**Scotland Deanery Newsletter**

Issue 39 | August 2023

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16. **Foreword**

**Welcome to the new training year and the August edition of your Deanery newsletter.**

We have a bumper newsletter this month as we try to ensure we cover things that will be useful to new starts – new graduates, new to the UK, new to Scotland or new to a training programme. We hope that there are articles of interest to those who are now feeling well established in training and for our trainers too.

Our first article introduces the resources available on the Scotland Deanery website: [**Scotland Deanery | NHS Education for Scotland | NES**](https://www.scotlanddeanery.nhs.scot/). These include information on Study Leave, information for International Medical Graduates and who your NES Training Programme Administrator is and how to contact them. It would be great to get feedback on these pages to ensure they are as useful as possible.

Still on the theme of those new to training we have an excellent article from Dr. Samantha Gaw on ‘Thriving in FY1’. Recommended reading for all foundation doctors who have just joined us and everyone else – it may bring back memories for you, it certainly did for me.

The MyPsych Foundation Doctors Toolkit: your one-stop-shop for digital psychiatry support is an important educational toolkit for Foundation doctors that is accessible and reliable, is featured in the newsletter, click the link to down load the app - Thanks to Dr Mutch and the team in NHS Lothian.

Still on training we have another trainee contribution with a piece on Less Than Full Time training and how it could benefit your training. We welcome applications to train less than full time and will work with you and your placement health board to try to find a balance that works.

***“In another new element of our newsletter we have the first in a series of contributions from our Chief Medical Officer Team discussing how as doctors we impact on and influence the bigger challenges around the delivery of care, and how each of must focus on ‘doing the right thing’, for our patients, our colleagues and our planet, and in particular that the time has come for an era in medicine of careful and kind care.”***

Next, we have a celebration of the fantastic work and collaborations of 10 years of the Scottish Clinical Leadership Fellows. An event was held in Edinburgh for this milestone and thanks to Mathew Gillespie for putting this together.

Surviving in scrubs – It is often not spoken about but working in healthcare can sometimes feel uncomfortable, along with the stress of the job the behaviour or actions of colleagues may make you uncomfortable – as part of ensuring Scotland is the one of the best countries to train and work in as a healthcare professional we want to build strategies that stop these behaviours being normalised- Talk, Listen and Know.

We have an article on the Combined Infection training bootcamp which details how trainers used innovative education methods to deliver intense and practical induction experience to ensure trainees felt more confident taking on a new role and it was a great success. This innovation has been recognised by the Royal College Of Pathologists - well done.

For our educators we are delighted to be able to support study leave claims. Educators who are either employed by or hold an SLA for educational activity with NES will be supported to undertake CPD that is linked to their educator role, rather than their clinical role, to support their professional development. We really appreciate all that you do.

The NES Bereavement team have their free 2023 conference coming up on 29th November and their article has full details. There’s also information regarding a new series of podcasts series ‘Talking about Bereavement’. This may well be useful to you.

Remember to keep submitting articles or suggestions for content.

As we enjoy the last few weeks of summer please take some time to enjoy the outdoors and all that Scotland has to offer whether that be the scenery, the history, or the culture and most importantly take care and take breaks.

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



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

1. **New to Training in Scotland**

Welcome to medical training in Scotland! We hope that you will enjoy your time here.

The Scotland Deanery website  [**www.scotlanddeanery.nhs.scot**](http://www.scotlanddeanery.nhs.scot/)  is an essential resource which provides you with useful contacts and information in relation to your training.

For example:

Who is your NES Training Management Administrator?  
[**scotlanddeanery.nhs.scot/about-us/our-people/training-management-team/**](https://www.scotlanddeanery.nhs.scot/about-us/our-people/training-management-team/)

Specific suites of pages in relation to Foundation Training  
[**Scottish Foundation School | Trainee Information (nhs.scot)**](https://www.scotlanddeanery.nhs.scot/trainee-information/scottish-foundation-school/)

Advice and guidance for International Medical Graduates  
[**International Medical Graduates (IMGs) (nhs.scot)**](https://www.scotlanddeanery.nhs.scot/international-medical-graduates/)

How to apply for Study Leave  
[**Study Leave | Scotland Deanery (nhs.scot)**](https://www.scotlanddeanery.nhs.scot/trainee-information/study-leave/)

Study Leave for Foundation Doctors  
[**Study Leave in Foundation (nhs.scot)**](https://www.scotlanddeanery.nhs.scot/trainee-information/scottish-foundation-school/current-trainees/study-leave/)

What you need to know about your Annual Review of Competence Progression (ARCP)  
[**Annual Review of Competence Progression (ARCP) | Scotland Deanery (nhs.scot)**](https://www.scotlanddeanery.nhs.scot/trainee-information/annual-review-of-competence-progression-arcp/)



Advice and guidance on your options for:

Less Than Full Time Training  
[**Less Than Full Time Training | Scotland Deanery (nhs.scot)**](https://www.scotlanddeanery.nhs.scot/trainee-information/less-than-full-time-training-ltft/)

Out of Programme  
[**Out of Programme (OOP) | Scotland Deanery (nhs.scot)**](https://www.scotlanddeanery.nhs.scot/trainee-information/out-of-programme-oop/)

Transfers (Inter deanery)  
[**Transfers | Scotland Deanery (nhs.scot)**](https://www.scotlanddeanery.nhs.scot/trainee-information/transfers/)

How to Report a Concern  
[**Report a Concern | Trainess | Scotland Deanery (nhs.scot)**](https://www.scotlanddeanery.nhs.scot/trainee-information/report-a-concern/)

Advice and guidance in relation to Recruitment  
[**Recruitment | Scotland Deanery (nhs.scot)**](https://www.scotlanddeanery.nhs.scot/trainee-information/recruitment/)



Feedback is always welcome in relation to the Deanery – if you have any suggestions or comments please contact us: [**Contact the Scotland Deanery (nhs.scot)**](https://www.scotlanddeanery.nhs.scot/contact/)

1. **Thriving in FY1**

I don’t think I really knew what to expect from FY1, despite feeling prepared. Of course, there were challenges and even tears, but with that came a lot of great times and laughter too. I think we are lucky to do this broad based, supported role to start our career and it formed a good base for the rest of my training.

**Make friends with your fellow FY1S**

You are all in it together. Don’t be surprised if you look around in 10 years and these people are still in your life. Go for post work dinner/drinks/walks- debriefing is important and will aid reflection rather than rumination.



**Eat!**

There will always be work to do. Take your break and you will be more efficient.



**Enjoy your annual leave**

Take regular proper breaks to avoid being over tired-it will sneak up on you. Make the most of earning some money!



**Ask questions**

Learn from other people’s experience and soak in the knowledge of the MDT (everyone can help you). Most people enjoy being asked things! If a request is not clear, please ask- often it is easy to forget you might not have seen or done something before.



**Ask for help**

Don’t feel alone in any clinical scenario. Often many pairs of hands are needed, and more experienced doctors expect to be involved. Everyone has different strengths too.



**Lists, lists and more lists**

Being organised makes your life easier - the clipboard might not be the look you envisaged but it will keep you right.



**Acknowledge that everything is new**

You will see so many things for the first time. Sometimes it feels like a different world- that is ok. Believe me…the senior registrar is also still looking up things on their phone.



**Stay on top of portfolio**

On call shifts are often a good chance to send assessments as you will be discussing cases regularly. Everyone has a portfolio to do and understands you need forms filled in.



**Embrace admin**

It can feel like a lot of the job is admin or task based. This is normal and these are important jobs- please remember they are important and challenge yourself to be the best at these bits too!



**Enjoy it**

Remember “why you wanted to be a doctor” in your uni interview. The time is here now.

You are going to meet so many interesting people- enjoy their stories, you are making use of the skills and knowledge you have gathered - feel proud of that!

**Dr Samantha Gaw**Intensive Care Medicine trainee

1. **The MyPsych Foundation Doctors Toolkit: your one-stop shop for digital psychiatry support**

Mental health features more prominently in the UK Foundation Programme Curriculum1 than ever before, and the importance of parity of esteem for mental and physical heath is rightly emphasised. There has been a need therefore to develop mental health educational resources for Foundation Doctors that are accessible and reliable, to supplement local teaching programmes and clinical placements.

A logo of a company

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**What have we done?**

With this in mind, our team in NHS Lothian used an action research methodology2 to develop a ‘toolkit’, aligned to the Foundation Programme Curriculum, to sit within the existing MyPsych digital platform3, using cycles of development and study to investigate user experience and impact. We collected early feedback from six Foundation Doctors via an online questionnaire in May 2022. Further development of the Toolkit was then undertaken by trainee psychiatrists before it was made available to all Foundation Doctors in NHS Lothian in December 2022. We evaluated again in March and April 2023 through another online survey and an online user group. We modified the Toolkit based upon this evaluation data prior to national advertising. We also examined app data analytics to understand usage patterns and guide promotion of the Toolkit.

**What have we developed?**

Through the cycles of development, the Toolkit has grown into a resource packed full of useful information about mental health presentations and management that can be accessed at any time and on the go. Throughout its design we have particularly kept those working in non-mental health settings in mind – think of the Toolkit as psychiatry for the non-psychiatrist if you will. It has information on mental health emergencies, common psychiatric conditions, links to many useful resources (e.g. legal forms and assessment tools) as well as links to regional induction information and wellbeing resources.

**What have we learnt?**

We are delighted to have had over 1100 users of the MyPsych Foundation Doctors Toolkit since promotion began in December 2022. So, what have users told us? Well, they seem to like it…

***"Good resource to have quickly at hand"***

***"Covers all of the important things that you kind of need overall in psychiatry"***

***"The information is concise, relevant and clear, very useful in urgent situation for clarifications about clinical and legal dilemmas"***

***"The app is excellent for the clinical resources and information it gives concisely"***

***"Really easy to use"***

And what else have we learnt? Well, we’ve discovered that an action research methodology can provide a structured approach to iteratively design and improve a digital medical resource, whilst allowing it to be available to users early in the development process. We’ve also developed a Toolkit that people find user-friendly and of educational and practical value.

A screenshot of several medical applications

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**What next?**

The MyPsych Foundation Doctors Toolkit is freely downloadable as an app for Apple or Android and can also be accessed on the web [**here**](https://mypsych.nhsggc.org.uk/foundation-doctors/).

We would encourage you to have a look and to tell friends and colleagues – you don’t have to be a Foundation Doctor to use the Toolkit! We really hope that you find it useful.



**Dr Jennifer Mutch and the MyPsych Development Team in NHS Lothian**

**References**

1. UK Foundation Programme. UK Foundation Programme Curriculum 202. 1[Internet]. United Kingdom: UK Foundation Programme; 2021 [cited 2023 Feb 03] Available from: [**https://healtheducationengland.sharepoint.com/sites/UKFPOT/Education%20and%20Support/Forms/AllItems.aspx?id=%2Fsites%2FUKFPOT%2FEducation%20and%20Support%2FCurriculum%2FFP%202021%2FFPC2021%20Roll%2Dout%2FFP%5FCurr%5FOct22%5Fv7%2Epdf&parent=%2Fsites%2FUKFPOT%2FEducation%20and%20Support%2FCurriculum%2FFP%202021%2FFPC2021%20Roll%2Dout&p=true&ga=1**](https://healtheducationengland.sharepoint.com/sites/UKFPOT/Education%20and%20Support/Forms/AllItems.aspx?id=%2Fsites%2FUKFPOT%2FEducation%20and%20Support%2FCurriculum%2FFP%202021%2FFPC2021%20Roll%2Dout%2FFP%5FCurr%5FOct22%5Fv7%2Epdf&parent=%2Fsites%2FUKFPOT%2FEducation%20and%20Support%2FCurriculum%2FFP%202021%2FFPC2021%20Roll%2Dout&p=true&ga=1)
2. Clark PA. Action Research and Organizational Change. London (GB). Harper & Row. 1972.
3. NHS Greater Glasgow and Clyde. MyPsych [Internet] [updated 2023; cited 2023 Feb 03]. Available from: [**https://mypsych.nhsggc.org.uk/**](https://mypsych.nhsggc.org.uk/)
4. **Less than full-time training: a trainee perspective**

Dr Victoria Leng is in her second year of Internal Medicine Training and is currently doing less than full-time training at 80%. This week, I had the opportunity to speak to Victoria about the interesting topic of less than full-time training and her experiences with it.

**What are your thoughts on less than full-time training?**

***"I think it was a great decision and I wish that I had pursued it sooner. I was feeling increasingly burnt out, and after hearing about less than full-time training I decided to discuss it with my supervisors who were very supportive. Moving to 80% has allowed me to have a much greater work-life balance – I now have more time to pursue hobbies outside of medicine and see family and friends. I also feel a much greater satisfaction in my job and feel I can be a better colleague and doctor. I would highly recommend discussing it further with your supervisors if you’re considering it!"***

**How does less than full-time training work?**

***"For me, I am doing less than full-time training in internal medicine training at 80%. This roughly translates to one non-working day per week. There is also a similar reduction in out-of-hour work commitments such as night shifts and on-calls. As a result of this, your pay is reduced proportionally and, similarly, you also have proportionally reduced annual leave and study leave per rotation. I am doing training at 80% but you can choose between 90%, which is the highest, and 50% which is the lowest. It’s worth bearing in mind also, that your training will be extended proportionally."***

**How did you go about applying for less than full-time training?**

***"For those interested in applying for less than full-time training, I would advise them to speak to their educational supervisor first. You would then need to discuss this with your training programme director and the associate dean of less than full-time training. The process was less complex than I thought it would be and those involved were very supportive. There’s lots of information about it on the Scottish deanery pages. For those considering less than full-time training, I would say to be mindful that the process could take a few months to arrange after applying, so if you feel that it’s something you’re interested in then start those conversations early!"***

***"I’d highly recommend less than full-time training to anyone considering it!"***



Article written by Dr Xinming Yu IMT1 doctor

1. **View from the Chief Medical Officer Directorate: what lies ahead?**

What should we be concerned about as doctors? We are and should of course be concerned about caring for patients and improving people’s health. But what about how we impact on and influence the bigger challenges around the delivery of care, and what about the ways that we all personally work each day within our jobs?

That is something that we have been thinking a lot about in the Chief Medical Officer (CMO) and Deputy Chief Medical Officer (DCMO) team in Scottish Government, and it has been the focus of CMO’s Annual Report this year Realistic Medicine – Doing the Right Thing, which was launched in June.

[**Realistic Medicine - Doing the right thing: Chief Medical Officer annual report 2022 to 2023 - gov.scot (www.gov.scot)**](https://www.gov.scot/publications/realistic-medicine-doing-right-thing-cmo-annual-report-2022-2023/)

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In the report CMO identifies four significant current and future challenges.

Firstly we have ongoing threats from infectious diseases. Those continue – with some familiar such as COVID-19 and influenza, and some still undoubtably to emerge.

Second, there is the challenge of improving Scotland’s health and tackling health inequalities. Improvements in our health status as a nation were already slowing before the pandemic but the effects of COVID-19 have exacerbated that as well as further increasing existing health inequalities.

Third, our health and social care system is under huge pressure due to the impact of COVID-19, with both a backlog of care to recover, and the physical and emotional toll on our workforce. While this in itself is highly challenging, along with that we have additional very significant projected impacts of demographic change on the need for care.

Lastly we have the climate emergency, and the increasing urgency to act to address this, with the NHS having a crucial role.

There is no doubt that these are huge challenges. The question for us as doctors is what can we do both within and about these challenges. In his report CMO highlights that we must focus on ‘doing the right thing’, for our patients, our colleagues and our planet, and in particular that the time has come for an era in medicine of careful and kind care.

As CMO says in his report:  
  
***"Doing the right thing weds scientific understanding and progress with the artistry of human understanding and relationships. It is a value based approach to health and care, allowing all these elements to blend so that meaningful care, that's more likely to provide personal and technical value, and less likely to lead to futility or regret, is realised. This approach in turn, leads to better use of resource and greater societal value."***

So how to ‘do the right thing’? That is a question not just for the CMO and the DCMOs, it is a question for us all.

Over the next few newsletters each of the DCMOs look forward to sharing some more of our individual thoughts on this and what it means to us, as doctors and as leaders.



**Professor Marion Bain, Professor Nicola Steedman, Professor Graham Ellis**Deputy Chief Medical Officers for Scotland

1. **The Scottish Clinical Leadership Fellowship 10 Year Celebration**

The Scottish Clinical Leadership Fellowship (SCLF) celebrated its 10th Anniversary with an event at the Royal College of Surgeons of Edinburgh on the 31st of May. The day was attended by over 120 delegates, including past and current fellows, host organisations, and senior healthcare leaders from across Scotland. In addition to recognising the achievements of the fellowship so far, the programme aimed to inspire the next generation of healthcare leaders.

A group of people sitting at a table

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A huge thank you to all who attended the day, which included presentations from Chief Medical Officer Sir Gregor Smith, Chair of the GMC Dame Carrie MacEwen, NES CEO Prof Karen Reid, Chair Mr David Garbutt, and Medical Director Prof Emma Watson. Members of the growing SCLF alumni shared insights on the impact the fellowship has had on their career and the healthcare environments. Delegates enjoyed the chance to re-connect with colleagues, and to network with other leaders throughout the day. Feedback from group breakout sessions will be used to continue maximising the success of the fellowship as it enters its second decade.



SCLF cohort 13 will commence on the 3rd of August, with applications for the 2024 intake opening in November 2023. Full details on the programme can be found at (insert website).

1. **Surviving in Scrubs**

Starting a new job can be a stressful time for anyone, but this can be made even worse when you’ve started your new role and find the culture of the organisation normalises sexist remarks as “banter”, turns a blind eye to inappropriate touching from other colleagues or patients, and does not have any clear reporting procedures in place to report sexual misconduct. Unfortunately, this scenario is all too common throughout healthcare organisations.

We at Surviving in Scrubs hear about similar experiences time and time again from a wide range of healthcare professionals all over the UK. We are a non-profit organisation that was set up by two doctors who are also survivors of sexual misconduct within the healthcare workplace – Dr Chelcie Jewitt and Dr Becky Cox. Through our website, we ask healthcare professionals to anonymously submit their own experiences of workplace sexual misconduct, so that we can use the power of the collective narrative to lobby for organisational change at the local and national level. We also provide survivor-focused training sessions and consultancy services for healthcare organisations, as we strongly believe that the focus of any policies regarding sexual misconduct should protect and support the survivors of this damaging culture.

Since our formation, we have had great success in amplifying the prevalence of this unspoken issue, having engaged multiple national stakeholders in admitting that there is an issue of sexual misconduct in healthcare. This is a huge step forwards, but we know that there is a long way to go until this ingrained culture has been eradicated for good.

So as we try to solve the institutional elements that contribute to this issue, what can you do as a new starter? Here are three top tips:

1. Talk – If you witness of experience anything that you feel uncomfortable with, talk about it. This could be through formally reporting to HR or your supervisor, or if that is not something you feel comfortable doing talk to your colleagues, or even your friends and family at home. Talking about your experiences will help you to find support, but will also have the additional benefit of supporting other survivors of sexual misconduct. You could even submit your experiences anonymously to our website – [**www.survivinginscrubs.co.uk/submit-your-story**](http://www.survivinginscrubs.co.uk/submit-your-story?url=http%3A%2F%2Fwww.survivinginscrubs.co.uk%2Fsubmit-your-story&data=05%7C01%7CNiall.MacIntosh%40nhs.scot%7C27c4c150e44f49a0ae2008dba004cbee%7C10efe0bda0304bca809cb5e6745e499a%7C0%7C0%7C638279714702175256%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=S4hxZX8J5XdhMkGQ%2BgslnINnXbvhJ%2ByBp5SyC4V%2B9Pg%3D&reserved=0). We have over 160 testimonies so far, and we read every single submission, so this may be a safe way for you to use your voice to help us continue to rally for change.



* Listen – If you witness, or someone reports an incident of sexual misconduct to you, listen. By properly listening to the human experience of others, and how it has affected them, you are being a huge support. It is particularly important for you to listen to survivors if you are in a position of privilege or power as that survivor has been brave enough to share this, and you are probably lucky enough to be able to make some kind of change for the better without fear of repercussions. This doesn’t have to be anything huge, but listening and validating the experience of survivors will help others to speak up and make others listen so that everyone realises sexual misconduct of any degree is unacceptable.



* Knowledge – With knowledge comes power, so get to know your local policies (and indeed if your workplace even has a policy regarding workplace sexual misconduct). Find out who you report to – is it HR? Your line manager? A speak up guardian? You may want to look at how to report an individual to a governing body – this information should be online. Get to know your allies, who are the people you can trust to help and support you if you were to experience sexual misconduct. And get to know our website, as we have a lot of useful resources on there!

Want to know more about what we are doing? Or do you want to get involved as a volunteer? Please come and talk to us at the AMEE conference where we will have a stall sponsored by NHS Education for Scotland 26-30th August. Otherwise, you can contact us via email or social media.



Email: [**survivinginscrubs@gmail.com**](mailto:survivinginscrubs@gmail.com)

Twitter: [**@scrubsurvivors**](https://twitter.com/ScrubSurvivors)

Instagram: [**@scrubsurvivors**](https://www.instagram.com/scrubsurvivors/)

Tiktok: [**@survivinginscrubs**](https://www.tiktok.com/@survivinginscrubs/video/7238946736008416539)

1. **Combined Infection Bootcamp**

The requirements of post-graduate infection training in Scotland have recently undergone a radical change. The new Combined Infection Training programme is now the common stem for all infection based subspecialties where they learn the foundations of microbiological testing and practice all within a short time frame before moving on to their subspecialities. This needs substantial resources particularly time commitment from trainers. It’s no secret that the NHS is short staffed, and still recovering from the added burden of the pandemic. This additional training workload was adding pressure to the Microbiology and Virology departments and threatening the quality of training. The older model of individual training for each trainee delivered in a functioning clinical environment was, hence, no longer feasible.

**A group of people wearing white coats

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This improvement opportunity prompted a core team of trainers from NHS Lothian Medical Microbiology and Virology to review other existing models of training within medicine and a few ideas emerged. They started with a mind map and used the Lean Six Sigma method to develop an SBAR for a new model. Unused existing resources were mobilised, existing processes adapted and change management methods incorporated to produce the Infection Bootcamp.

This bootcamp was first delivered in 2019 but some significant gaps were found. Although disheartening, a PDSA (plan-do study-act) approach was taken to deliver a revised version in 2021. This consisted of 10 intensive training days in a simulated environment where the patient journey was followed from start to finish. Clinical presentations, laboratory tests, antibiotic choices and other aspects of patient management were interweaved. This included hands-on wet lab training with simulated samples and simulation practise of the of work of an infection doctor led by a multi-professional team doctors, clinical and laboratory scientists and academic researchers. Simple, written anonymous feedback was taken daily from trainees and trainers which allowed immediate improvement actions as well reinforcement of good practice. Anonymised surveys were taken 3 months later to assess whether the intended function was being fulfilled within the overall induction programme.

Feedback was astounding. Trainees commended it as their career’s best induction experience and trainers were delighted by trainees’ functioning practical knowledge within such a short time. In 2022, the Induction Bootcamp was offered to Combined Infection trainees from Glasgow to similar reviews but with the added experience of networking with fellow members of their cohort. Some quotes from the trainees:

***"Tutorials on microscopy appearances were very representative of duty room scenarios. Practical sessions involving laboratory techniques and their relation to clinical cases - very helpful for understanding and communicating with the laboratory regarding provisional results. Almost all sessions tied back to clinical/laboratory practice which was extremely useful and made the material easier to learn."***

***"The bootcamp was excellent. We learned a huge amount of material over the course of 10 days, but it was entirely manageable with the timing allocated to sessions and the different teaching methods. It was also a fantastic opportunity to get to know our future colleagues."***

***"This should be mandatory for all trainees. It was excellent, incredibly well run with enthusiastic helpful staff, organised perfectly and has been immeasurably useful for my time in Microbiology thus far."***

The event was, however, a very intensive exercise for Lothian trainers who juggled clinical duties while delivering the training, raising the concern for future delivery. It was also too expensive to access for trainees from further afield. To address this, in 2023, NES funded this event to provide equity for all Scottish trainees and to bring in skilled specialist trainers from other Health Boards. The Royal College of Pathologists recognised this initiative in their 2023 Achievement Awards for teamwork.

Current severe staffing challenges across Scotland make future delivery uncertain. Hence wider issues must be addressed before initiative such as these can truly make a difference.

**10. Educator Study Leave Funding**

NES is aware that educators often find that their study leave claims for training related development will not be met by the Health Board and is pleased to confirm that a small percentage of the study leave uplift received from Scottish Government (£50,000 per annum) is available to support study leave requests for trainers.  Educators who are either employed or hold an SLA for educational activity with NES will be supported to undertake CPD that is linked to their educator role, rather than their clinical role, to support their professional development and ensure they can train to the required standards set out by the GMC. Due to the limited resource available the funding will be based on a first come first served basis.



Further information including the policy, application form and operational guide are located on the [**Scotland Deanery website**](https://www.scotlanddeanery.nhs.scot/trainer-information/educator-study-leave/)



We look forward to receiving your applications.

**11. Bereavement Team Update**

**Bereavement Learning Events 2023**

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**Annual Conference**

We’re pleased to announce that registration for this year’s free virtual conference ‘The Grief We Carry’ on Tuesday 28th November is now open.

The morning programme will focus on providing bereavement support in different circumstances (e.g., supporting people with learning disabilities, children following a sudden death and those bereaved by suicide). The afternoon programme will focus on staff wellbeing and bereavement in the workplace.

More information on how to register, the programme and how to submit a poster abstract is available on the [**NES Events website**](https://events.nes.scot.nhs.uk/bereavement-education-annual-conference-2023/).

[**#NESBereavement2023**](https://twitter.com/search?q=%23nesbereavement2023&src=typed_query?q=%23nesbereavement2023&src=typed_query)

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**New Podcast series**

The NES bereavement podcast series ‘Talking about Bereavement’ is now live. The first four episodes focus on ‘The compassionate space in bereavement’. Guests share their own thoughts and reflections on the compassionate space.

The series is designed to support health and social care staff in having conversations around grief and bereavement.

You can listen to the podcasts on **[Podbean](https://talkingaboutbereavement.podbean.com/" \t "_blank)**.

More information can be found on the [**Support Around Death website**](https://www.sad.scot.nhs.uk/events/podcast-series/).

[**#NESBereavementPodcast**](https://twitter.com/search?q=%23nesbereavementpodcast&src=typed_query?q=%23nesbereavementpodcast&src=typed_query)

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

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

A close-up of a poster

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

**13. Valuing Diversity and Promoting Inclusivity**

**A poster of a variety of people

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**14. Please Contact Us**

**FAO all trainees**

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

**15. NES Websites**

**The Scotland Deanery Website**

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

A screenshot of a medical website

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**Scottish Medical Training**

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

A screenshot of a medical training

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**Scottish Online Appraisal Resource (SOAR)**

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

A screenshot of a medical appraisal scotland

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