

# Postgraduate Medical Education & Training Annual Report 2017

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# Who we are

The NES Medical Directorate's primary responsibility is the education and training of doctors in Scotland. Working with a range of stakeholders our work covers undergraduate, postgraduate and the continuing professional development of Scotland's medical workforce. We are also responsible for the appraisal and re-validation of all doctors in Scotland as well as a number of cross cutting and multi-professional programmes, including patient safety, quality improvement of patient care and the development of Scotland's remote and rural workforce.

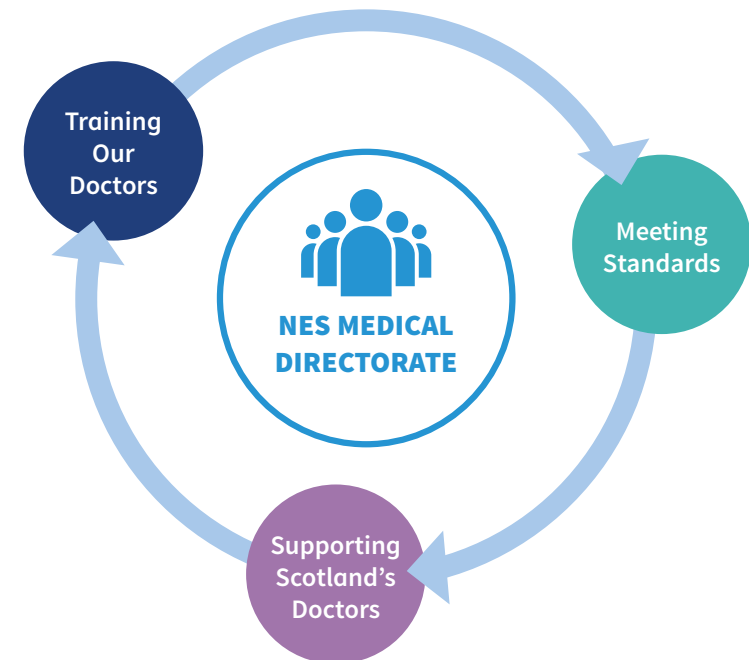
Most of our focus is on the training of Scotland's 5800 postgraduate trainee doctors who deliver care every day while in hospitals and general practices within NHS Scotland. We oversee this training, making sure it meets the regulatory standards of the GMC and that trainees make the right progress. Through distribution of Additional Cost of Teaching (ACT) funding, we support the undergraduate medical education and training delivered by Scotland's 5 medical schools: making sure significant resources are used properly to underpin the clinical teaching of medical students in hospitals and general practices.

The continuing development of doctors is another key task and we support many educational and training initiatives for fully trained Consultants, General Practitioners and Associate Specialists. Alongside this we lead on multi-professional training schemes for pharmacists, general practice nurses and general practice managers, whilst having a pivotal role in relevant research through our involvement in the Scottish Medical Education Research Consortium.

## About us

Our overarching aim is to deliver first-class medical education and training for Scotland to ensure safe, effective care for patients, both now and in future. Working with all our partners, we aim to achieve this by:

- Organising and providing excellent training programmes that attract high quality doctors to Scotland
- Meeting and exceeding all regulatory standards through consistent application of best practice and the principles of continual improvement
- Supporting the ongoing educational and training of Scotland's trained doctors, together with those who support their work.



# Highlights



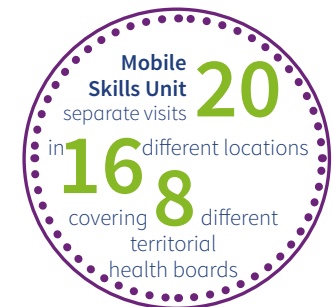
Number of Trainees  
in Programme



This entailed the submission on  
29th July 2016 to the GMC.



Successful ARCPs



...and was present at  
3 separate conferences.



Successful CCTs





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Better Training for  
Grief and Bereavement Care

>> Click here for the **further reading** document

# Welcome

Welcome to this year's Annual Report and what has been another busy year for the Directorate and the Scotland Deanery. We hope the Annual Report gives you an account of what we have achieved in the course of our core work and some impression of future priorities and challenges. In contrast to previous years, this year's report is more focussed on our outputs rather than our processes. In doing so we hope to put over to you what we have delivered in the key areas of our work and give you an appraisal of the many activities we undertake.

In common with our counterparts elsewhere we need to change, improve and become more efficient in what we do. Our Workstreams and digital platforms are configured to do exactly that through an ambitious programme of development and we are making good progress in many areas. At the same time as driving these changes we have successfully continued to recruit, educate and train almost 6000 trainee doctors, carry-out a range of quality management visits across all specialty areas, secure GMC recognition for every medical trainer in Scotland and build the annual Scottish Medical Education Conference into the largest UK conference of its kind.

Ahead of us lie many opportunities and challenges, not least the increasing challenge of recruiting and retaining doctors in today's very competitive market place. Taken together with measures to re-shape training in the UK, to better reflect the health needs of our ageing population, there is much to do in the coming months to keep Scotland at the forefront. The GMC national visit to Scotland scheduled for the last quarter of 2017 is a real test of how far we have come since the advent of the Scotland Deanery in 2014 that will



undoubtedly determine how well our new single system Scotland Deanery is performing, in relation to the regulatory standards of the GMC and other parts of the UK. In the interests of learning and continual improvement we keenly await their findings.

Along with our partners in the wider NHS and in Scotland's 5 medical schools, we are absolutely committed to safe and effective care of patients both now and in the future. We have a great team to make sure this happens and commend the Annual Report to you as a summary of their much appreciated work.

# Training Our Doctors

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# Highlights



Number of Trainees  
in Programme



Successful Annual Review of  
Competence Progression (ARCPs)



Successful Certificates of  
Completion of Training (CCTs)

Anaesthetics and EM	622	699	47
Diagnostics	209	187	19
Foundation	1925	1970	
GP/OH/PH	990	1120	259
Medicine	848	1298	89
Mental Health	275	254	21
O&G and Paediatrics	463	498	30
Surgical	608	666	63

# Overview

Single processes in training management have been refined over the last year. This means a more consistent approach across Scotland for trainees. This is underpinned by the successful digital transformation work. By the end of this year this will integrate registration on programmes, progression through training, portfolio recording and revalidation. Largely invisible to trainees, the implementation of our IT products means things like a single sign on to our platforms now happens, & red tape/paperwork for things that previously involved tortuous processes is now a thing of the past.

There are several pieces of ongoing work which support a better and more consistent management of issues both across Scotland and across all specialties, General Practice and Foundation. These include recruitment,

inter-regional transfers, manpower planning, programme management and general trainee progression through training. All of these areas have made considerable progress in the last year.

Work is still ongoing to streamline our approach to Annual Review of Competence Progression (ARCP), Less Than Full Time Training (LTFT), Out of Programme (OOP) opportunities and Performance Support. This work will allow the medical trainee to experience a much more uniform and equitable approach across Scotland. The recent introduction of an on-line application for study leave has been rolled out to all trainees through Turas, & has been mainly well received.

Most medical recruitment is now managed nationally (UK and Scotland) through a core co-ordinating team. NES employs GPs in training when they are placed within practices. NES has successfully introduced the Tier 2 visa sponsorship for all trainees, building on the success of this sponsorship for the GP trainees.

The senior and administrative local teams, who look after trainee's needs, are still regionally based. However, there is now a more coordinated and consistent approach and alignment of other resources. This means that fairness and openness are more obvious in the work that we do.





# Looking ahead

**Our next year will involve consolidation of our processes, while taking a continuous quality improvement approach to all our ventures.**

This will make our trainees and trainers less burdened with unnecessary bureaucracy as possible. Simplification and streamlining is our aim.

We are part of a Scotland wide project looking at improving the employment of junior doctors, trying to minimise the duplication of checks and forms, and the impact of having multiple employers on tax payment, mortgage applications and so on. Having a single employer should improve life for the trainee and for the service, but we need to support how the information flows between trainees and boards, and ensuring that training continues to be the priority.

We have already taken on the sponsorship of Tier 2 visas for trainees across Scotland, and now PVG checks to reduce the frequency of these as trainees move Boards. Next August we anticipate that a single OH check will be in place.

We are also working with University partners on career development plans, and with our amazing cohort of Scottish Clinical Leadership Fellows on improving training, recruitment & retention and engagement with our trainees across Scotland.

We are looking, with our Health Board partners, at the opportunities that the Health & Social Care Delivery Plan will bring. The focus on more integrated working, and regional planning, will increase the opportunities for developments in primary care and working across boundaries, but we

also need to monitor the impact on training opportunities and new ways of working that we can develop with our trainees.

Flexibility and improving the work/life balance is another priority across the UK, with the GMC producing a report for discussion. We will be looking at the opportunities to improve how we manage to increase flexibility without reducing fairness of approach for all trainees.

The Shape of Training pilots are due to commence implementation which will allow us to test the new curricula and approach to early years training across the UK.

## Case Study: Performance Support for our Trainee Doctors

The deanery's Performance Support Unit (PSU) opened its virtual doors in February 2017. The PSU is a new national unit bringing together regional processes and people who provide trainee doctors with support to progress through their training.

Doctors in training can sometimes experience difficulties in progressing. Such progress may be affected by a wide variety of issues, from health problems, family events, workplace difficulties, doubts about career choice or repeated examination failures.

All trainees require differing degrees of support at different stages of their training. The main responsibility for supporting trainees will remain, as it always has, with the local NES training teams (clinical/educational supervisors, training programme directors and local associate deans).

However, on occasions where significant issues are occurring which are highly likely to threaten progress of training or where significant patient safety issues are raised it will often be appropriate to offer support external to the local training team. Occasions where this level of support is necessary are classified as "level 3 support" needs and will be dealt with by the PSU.

The strategic vision of the PSU is:

- To promote early identification of trainees who require professional support.
- To provide clinical and educational supervisors with a clear structure for identifying and addressing any difficulties.
- To ensure clear lines of responsibility for other educators involved in managing trainees requiring professional support.
- To provide a network of support for educators throughout Scotland.
- To establish a group of experts who can deal with specific areas of difficulty and where necessary refer to additional resources and identify opportunities for targeted training.
- To ensure equal access to educational support.



Click the relevant icon for further information



TRAINEES >>



TRAINERS >>



CONTACT PSU >>

## Case Study: Performance Support for our Trainee Doctors (Continued)

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### The work of the PSU is based on the following underlying principles:

- To support trainees in their training with a view to provide them with the tools to progress in their training programme.
- To support trainees during the process of leaving a training programme if support and remediation are unsuccessful.
- To support Educational Supervisors managing trainees with difficulties in the workplace.
- To provide a culture of support and development.
- Processes and decisions will be transparent and understood by all.
- Decisions will be based on best evidence.
- To provide clear criteria for assessment and decision making.
- To ensure consistent application of guidelines across the Scotland Deanery.
- To ensure a responsible use of funding and resources.

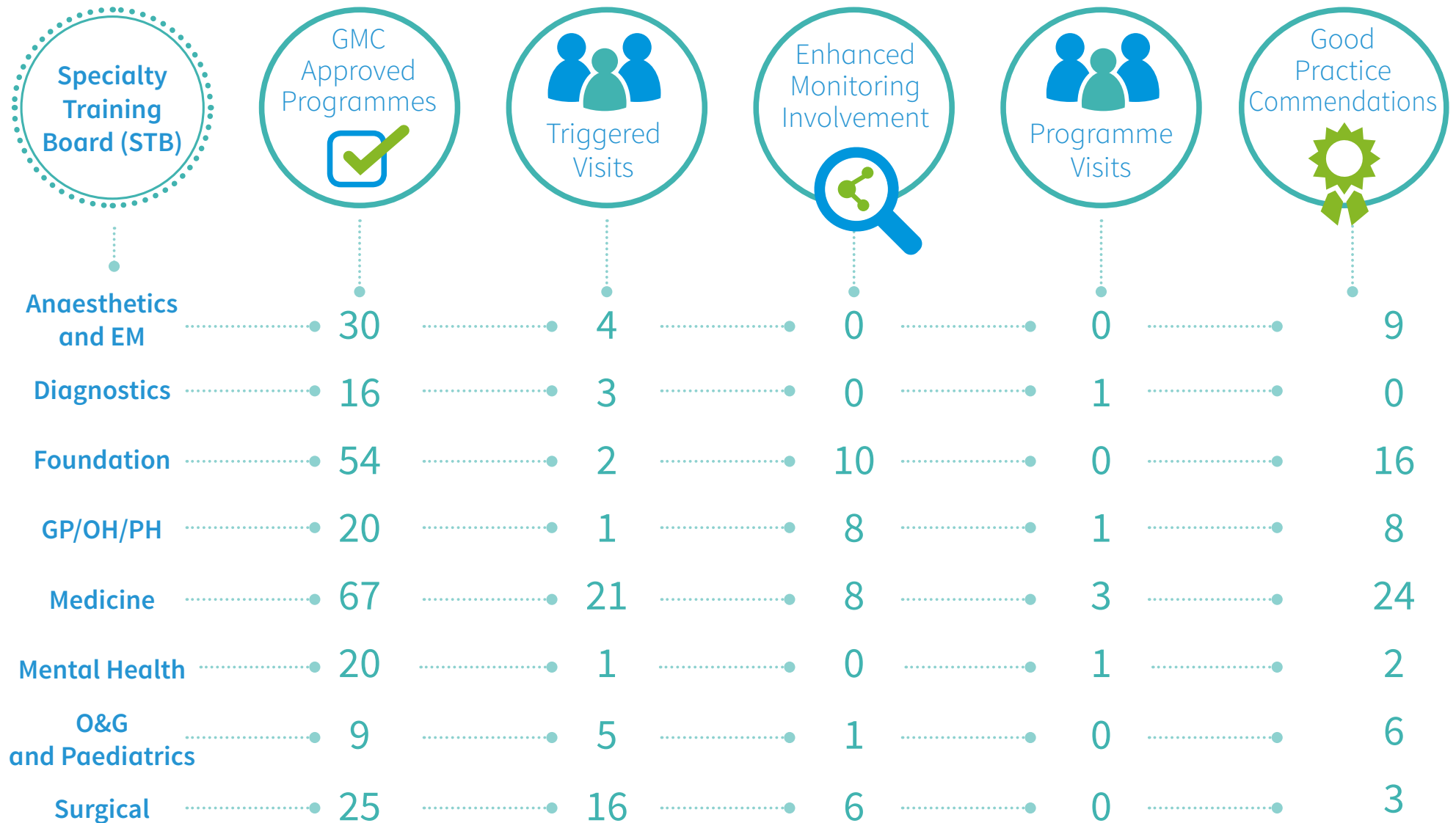
### The PSU can advise on and recommend a range of services, examples include:

- Case management.
- Careers advice.
- Language and communication skills.
- Examination support.
- Occupational Health assessment.
- Advice re specific training to meet identified educational needs.
- Assessments.
- Mentoring support.
- Management of GMC referrals in relation to key areas of performance (competence), health or conduct (personal/professional).

# Meeting Standards



# Highlights



\* Above figures relate to last training year



# Overview

One of our key priorities is making sure all postgraduate medical education and training in Scotland meets the standards set by the GMC.

Over the course of the training year we have reviewed 'multiple sources of evidence' and worked with training providers to 'effect improvements' to training across all eight of our specialty groupings. We have increased the number of visits we make to training sites and referred a number of sites to the GMC for Enhanced Monitoring, usually where issues were difficult to resolve or where there were particular patient safety concerns.

We also shared our information with five other public sector partner organisations to allow early identification of Health Boards that may be in difficulty and where training and/or patient safety is a concern.

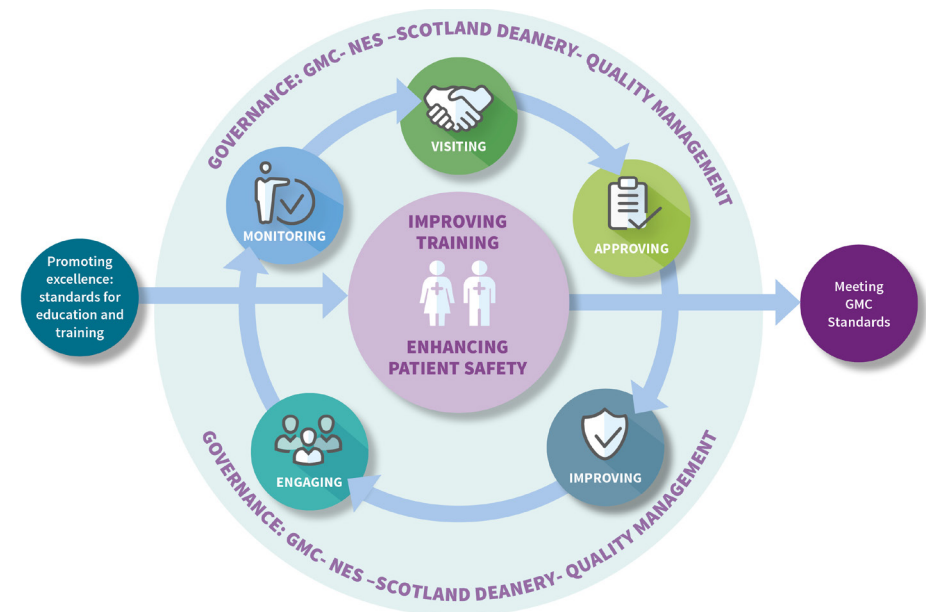
Seeking to improve our own processes we have engaged twenty-nine trainee associates. They are now helping us decide where to visit and playing a full part in our visit panels, bringing their unique insight and perspective to the most important areas of our work. We have also continued to invest in our lay representatives, taking on new individuals to replace those leaving at the end of their six-year tenure.

Our visits are where we interact with trainees and trainers, so are very important. We now follow a standard visit procedure and our reports follow a standard plain English format. All staff who take part in panels are now being trained as part of a rolling programme and our lead visitors are now trained in the role to improve performance and consistency.

We have given Scotland's Directors of Medical Education direct web access to our Scottish Training Survey (STS), allowing them to review their own trainee survey results as well as anonymised free text comments. DMEs are now better able to take local action and better control the quality of their education.

## Scotland Deanery QM-QI Framework

The Scotland Deanery QM-QI framework sets out how we quality manage postgraduate training and education in Scotland to meet GMC standards. More information about our quality management activity can be found in our 2016 Scotland Deanery Annual Quality Report, summarising all of our activities in the 2015/16 training year.



# Overview (Continued)

Investing in the ADDITIONAL COSTS OF TEACHING (ACT) FOR MEDICAL STUDENTS continues to be a key responsibility for NHS Education for Scotland (NES). It is part of NES commitment to quality improvement across the continuum of medical education and training from medical school onwards.

NES recognises that investing in the education of medical students within the NHS helps ensure high quality healthcare for the future and supports medical workforce planning. 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 standard. This work is supported by an annual budget of around £80 million that 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 biggest change which took place in 2016/17 in respect of Medical ACT was the introduction of the ACT levy for international students, a Scottish Government policy to ensure the additional costs to the NHS of teaching these students are fairly reimbursed to the service. Although all policy aspects of the levy are the responsibility of Scottish Government, NES has

been asked by Scottish Government to oversee the collection and distribution of funds raised through the levy as well as performance managing the use of these funds. All decisions on the use to be made of the additional income generated by the levy is also the responsibility of Scottish Government. The introduction of the levy will result in a major change to our Medical ACT allocation model for 2017/18. All students will be included in the allocation process rather than only Scottish Funding Council funded students as has been the case to date. International medical students have always been taught within the NHS but the levy now formalises the funding arrangements for these students.

We are working with Scottish Government, the Universities and the Health Boards on the implementation arrangements. A draft memorandum of understanding on the management of the levy has been issued to the Universities.

We have continued to develop and enhance our teaching activity data that is used to determine the distribution of Medical ACT funds to Health Boards. This Measurement of Teaching (MoT) data records all teaching activity undertaken within the NHS, including clinical placements, early years' teaching, mentoring, assessment and student support. We continue to work with Regional ACT Groups to keep under review relative levels of hospital and GP teaching activity and ensure Medical ACT funding remains responsive to changing curricula and Scottish Government medical workforce policies.

# Looking ahead

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Later this year the GMC visits Scotland as part of its regional/national visit programme. Over the course of October, November and December the GMC will take an in-depth look across all undergraduate and postgraduate education and training before issuing a full report in early 2018. The review is significant and we look forward to making further improvements in response to the report recommendations.

Working in partnership with education providers we hope to develop a 'self-assessment' tool to support local quality control. Fewer routine visits and locally driven improvements are the intention. In line with many other Deaneries in the UK and the GMC, we will begin publication of all visit reports. Our goal is greater transparency and public accountability in what we do to ensure that the training of Scotland's doctors meets the standards set by the GMC.

The new GMC standards, issued in 2016, that aligned standards across both undergraduate and postgraduate education and training, led us to pilot joint visits with Scotland's five medical schools. On successful conclusion of the pilot we hope to continue this close partnership working and establish joint visiting as the norm, wherever students and trainee doctors are trained alongside each other.

We are developing an ACT funding framework for the proposed graduate entry programme, ScotGEM, a collaboration between Dundee and St Andrews Universities. With the move to using MoT data in the allocation model there will be an ongoing and increased focus on the use of MoT data at a local level to ensure MoT teaching activity is properly reflected in job

plans and, in due course, directorate budgets. We will continue to ask Health Boards to report to us through their annual accountability reports on the use of ACT funding and the distribution of ACT funding to directorate budgets, as well as number of ACT funded sessions in job plans. This will continue to allow comparison of local distribution of funding with the teaching activity identified through the MoT data. We expect that over time this approach will significantly improve transparency and ensure value for money.

We will continue to review and publish the annual accountability reports which include updated annual budgets prepared by Health Boards on the use of ACT funding. Any additional ACT funding received by Boards will continue to be considered by the relevant regional group as well as NES before expenditure is committed. We also continue to evaluate all ACT funded projects, to ensure best value.

## Case Study: Our Trainee Associates

In early 2016 the Deanery committed to engaging trainees in our Quality Management & Improvement processes. The aim was to not only represent their trainee cohort but also gain a greater appreciation of the Deanery's commitment to the quality management and improvement of postgraduate medical education in Scotland. The Deanery hopes that by becoming involved in these activities it will allow trainees to develop their leadership skills and help shape the quality of training for future generations.

The advert to recruit trainees was circulated in August 2016, 70 applications were received, 50 were shortlisted for interview and 29 trainees of different grades & specialties from across Scotland were appointed. Some of the trainees attended a training day in early November and have already undertaken visits. The remaining trainees will be trained in April.

When they are fully trained, trainees will take part in quality management visits, attend specialty quality management group meetings and quality review panels.

Here is an account of trainee associate activity in a recent visit from Catriona Ingram an ST4 trainee in Psychiatry.

“ I recently participated in my first quality management deanery visit. I had applied for the post as a trainee associate hoping that I would learn more about the process, familiarise myself with the GMC standards, and develop my own leadership skills through what I learned from the experience. I hoped that this would help me in the future as a supervisor of trainees and help me develop transferable skills which could be expanded in a range of roles.



I was pleased to be offered the role and found the training session in Edinburgh a useful experience. On the day of the visit things were well organised and we began promptly. I was able to learn from the different styles of the panel members and observe the responses of trainers. As we progressed to discussion and summarising I was interested to find the differing priorities of various panel members and I think this highlighted the value in having a panel with a range of backgrounds.

I think overall for me it was interesting to see how the process worked and I certainly feel I am more familiar with the GMC standards. I would be keen to participate in further visits and I think the experience of working with a variety of individuals in this setting will enhance my training. ”

# Supporting Scotland's Doctors

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# Highlights



This entailed the submission on 29<sup>th</sup> July 2016 to the GMC.



These clinicians can access the range of FDA educational opportunities on offer across Scotland.



**AMEE**  
**2016 Simulation Award**



...and was present at 3 separate conferences.



# Overview

To maintain high levels of healthcare provision and patient safety it is important that training is a continuous activity for medical professionals within the NHS. To achieve this the NES Medical Directorate Professional Development workstream exist to develop and deliver a range of uni-professional activities in support of medical trainees and trainers.

Training has been designed so it can be delivered within a range of community, primary care and hospital settings wherever needed throughout Scotland. The development of remotely accessed flexible training allows NES to offer largely programme based training which covers most NHS staff, allowing the balance to be struck between a highly skilled workforce with minimal time out of clinic.

**Some examples of established training courses and programmes that we ran this year include:**

- Trainer Workshops
- Scottish Prospective Educational Supervisor's Course (SPESC), Approved and Experienced Educational Supervisor Workshops (AESW and EESW)
- Supporting Trainees with Difficulties Course (STwD)
- Training Programme Director (TPD) Course
- A range of CPD Connect courses, events and programmes to support GPs and other primary care practitioners, including Practice-based Small Group learning and Hot Topics courses.
- Practice Managers Vocational Training Scheme (VTS)
- General Practice Nurses (GPN) Programme and Educational Workshops including cervical cytology; asthma and hypertension current guidelines.
- SAS including: LaMP, Simulation Courses, Human Factors and Patient Safety Training and CESR.
- VC education sessions through **RRHEAL VC Education Network**
- Four categories of yearlong GP Fellowships; Rural, Medical, Academic and Health and Inequality
- Scottish Clinical Leadership Fellowships (SCLF)
- GP Enhanced Induction, Returners and Retainers programme
- Quality Improvement educational programmes including the Scottish Quality & Safety Fellowship, Scottish Improvement Skills (SIS) and Scottish Improvement Leader Programme (ScIL)
- 16 Quality Improvement e-learning modules
- Clinical Skills and Simulation Training with Faculty Development Courses.
- CS Men training – 4000 enrolments for 6 of the resources in 2016.
- Multi-disciplinary workshops on the fundamental safety science and human factors concepts important to ensuring safer health care.
- Medical Appraisal and the Scottish Online Appraisal Resource (SOAR) courses
- Fatal accident inquiry (FAI) learning events
- Scottish Medical Education Research Consortium (SMERC) work, core funded by the NES Medical Directorate, has produced influential reports, academic papers in high impact journals, conference keynote talks and presentations of research work. SMERC has published 9 reports and contributed to 32 published academic papers and book chapters.
- The Scottish Clinical Research Excellence Development Scheme (SCREDS) continues to provide an integrated training and career development pathway enabling clinicians to pursue concurrently or sequentially academic and clinical training within the NHS in Scotland.

# Overview (Continued)

## 2016 saw many new initiatives and courses launched including:

- The creation of the Faculty Development Support Group with the agreed role to support excellent healthcare in Scotland through the development of excellent medical trainers and leaders.
- The completion of GMC's milestone 4 of the Recognition of Trainers project. This entailed the submission on 29<sup>th</sup> July 2016 to the GMC of a list of 3459 'recognised' trainers on behalf of Scotland.
- The new The Leadership and Management Programme (LaMP) for postgraduate medical and dental trainees was introduced in 2016 and due to high demand delivered 23 cohorts of training to 559 trainees, more than twice the original planned amount. Pilot projects for both an interdisciplinary and optometry version ran receiving positive feedback.
- Part 2 course material for Approved Medical Practitioner Training Programme(AMP) has been reviewed and updated in 2016 with a pilot course receiving good feedback.
- SAS successfully developed the Court Familiarisation Course and Court Writing Course.
- 12 one year GP Community Hub Fellowships.
- The new **Rural General Hospital Workforce (RGH)** VC Education Network provides a series of tailored clinical education sessions using videoconferencing in response to priority education needs identified by staff from our six RGH settings.
- Quality Improvement Workforce Development Tool (WDT) The WDT went live on the QI Hub Website in April 2016. 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.
- CS MEN next phase started in 2016 and focuses on the sustainability and growth of the network within NES Safety, Skills and Improvement as well as with other national and international initiatives.
- A new e-learning module has been developed to inform and improve the quality of reflective learning and the implementation of improvement as a result of patient safety incidents.
- During 2016 NES re-launched the 'Support Around Death' (SAD) website [www.sad.scot.nhs.uk](http://www.sad.scot.nhs.uk) which provides a range of information for health and social care professionals related to care before, around the time of and after a death.
- NES produced seven short animated films on topics surrounding Bereavement Care. The films have received positive feedback regarding their engaging style and are now being used as an educational resource across Scotland, in other parts of the UK and elsewhere. The film on how to talk to children who are bereaved received coverage across BBC Scotland <http://www.bbc.co.uk/news/uk-scotland-37988259> during November 2016's child grief awareness week.
- Provision of questions for the GMC National Trainee Survey, initially for Foundation and in 2018 for the whole survey cohort and analysis of resulting data.



If you would like further information on any of the above courses and initiatives or the work of Professional Development, please refer to the further reading section on our website: <http://www.scotlanddeanery.nhs.scot/your-development/>

# Looking ahead

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## There will be further developments in the Faculty Development including updated clinical resources, twenty cohorts of LAMP and update training for Advanced Medical Practitioner status.

In GP Continuing Professional Development (CPD) the new CPD website is being developed, we are reviewing courses, increasing inter professional education and providing a programme of Practice Based Small Group Learning.

The Scottish Clinical Leadership Fellowship (SCLF) has a new recruitment round for the seventh cohort which is under way, we are seeking to appoint up to 12 posts to commence in August 2017 and we are hosted in a number of organisations in Scotland

Recruitment for cohort 10 is underway for the Scottish Quality and Safety Fellowship. From 2017, two fellowship places will be funded through The Vale of Leven Improving Care Legacy, which was established to commemorate those patients and families who suffered as a result of the C. diff outbreak at the Vale of Leven Hospital in 2007/08.

Scottish Improvement Skills (SIS) is being developed as a facilitated virtual programme using the WebEx platform, ensuring staff are not taken away from their workplace. Content for the programme has been developed in partnership with NHS Grampian, and it is anticipated the first test of delivering in this virtual format will commence in February 2017.

The procurement of a new Mobile Skills Unit (MSU) is a priority for the next year for the Clinical Skills Managed Educational Network (CS MEN). We are currently working on the development of sustainable MSU visits and the development of a faculty of simulation ambassadors.

# Case Study: Better Training for Grief and Bereavement Care

## What?

NHS Education for Scotland (NES), is developing a spiral medical education framework, scheduled for completion by the end of 2017. This focuses on preparing doctors to deliver an episode of enhanced communication, tailored to specific instances of death and bereavement loss. Implementation of the framework will be supported by a toolkit of associated resources.



## Why?

In October 2014 the Scottish Government commissioned NES to develop the Supporting Scottish Grief and Bereavement workstream with an initial focus on medical education. This was in response to the acknowledged proportion of death-related communications that are undertaken by medics and the adverse impact on those who are bereaved when such communication is not done well.



## How?

- NES has established a Teaching and Training Advisory (TTA) Group to support the development of the framework comprising representatives from medical schools, foundation training, Academies, Royal Colleges, General Medical Council (GMC) and Health Boards.

- Four main sources of information have been utilised to form the evidence base for the framework development:
  - four scoping literature reviews (2015-17)
  - a review of undergraduate and postgraduate curricula (2016-17)
  - an online questionnaire survey of Scottish FY trainees and UK training providers (2016-17)
  - work with ISD to ascertain the number of unexpected deaths in Scotland and preliminary work to identify complaints regarding bereavement communication (2017)

### Initial key findings from these sources confirm that a new approach is needed to address the following:

- that current curricula do not appear to address the range of 'death scenarios' that doctors will be required to handle e.g. death following cardiac arrest, post-operative death, deaths in critical care, stillbirth, talking to children who are bereaved, faith and cultural issues, organ transplantation and post mortem examination requests. Instead there is a predominant emphasis on breaking bad news in respect of a medically anticipated adverse situation.
- there is an additional lack of a methodical approach to the development of the competencies needed for specialty specific situations.
- that in respect of the development of skill to deliver death-related communication there is a lack of application of the conventional methods usually deployed during skills training. These include observation of practice, simulated practice, and feedback by an experienced observer and case-based discussion after early practice.



## Case Study: Better Training for Grief and Bereavement Care (Continued)

- there is a lack of training in respect of how to recognise and address threats to clinician resilience, there is an absence of routine multi-professional team-based structured reflection, and evidence of difficulty for doctors to express grief following patient death with a risk of compassion fatigue and burnout.

The framework is being developed from the perspective of the undergraduate, the early postgraduate, the specialist trainee and the trained practitioner. At each level domains reflect the journey of communication episodes: preparing what needs to be known ahead; delivering and recording the information given; reflecting on the professional and personal aspects of the episode; and quality assuring this aspect of care. The TTA Group is drafting the framework in liaison with Scottish medical schools and Postgraduate Training Programmes.

A toolkit to support the implementation of the framework is also in development, e.g. videos and website, teaching scenarios, teaching facilitator notes and reflective practice / debrief templates.

### When?

Work is ongoing throughout 2017 to consult on the framework with the GMC, UK medical and foundation schools and the Academy of Medical Royal Colleges. The framework is scheduled to be launched in Scotland at the end of 2017 and is anticipated to have UK wide application.

### Recently produced educational animated films

>> available at [www.sad.scot.nhs.uk](http://www.sad.scot.nhs.uk)



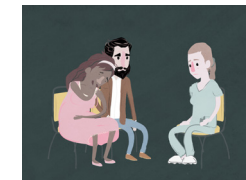
Discussing Dying



Discussing Adult Authorised (Hospital) Post Mortem Examination



Understanding the Processes Following a Sudden or Unexplained Death



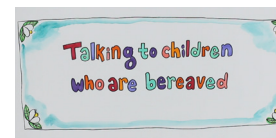
Breaking the News of Intrauterine Death



Dealing with Unsuccessful Neonatal Resuscitation



Discussing Authorised (Hospital) Post Mortem Examination after Stillbirth or Neonatal Death



Talking to Children who are Bereaved



For more information/ contact: [www.sad.scot.nhs.uk](http://www.sad.scot.nhs.uk) | [supportarounddeath@nes.scot.nhs.uk](mailto:supportarounddeath@nes.scot.nhs.uk) | [@NES\\_Bereavement](https://twitter.com/NES_Bereavement)

