery to monitor and report Health Board progress against the set recommendations and requirements.

The overview report for Scotland and reports for visited organisations are available here [GMC National and Regional Reviews](#)

Key points for the Scotland Deanery were:

1 AREAS OF GOOD PRACTICE	2 AREAS OF WORKING WELL	3 REQUIREMENTS	4 RECOMMENDATIONS
<ul style="list-style-type: none">• The NES digital strategy, which works across different systems and disciplines to support learners and educators.• Inter-professional educational leadership demonstrated by the NES Executive team.	<ul style="list-style-type: none">• The involvement of lay representatives in deanery quality management processes.• The alignment of deanery processes across Scotland.• Support for the training programme director role which provides an important link between doctors in training and the central deanery team.	<ul style="list-style-type: none">• The Deanery must work with LEPs (Health Boards) to address the requirements identified at the LEP visits.• The Deanery must take a lead in establishing a Scotland wide approach to identifying the levels of competence of learners.	<ul style="list-style-type: none">• The Deanery should work with LEPs to address the recommendations identified at the LEP visits.

New Animated Training Resources

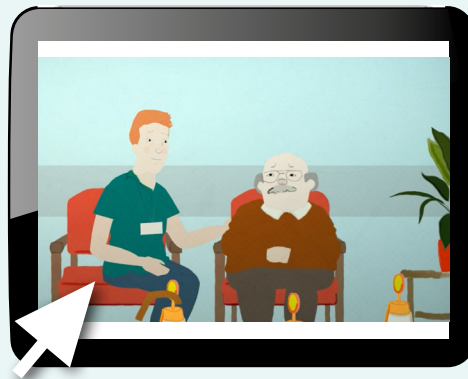


NES has recently launched three new short animations on how to have conversations about death, dying and bereavement:

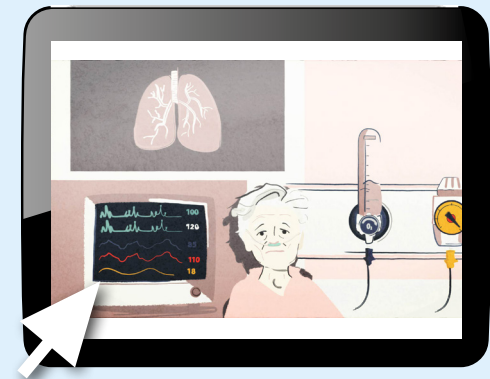
WITHDRAWAL OF ACTIVE TREATMENT IN AN INTENSIVE CARE SETTING



TALKING AND BEING WITH PEOPLE WHO ARE BEREAVED



STORIES FOR EDUCATION: LIVING WITH DEATH



These join the other bereavement-related film resources, all openly accessible on the Support around Death website www.sad.scot.nhs.uk, which have been launched over the last two years.



It is hoped that these short video resources (each approximately 5 minutes long) will be useful in a range of learning environments. Each animation is accompanied by a downloadable pdf of key learning points (also available on the *Support Around Death* website www.sad.scot.nhs.uk).

The newly launched film, '**Stories for Education: Living with Death**' has been produced to help junior doctors in particular, to consider the emotional impact of caring for people at the end of life, especially if there are treatment options which may not be appropriate. It was developed based upon feedback from doctors' experiences. NES has also drafted a range of sample questions which can be used to prompt discussion alongside this film, in a small group teaching environment.

The animations together have been viewed over 14,500 times and are being widely used for training across Scotland and are increasingly also gathering interest from further afield. NES has received a considerable amount of positive feedback on the usefulness of these teaching resources e.g. from an ST6 in Anaesthesia regarding the film on '*Discussing Adult Authorised (Hospital) Post Mortem Examination*':

“ There is an excellent balance of factual content and pointers on communication in such a sensitive situation. It was so well received [at an Intensive Care multi-disciplinary teaching session] that I was asked to use some more of your resources to facilitate another session. ”



For more information about these educational resources or the work that NES is leading on death, dying and bereavement, please follow: [@NES Bereavement](https://twitter.com/NES_Bereavement) or contact:

supportarounddeath@nes.scot.nhs.uk

This July, we're celebrating the 70th anniversary of the formation of the National Health Service (NHS).

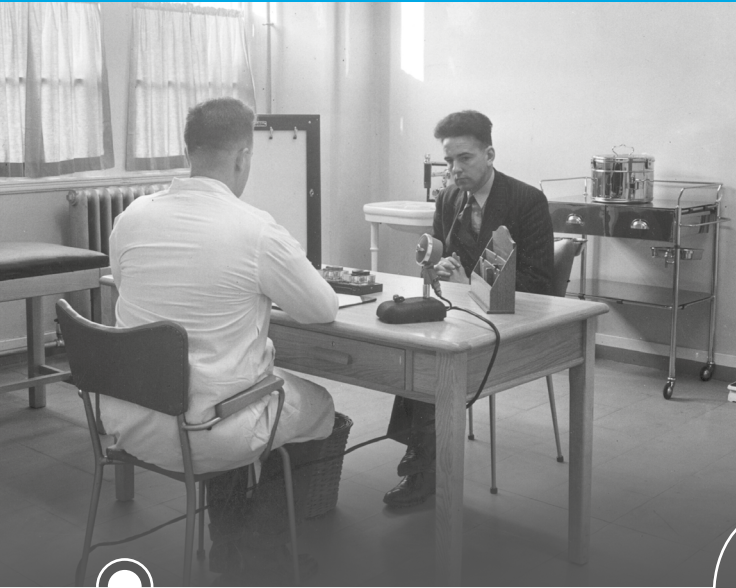
This revolutionary idea, of a healthcare system that was not only free at point of use but available to everyone who needed it, forever changed the lives of millions of people when it came into being in 1948. Scotland's reputation as a home of medical excellence was well established prior to this date. Less well-known, however, is the story of Scotland's role in paving the way for the introduction of the NHS.

Scotland had been experimenting with state-run healthcare for more than 30 years before the NHS launched. The Highlands and Islands medical service had been in operation since 1913, and provided funding for medical staff working in some of the country's most remote areas.

In addition, a 1930s report produced by Glasgow University professor Edward Cathcart laid the foundations for medical reform in Scotland. The Cathcart Report recommended sweeping changes that would put increased importance on health education and position the GP or family doctor at the heart of healthcare. These recommendations paved the way for the introduction of the NHS in Scotland.



Find out more about Scotland's role in the birth of the NHS on the next page or visit: <http://www.ournhsscotland.com/> for the full story.



1

HIGHLANDS & ISLANDS MEDICAL SERVICE

By 1929, the Highlands and Islands Medical Service provided funding for 160 doctors and 175 nurses, in 150 practices covering almost half of Scotland's land mass.

2

INFRASTRUCTURE

In the build-up to the Second World War, Scotland embarked on an impressive building programme that saw the construction of 7 new hospitals with beds for more than 20,000 additional patients.



3

THE CATHCART REPORT

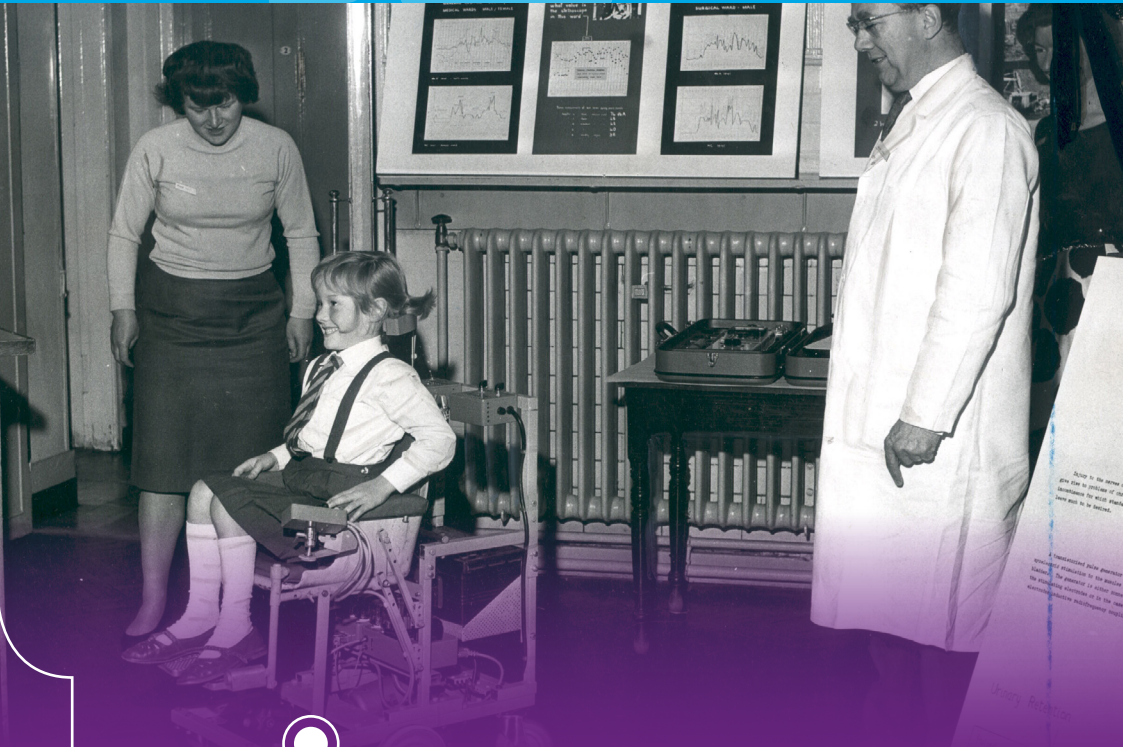
The Cathcart Report was commissioned in 1933 and recognised the link between poverty and poor health. Cathcart recommended placing more importance on early intervention and health education.



4

BIRTH OF THE NHS

On 5 July 1948, Health Minister Aneurin 'Nye' Bevan announced the formation of the National Health Service.



5

EARLY SUCCESS

In its first year, the NHS in Scotland provided free eyeglasses to half a million people, while another half million received free dentures.

In addition to administering training programmes, the Scotland Deanery is also responsible for managing the quality of postgraduate medical education and ensuring it meets the standards outlined in the General Medical Council's Promoting Excellence: standards for postgraduate medical education.

One of the ways in which the Deanery team assesses the quality of training is by undertaking visits to training programmes and sites across Scotland. This allows a panel of medics, managers, trainee associates and lay representatives to speak to trainees, trainers & non-medical staff using a structured set of questions, mapped to the GMC standards, and make an assessment about the standard of training being delivered. Following the visit, a report is written which can contain areas of good practice, areas for improvement and, if standards are not met, requirements which must be addressed. The deanery team then receives updates, often via the local Director of Medical Education, which demonstrate local improvements. These updates are monitored until the deanery team are satisfied that any requirements have been suitably addressed.

The deanery recognises the importance of sharing the outcomes of our visits with those who participate in the visit, as well as making them available to trainees and trainers across Scotland and the public. Through sharing our findings, we hope to encourage the sharing of best practice across training environments and engage all stakeholders in improving the quality of postgraduate medical education. To facilitate this open and transparent approach we will be publishing our final visit reports on the Scotland Deanery website.

All quality management visits conducted by us from the 1st April 2018 are available online at <http://www.scotlanddeanery.nhs.scot/trainer-information/quality-management/specialty-visit-reports/>

The page provides advice on how to contact us should you have a query regarding a specific report. Reports will usually be published online within 3 months of the visit taking place.





The website also contains further advice on our wider quality management activity, offers the facility for trainers and trainees to report concerns about training to us, and provides contact information for our quality management team. In the next few months we also plan to create pages explaining what to expect if you are going to be part of a quality management visit and providing access to our structured question set to. We hope this will aid understanding of our quality management visits and provide clarity to those being visited.



If you have any queries or suggestions about improving the quality of medical education in Scotland please contact: **Lesley Metcalf, Senior Quality Improvement Manager:**

Lesley.metcalf@nes.scot.nhs.uk

Deanery visits can cover a number of categories:

- **Scheduled visit** – all training programmes/ posts will be visited on a routine basis every 5 years.
- **Triggered visit** – this is a visit which takes place outwith the normal 5 year cycle due to indications that training may not be meeting standards. Triggered can include the outcome of the Scottish Trainee Survey or the National Trainee Survey.
- **Triggered Revisit** – a revisit can take place where the deanery team are not satisfied that requirements issued previously have been addressed or where there is a need to check implementation and sustainability of reported improvements.
- **Enhanced Monitoring visit/ revisit** – Enhanced monitoring is a GMC process which allows deaneries to highlight posts/ programmes where training standards are not being met and the local quality management processes have failed to resolve the issue. If escalation to Enhanced Monitoring is agreed then visits take place more frequently and will often include GMC representation on the panel.



Each of these visit types can be conducted to a training programme across multiple locations or to a specific site/department.

'Always Events' Health Foundation Award

After a highly competitive funding application process, NES was recently awarded a further 30K by The Health Foundation to continue its innovative educational development work on implementing the 'Always Events' (AE) concept with healthcare teams in Scotland and beyond.

The 'Always Event' (AE) concept was devised by the now defunct Picker Institute in the US and offers a person-centred approach to Quality Improvement (QI) that aims to optimise different aspects of the patient's experience of their healthcare, and which can potentially be used routinely within many diverse care settings.

A simple example might be that a patient "always wants to know what happens next" after a clinical consultation. In other words, AEs are those actions and behaviours of healthcare organisations, teams, professionals and staff that create a satisfactory experience for patients.

While routine national surveys of patients to determine their satisfaction or experiences of care are useful, they are also limited in terms of driving service improvements mainly because healthcare organisations and teams often struggle to make sense of, and act on, this important feedback in their local contexts.

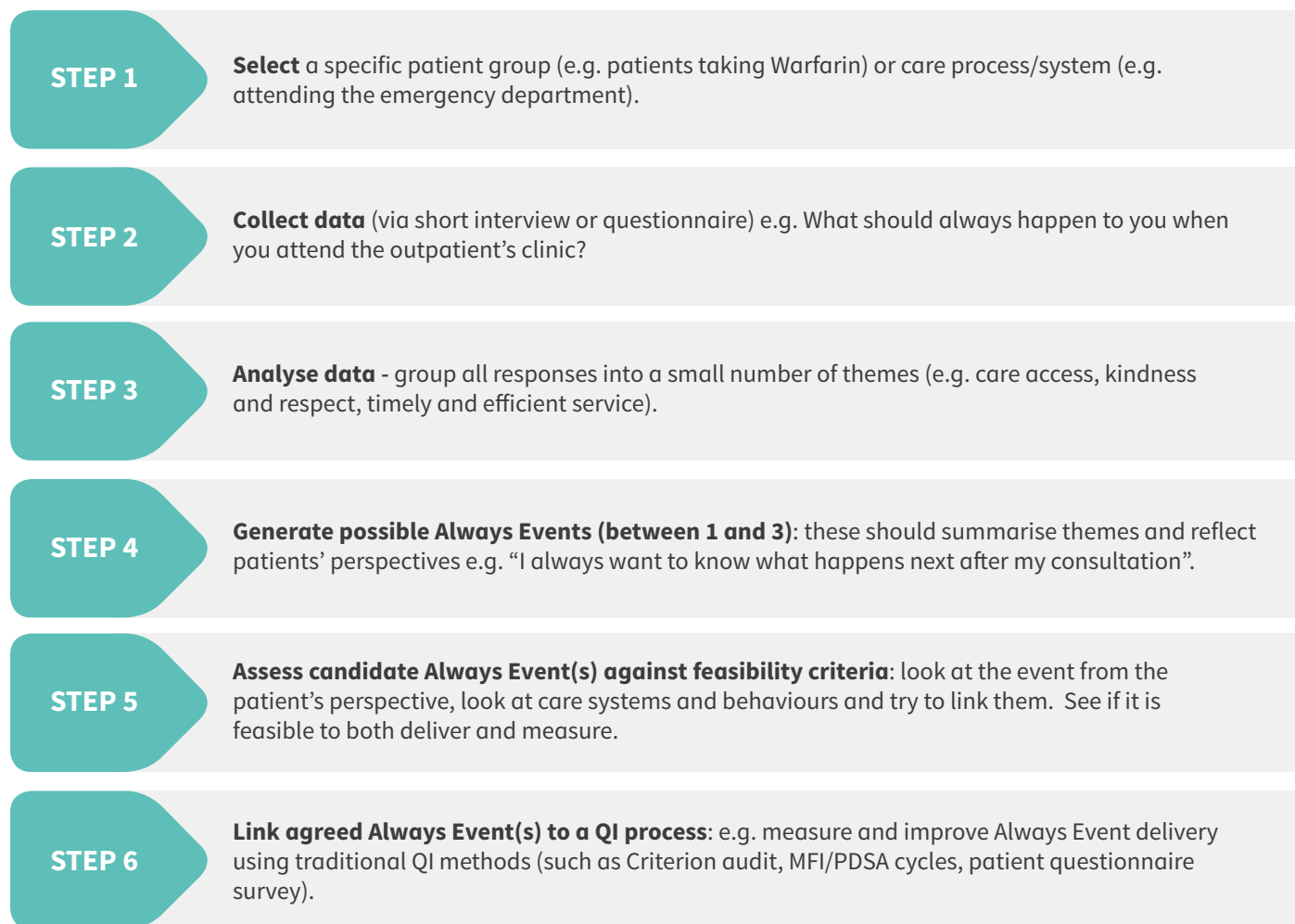
The 'Always Events' approach attempts to 'close this gap' by giving care teams a framework to engage locally with specific patient and client groups to ascertain what is important to them in terms of care delivery – and then link this to a quality improvement process (*figure 1*). This contrasts with most QI ideas and activity where it is normally the care team prioritising what they think is important to patients.



An 'AE' can be defined as "...a clear, action-oriented and pervasive practice or set of behaviours that, when implemented reliably, will ensure an optimal patient and family experience and improved outcomes."



Figure 1. Process for Generating Healthcare 'Always Events' and Linking to QI



Building on work previously funded by the Health Foundation where NES tested the AE concept with 18 diverse care teams across NHS Scotland, the newly-acquired funding will now be used to build consensus on the implementation of this novel method across NHS Scotland and the UK home countries. In turn, this will inform the design and spread the use of educational materials on AE as a person-centred approach to quality improvement in training programmes and as part of routine service delivery.

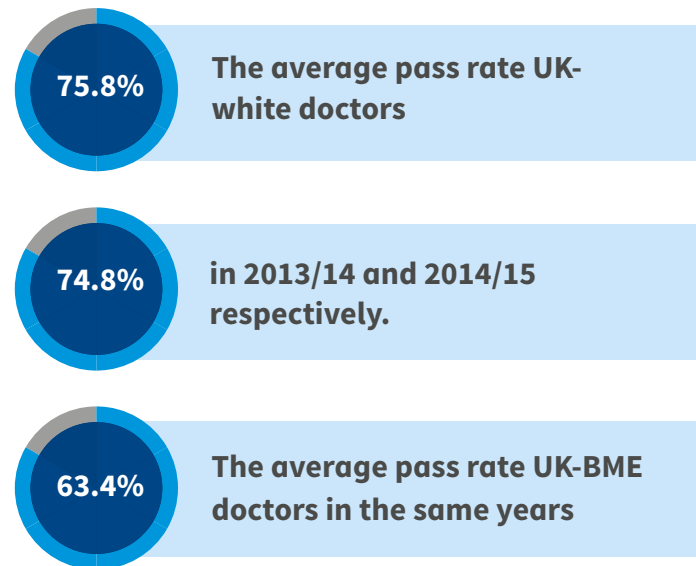
Further information on the NES 'Always Events' educational development work can be accessed here: <https://learn.nes.nhs.scot/932/patient-safety-zone/patient-safety-tools-and-techniques/always-events>

For more information:
Twitter: [@pbnes](https://twitter.com/pbnes)
paul.bowie@nes.scot.nhs.uk

Differential Attainment describes the variations in levels of educational achievement that occur between different demographic groups undertaking the same assessment. Concerned with 'race' as a protected characteristic, Differential Attainment, as an area of concern, is not confined to medical education, having been recognised as a problem since the 1990s.

These disparities were taken up by British Association of Physicians of Indian Origin (BAPIO) who instigated court action against the Royal College of General Practitioners (RCGP) and GMC over lower pass rates for International Medical Graduate (IMG) and Black Minority Ethnic (BME) candidates (2013) perceived to be due to racial discrimination. Subsequently in 2014, the charge that RCGP and GMC were failing in their public sector equality duty was rejected by Justice Lord Mitting, who whilst delivering his verdict, said both bodies should act to reduce identified differences.

The GMC has shown that training outcomes in the UK for 2014/2015 differ by demographic characteristics including origin of PMQ, ethnicity, gender, age and socioeconomic group.



This against a background where more affluent groups tend to be dominated by white doctors and BME doctors making up a greater proportion of the most deprived quintile.



White doctors are still seen to outperform BME doctors in exam attempts, even when comparing individuals from the same socioeconomic background and In addition, groups with primary medical qualifications from overseas have a lower proportion of successful outcomes than UK graduates.

The causes of these differences are known to be complex, poorly understood and multi-factorial. At a 'micro-level' causative issues are thought to be present with individuals, groups of students, doctors and examiners. At a 'meso-level' there are thought to be issues in relation to medical schools, where training actually takes place and the working environment. And at a 'macro-level' different political agendas and high stake assessments are thought to be relevant factors.

Beyond this, early research has begun to identify a number of detailed risk factors and challenges that may, to a greater or lesser degree, cause differences in attainment. Factors identified to date include: learning in a new work environment, lack of support, language difficulties, settling in a new country, trainee-trainer relationships, lack of social networks, negative stereotyping, difficulties securing training positions, lack of belonging and instances of experience of prejudice.

In response to the wider problem and action in accord with the direction of Justice Lord Mitting, the GMC

invited the Scotland Deanery, along with HE-London & HE-East of England, to engage in a 'differential attainment data pack pilot', the first phase of a pilot to support organisations to identify concerns relating to the fairness of training pathways.

Underpinning the pilot is the premise that the GMC standards for education and training require education and training to be fair and based on principles of equality and diversity. Organisations are required to evaluate information about learners' performance, progression and outcomes – such as the results of exams and assessments – by collecting, analysing and using data on quality and on equality and diversity.

Having now completed the above, the Scotland Deanery is currently training, role modelling and creating new web resources - all which are now being rolled out across Scotland. If you would like more information about Differential Attainment or the these initiatives, or feel you could contribute in any way, please get in contact with **Duncan Pollock** or other members of the Deanery's Quality Workstream.

Duncan.Pollock@nes.scot.nhs.uk



Following initial analysis of the data the Scotland Deanery and the other participating LETBs were required to produce:

- A summary of their analysis of the data provided including use of any local intelligence.
- An outline of their approach to creating an action plan for tackling the identified differential attainment based on the evidence available.
- A summary of any information which was missing which would have aided their decision- making
- A detailed action plan including the expected outcome and a proposed mechanism and timeline for monitoring and evaluating the impact.

NES has recently launched new educational guidance for primary care teams: “Quality Improvement: What is it and How to do it”. The guidance aims to support individual clinicians and managers fulfill their quality and safety obligations during specialty or vocational training, as well as guide qualified practitioners with CPD, appraisal and revalidation commitments. Importantly, the guidance also aims to support care teams in the newly-formed GP Quality Clusters in Scotland.

The main purpose of Clusters is to encourage GPs and their teams to prioritise and participate in QI activity to further develop local healthcare systems. To support this goal each general practice has a nominated Practice Quality Lead with each local Cluster also appointing a Quality Lead. The NES QI Guidance will be useful educationally in helping care teams to apply different safety and improvement concepts and methods depending on the nature of the local issues or problems identified and prioritised.

Based on over a decade of NES educational development and research in diverse areas of quality improvement and patient safety, the guidance summarises the key knowledge and skills necessary to support quality improvement (QI) activity in the form of ‘top tips’ for success. It also briefly explains, and demonstrates with practical examples, ten different QI tools that can be used by care teams for making care safer and more reliable, and also to support professional development. A few examples of these tools and their rationale are outlined in Box 1.



Box 1. Examples of NES QI Tools

QI Tool	Rationale
Significant Event Analysis	A reflective learning technique to review significant events to improve quality and safety of care systems and practice team performance.
Trigger Review Method	The Trigger Review Method (also known as a trigger tool) allows primary care clinicians to review small samples of the electronic medical records of high risk patient groups (e.g. patients over 75 with multi-morbidity) for previously undetected patient safety incidents, hazards and near misses in a structured, focused, rapid and active manner.
MoRISS GP Safety Checklist	This method can be used to ensure current systems are up to date and adequate, and to proactively identify systems hazards that, if not addressed, could cause harm to patients, visitors and the GP team.
Clinical Care Bundles	A care bundle is a small number of health care interventions grouped and measured together. This method allows practices to measure several evidence-based criteria where the goal is to achieve compliance with ALL components simultaneously. An example would be providing high quality diabetes care. The care bundle approach is essentially an aggregated version of criterion-based audit.
Preventing Harm from 'Never Events'	It allows a team based approach to prospectively identify and reduce the potential for hazards leading to serious patient safety incidents, and to create systems change to ensure that if a 'Never Event' occurs it does not lead to patient harm.
Assessing Safety Climate	Organisations with a positive safety climate are more likely to learn openly and effectively from things going wrong and alter their working practices appropriately. This tool encourages an open dialogue to facilitate change in safety related issues throughout the workforce hierarchy. The reflective discussion may prompt changes to safety systems within the practice, but could also be used to bring suggestions to the health board level. This could be through the sharing of reflective discussion reports at GP cluster level.



Launch of Quality Improvement Guidance for Primary Care Teams

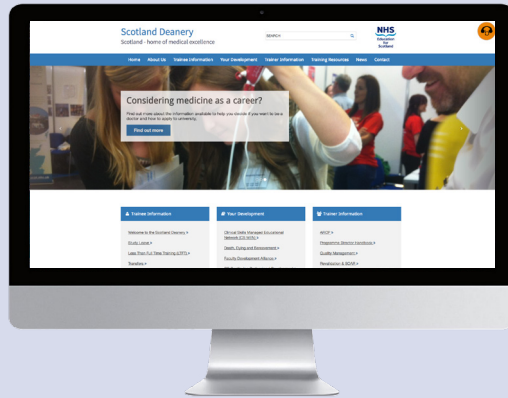
Plans are afoot to develop similar bespoke guidance for hospital doctors-in-training, and dental, pharmacy and optometry teams in primary care.

The QI guidance document can be downloaded here: <https://learn.nes.nhs.scot/3789/patient-safety-zone/patient-safety-tools-and-techniques/quality-improvement-in-primary-care-what-to-do-and-how-to-do-it>

For more information:
Twitter: [@pbnes](https://twitter.com/pbnes)
paul.bowie@nes.scot.nhs.uk



Created specifically for the needs of Scotland's Medical trainees and trainers, are the following website resources:



www.scotlanddeanery.nhs.scot

The Scotland Deanery Website

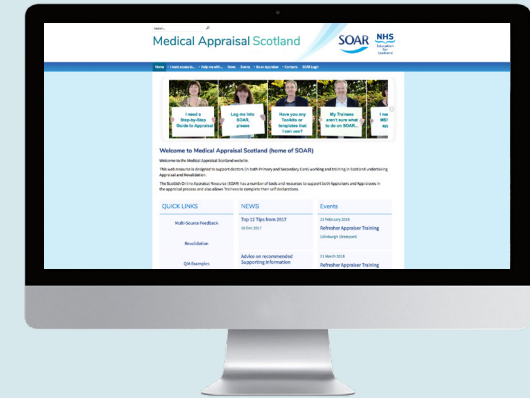
The Scotland Deanery, along with our Local Education Providers, is responsible for managing Medical Training and Training Programmes across the four Scottish regions. Here you'll also find details of the Deanery's Quality Management activities, its key staff and locations plus information on Professional Development for doctors.



www.scotmt.scot.nhs.uk

Scottish Medical Training

This site is the principal resource to learn more about how to apply for Foundation, Core and Specialty Medical Training in Scotland. Here you'll find regularly updated information about application windows (how and when to apply), a directory of 50+ GMC-approved medical specialty programmes and first-hand accounts about training from trainees and trainers. There are also useful insights on career direction and what it's like training and working in Scotland.

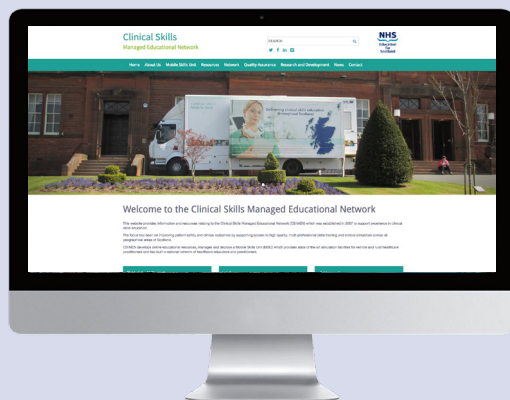


www.appraisal.nes.scot.nhs.uk

SOAR

Designed for doctors (in both Primary and Secondary Care) working and training in Scotland, for their Appraisal and Revalidation needs. SOAR is used by Appraisers and Appraisees to aid the appraisal process, and for Trainees to complete their self-declarations. Here you'll also find a SOAR user guide, handy FAQ's and examples of Quality Improvement Activities.

Created specifically for the needs of Scotland's Medical trainees and trainers, are the following website resources:



www.csmen.scot.nhs.uk

Clinical Skills Managed Educational Network

This site provides information about the Clinical Skills network, which plays a key role in implementing the Clinical Skills Strategy for Scotland. The focus has been on improving patient safety and clinical outcomes by supporting access to high quality, multiprofessional skills training and clinical simulation across Scotland.

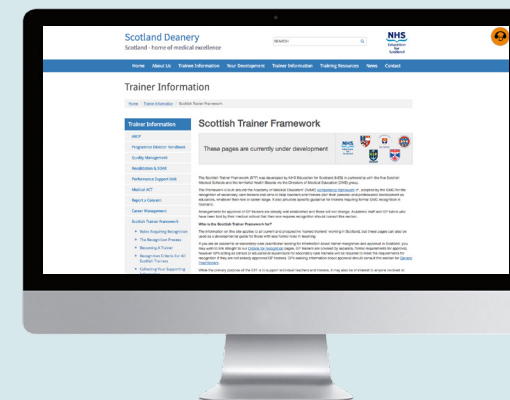
CS MEN develops online educational resources, manages and deploys a Mobile Skills Unit (MSU) which provides state of the art simulation facilities for remote and rural healthcare practitioners and has built a national network of healthcare educators and practitioners.



www.share.scot.nhs.uk

SHARE

The SHARE website showcases ideas and examples of best practice in the delivery of medical education and training. Designed for trainees and trainers, this site allows you to keep apprised of what's working for your professional peers and submit your own best practice case study.



www.scotlanddeanery.nhs.scot/trainer-information/scottish-trainer-framework

Scottish Trainers Framework

The Scottish Trainer Framework (STF) resource supports trainers working in Scotland, both undergraduate and postgraduate, whether working in primary, other community or secondary care settings. Here you'll find guidance for secondary care trainers requiring formal GMC recognition in Scotland and information about 'training for trainers', the seven GMC 'framework areas' for educational CPD and guidance for trainee doctors looking to develop a broad skills-base that include training. The Scottish Trainers Framework information has moved to the Trainers section of the Scotland Deanery website.

Please contact us with newsletter feedback and ideas for articles at:
www.scotlanddeanery.nhs.scot/contact/

Social

Join in the conversation at:



NHS Education for Scotland
Westport 102
West Port
Edinburgh
EH3 9DN
www.nes.scot.nhs.uk
www.scotlanddeanery.nhs.scot/

This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 656 3200** or email **altformats@nes.scot.nhs.uk** to discuss how we can best meet your requirements.

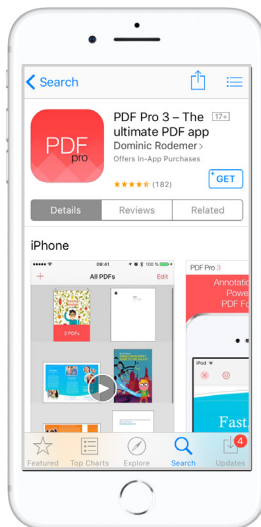


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Downloading the viewer

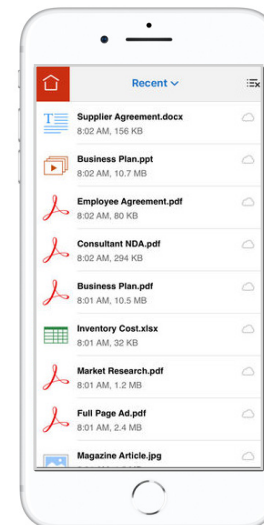
The viewer we recommend using is PDF Pro, a free to download viewer available on the app store. To install the viewer, simply click on the App Store Icon on your home screen and then search for 'PDF Pro'.

Click on the blue box at the right hand corner which says "FREE". It will then turn green and the word will change to "INSTALL".

Click once more and the viewer will begin to download and install on your device.

If you have a password set up on your device it may ask you for this now.

Please note: you will need to have adequate free space to install.



Using PDF Pro

Using the viewer is simple. Once installed it will be automatically added to the options for viewing when opening a PDF. Simply navigate to the location on the web using Safari, click on the PDF you want to view and an option will appear at the corner of the screen which says "Open in..."

Click on the "Open in..." option, followed by the PDF Pro icon and the PDF will launch in the viewer.

Once viewing in PDF Pro all of the navigational features will be functional, so simply tap the buttons onscreen to get started.