



NHS Education for Scotland (NES) Self-Assessment and Annual Review 2021-2022

December 2022

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1. Introduction from our Chair and Chief Executive

As the national health board with statutory functions for providing, co-ordinating, developing, funding and advising on education and training for the NHS and social care staff, NHS Education for Scotland (NES) is ambitious to drive change: it is innovative, collaborative and forward-thinking – working with NHS, local government, academia, professional organisations, regulators, social care organisations and a wide range of strategic partners across Scotland, and at UK and international levels.

NES is the leader in educational design and delivery and quality assurance. Utilising the very best in technology enabled learning, organisational and leadership development, workforce and learning analytics and digital development, across the entire health and social care workforce, in every community in Scotland, will help to facilitate staff to be supported, skilled, capable, digitally enabled and motivated to deliver improved outcomes.

NES supports delivery of Scottish Government commitments for health and social care, including “We are Healthy and Active” and the development of a National Care Service. Through regular engagement with senior officials and Ministers in the Scottish Government, NES delivers education, workforce development and training, workforce analysis and planning to support service design and innovation, including new approaches, models and locations of care. NES is focused on ensuring the workforce is ready for a range of post-pandemic scenarios and the changes in health and social care necessary to deliver improved outcomes. NES fully recognises the challenges facing the workforce and the population concerning mental health and wellbeing and provides several key educational programmes and support arrangements.

The scale of the health and social care workforce, in every community in the country, leverages a wider contribution in areas such as improving population health and reducing inequalities, economic development, innovation and competitiveness while recognising responsibilities in areas such as net zero. The NHS and social care can provide, at scale, opportunities for employment and training – including attraction into health and social care careers – and NES has the potential to be an awarding body for qualifications.

NES is a joint partner with NHS Golden Jubilee in the development of the NHS Scotland Academy, which provides accelerated training across the health workforce and was formally launched in October 2021. This provides a ready-made platform on which to offer accelerated training, where appropriate, for the social care sector. The Youth Academy forms part of the NHS Scotland Academy and work is already underway with partners such as Skills Development Scotland and Local Authorities to implement new foundation and modern apprenticeships for young people in health and social care.

Supporting a Once for Scotland approach, NES is a leader in digital solutions and cloud-based services. This includes a platform to integrate data, intelligence and applications designed to make access to services and key information easier for users, supporting health and social care staff to work more efficiently with access to the information they need.

Welcome to our self-assessment and annual review 2021-2022, where we showcase a selection of achievements that illustrate our delivery of the NES [2019-2024 Strategy](#), supporting national priorities and policy drivers.

David Garbutt
Chair

Karen Reid
Chief Executive

2. 2021-2022 Self-assessment – At a glance

An overview of some of our key achievements in 2021-2022 is outlined below.

- a. As part of the implementation of flexible employment models and the Sustainable Workforce strand of the National Board Collaborative, work progressed on the transition of Lead Employer arrangements to dentists in training. In September 2021, new core and specialty dentists in training were employed by NES under the Lead Employer arrangements with Transfer of Undertakings (Protection of Employment) (TUPE) transfer complete by December 2021 for those already in employment.
- b. Our work in 2021-2022 included initiatives to support improved attraction and retention of NHS Scotland staff through the delivery of agreed actions (as set out in the [National Health and Social Care Workforce Plan](#) and the Sustainable Workforce Strand of the National Boards Collaborative). Commissioned by the Scottish Government, we hosted a Centre for Workforce Supply (CWS). In 2021-2022 our initial focus was to support NHS boards to achieve the target of 200 internationally recruited nurses by March 2022. Health board-reported data indicated that 53 were recruited in the seven-month period from September 2021 to March 2022, with recruitment activity ongoing in line with an extended target. We worked with colleagues across NHS Scotland to identify any barriers to international recruitment and to create and share specific 'Once for Scotland' solutions. This led to the development of an open and collaborative working environment, with NHS boards sharing information, challenges and potential solutions for the benefit of all.
- c. We continued to participate in UK-wide recruitment for doctors in training. In 2021, we advertised 948 Foundation Year One places and filled 918 (97%). We also advertised 382 Core and 760 Specialty posts and filled 358 (94%) and 691 (91%) respectively.
- d. We delivered expansion of the new national training and quality management programme within the post-registration training for newly qualified pharmacists and pharmacy technicians across all sectors. In the Pharmacy Foundation training for newly qualified pharmacists, during 2021-2022 we delivered the remainder of the previous programme while launching the new training programme, which included an Independent Prescribing (IP) qualification for newly qualified pharmacists. There are 177 pharmacists in training on this modular IP programme across pharmacy sectors including community, hospital, primary care, and cross-sector. In total, 128 participants remain in training on the outgoing programme, with 52 successfully completing training in this phase.
- e. Preparations were made for the establishment of a new Social Care Directorate, with the appointment of our first Director of Social Care, in March 2022.
- f. We continued to develop a workforce development plan to increase capacity in Child and Adolescent Mental Health Services (CAMHS). We delivered (long) training in Cognitive Behavioural Therapy, Interpersonal Therapy and family therapy to 86 practitioners, with 68 still in programmes. A total of 279 clinicians completed short courses. The 'New to forensic CAMHS' e-Learning resource was accessed by 278 practitioners. Additionally, 24 clinicians in cohort three completed the one-year development plan (April to December 2021), with 25 clinicians in Cohort four ongoing.

- g. During 2021-2022, seven cohorts of 75 family nurses participated in the core Family Nurse Partnership (FNP) education programme. Education delivery was maintained despite continued challenges in frontline service delivery in response to Coronavirus Disease 2019 (COVID-19). Education for family nurse supervisors benefited from an increased hybrid approach, receiving positive feedback from participants. Evaluation has been integral to continuous developments in FNP education. The [FNP Scotland Education Strategy](#) established the foundations for the FNP education model, reflecting NHS Scotland values, and continues to enable measurable success and quality assurance against its key principles.
- h. To support immunisation and wider health protection programmes, we delivered a programme of 13 webinars, which also included information on the introduction of COVID-19 vaccines and public health microbiology. Over 10,000 people attended these webinars, of which recordings were made available on [TURAS Learn](#) for onward access and learning for other interested practitioners.
- i. We successfully deployed our anticipatory care planning product, Recommended Summary Plan for Emergency Care and Treatment (ReSPECT), in one NHS Scotland board. This included the product being rolled out across primary, secondary, and unscheduled care services, as well as availability of an integration Application Programming Interface (API) for surfacing ReSPECT data within Clinical Portal and other cornerstone applications, such as 'TrakCare', within NHS boards.
- j. We continued to support the running of the 'Protect Scotland' app (during the Scottish Government support for COVID-19 testing). This app anonymously and privately alerted individuals if they had been in close contact with another app user who tested positive for COVID-19. The app was launched in September 2020, with over half a million downloads taking place in its first day. There were approximately 1.95 million downloads of the app to date.
- k. [TURAS Learn](#) is now the learning management platform for seven NHS Scotland health boards, where learning resources are hosted, and compliance reports are produced, with three boards joining in 2021-2022.
- l. We continued to work to consolidate our position as a national centre for health and social care workforce data and intelligence. We published quarterly official statistics on the NHS Scotland workforce on our [TURAS Data Intelligence website](#). These data are used by the Scottish Government, NHS boards, and the media.

3. A high-quality learning and employment environment

Box 1: Key area of focus one – A high quality learning and employment environment.

NES Strategy 2019-2024 outcomes:

- More consistent, modern and flexible employment experiences.
- High quality training programmes and placement learning.
- Meaningful career conversations, appraisal and educational portfolios.
- Excellent support for workplace learning and development.
- Improved promotion of career opportunities in health and care and easy access to information.
- More accessible and flexible learning resources for remote and rural learners.
- Improved employee and trainee feedback, engagement, and health and well-being.
- Best value national administrative systems which enable flexible working and release time.
- Improved opportunities to access learning.

3.1. Lead employer and national employment policies

- 3.1.1. During 2021-2022, work on 'Once for Scotland' standard operating procedures for doctors and dentists in training continued via the **Lead Employer Programme**. This programme of work aims to improve consistency of employment experience across placements and employers for doctors and dentists in training. We provided project management support and contributed as a placement and employing Board. A lack of capacity in NHS boards, due to COVID-19-related circumstances, reduced progress with this work. However, progress was made in relation to the 'Returning to Work after Extended leave, Attendance, and Payroll' processes.
- 3.1.2. As part of the implementation of flexible employment models and the Sustainable Workforce strand of the National Board Collaborative, work progressed on the **transition of Lead Employer arrangements to dentists in training**. In September 2021, new core and specialty dentists in training were employed by NES under the Lead Employer arrangements with Transfer of Undertakings (Protection of Employment) (TUPE) transfer complete by December 2021 for those already in employment. Work is progressing with the Scottish Government in relation to the transition of vocational dental practitioners in general dental practice to the Lead Employer model by August 2022.
- 3.1.3. in liaison with the Scottish Government, Home Office, Disclosure Scotland, networks and NHS Boards, a high-quality national **Protecting Vulnerable Groups (PVG) and Tier 2/skilled worker advice and processing service** continued to be provided to NHS Scotland. Our work also included the extension of National Trainee Services to encompass Skilled Worker sponsorship of foundation trainees and vocational dental practitioners. This supports our aim to deliver a high-quality candidate experience maximising the attractiveness of Scotland as a place to work and train.

3.2. Quality management and educational governance

- 3.2.1. In **healthcare scientist training**, we undertake quality monitoring against our self-assessment standards through submission of training centre evidence, trainee feedback, accreditation, and training plans. This provides assurance that standards of training are consistent across all specialities and support safe clinical practice. All 100 training centres were accredited in 2020-2021 (as part of a four-year cycle) and all 200 (headcount) trainees every year. This includes training centre approval, training supervisor recognition, trainee progression, and trainee satisfaction and experience. Our training of clinical scientists and clinical physiologists is subject to scrutiny by the Academy of Healthcare Science (AHCS), which in turn, reports to the regulator, the Health and Care Professions Council (HCPC).
- 3.2.2. We completed our **Annual Review of Competency Progression (ARCP) cycle for healthcare science trainees** with a national training number. In 2021-2022 we tracked 275 trainees. Of the 158 eligible trainees, there was a 90% positive response rate to ARCP checks. Our count of accredited training centres was rationalised to 45 (hence avoiding duplicates that arose in units with the same speciality postgraduate and graduate training).
- 3.2.3. We continued to work to improve **quality across learning environments, training experiences and the evaluation process for applied psychology trainees**. We coordinated and quality assured 465 placements, including intensive support for supervisors and trainees. A total of 604 site visits and 397 end of placement reviews were completed to monitor trainee competence and to ensure validity and consistency of assessment and quality assurance of placement supervision.
- 3.2.4. We delivered new **supervisor training** to 90 delegates, Continuing Professional Development (CPD) training to 114 experienced supervisors, **Cognitive Behavioural Therapy (CBT) supervision skills** training to 16 clinical psychologists, and **health psychology awareness training** to four health psychology supervisors. We also maintained and developed the Service User/Experts by Experience Groups for both Clinical Training Programmes, including attendance at quarterly meetings.

3.3. Revalidation and appraisal

- 3.3.1. As part of our commitments to the Scottish Government, we provided **appraiser training** for clinicians wishing to take up the role of **medical appraisers**. This helps ensure consistency in approach, quality and a common pathway. We offer two types of appraiser training: two half-days for anyone wishing to become a new appraiser; and a half-day refresher appraiser course for experienced appraisers.
- 3.3.2. The new **Refresher Appraiser courses** now consist of online modules designed for experienced appraisers. As part of this programme, two webinars were delivered in October 2021 and February 2022. Further coaching and mentoring training sessions are planned for 2022-2023. Overall, in 2021-2022 we delivered 20 new Appraiser courses, which were attended by 155 delegates.

3.4. Educational support roles and networks

- 3.4.1. We continued to recruit to the **Scottish Clinical Leadership Fellowship (SCLF) programme**, our flagship leadership offering. During 2021-2022, there were 20 recruits, including 12 medically qualified doctors, pharmacist, pharmacy technicians and dentally qualified fellows. In addition, two remote and rural surgical fellows were appointed to the North of Scotland, with a third planned for 2022. Fellows have been actively involved with key strategic and operational activity at a senior level within their host organisations. The programme was transformed from an in-person format to online and was positively received. Following a successful delivery of the leadership programme online during the pandemic, we are returning to an in-person/hybrid format. We plan to have a formal review of the SCLF programme during 2022-2023.
- 3.4.2. We continued to **improve responses to survivors of trauma, through education and training of the wider workforce**. Since April 2021, we trained 51 trainers, delivered Trauma Enhanced and Specialist workshop-based training to 135 participants, and delivered a Trauma Informed and Leadership webinar-based training to a further 2,845 attendees. There were over 8,400 downloads of online resources, while videos were viewed over 6,900 times. The Trauma-Informed animations were viewed over 54,000 times, and over 9,000 people completed one of the skilled e-Modules. We continue to contribute to the network of Trauma Champions, including regular inputs to their development days. The network of local Transforming Psychological Trauma Implementation Co-ordinators delivered 1,366 training places and 265 consultation sessions. The National Trauma Training Programme website received over 25,000 visits since April 2021.
- 3.4.3. We created a **draft knowledge and skills framework for the justice workforce** to recognise the impact of trauma on victims and witnesses, and to reduce re-traumatisation and support recovery. The framework was issued for consultation with all key stakeholders.
- 3.4.4. We supported an increase in the number of staff within NHS Scotland who are trained to deliver **high quality evidence-based psychological care** safely and effectively at different levels of the tiered care system. Working with key stakeholders, we delivered a range of training and education in evidence-based psychological therapies and interventions to over 1,000 multi-disciplinary staff working in adult mental health, substance misuse and forensic mental health. Our training included long therapy courses and shorter CPD training offers.
- 3.4.5. We delivered the **SQA accredited NES Enhanced Psychological Practice (EPP) Adult programme** to 20 learners. This new certificate level programme provides comprehensive training in evidence-based interventions to enable staff to work with people presenting with common mental health problems, such as depression and anxiety. In total, 19 learners successfully submitted and passed all modules to date and are due to complete in Summer 2022. Recruitment for a second cohort of learners concluded in February 2022 (with 24 EPP-Adult learners commencing in late April 2022). The programme aims to make effective use of the large cohorts of graduates in psychology and related disciplines. Learners are hosted in NHS Scotland health boards and are employed in Assistant Psychologist (or similar) posts to enable participation in the programme.
- 3.4.6. We continued the ongoing review of the NES/Scottish Government's '**The Matrix: A guide for delivering evidence-based psychological therapies**' and engaged with the wider workforce for each review topic (through participation in short life working groups).

- 3.4.7. We also supported NHS Scotland boards with the recruitment of 23.1 WTE master's level and 17.4 WTE Clinical Psychology posts (Older adults) to enable local training supervision, coaching and the **delivery of psychological therapies**. In addition, support was provided to NHS boards to develop and recruit 13.8 WTE clinical psychology posts to enable local delivery of psychological therapies to the health and care workforce.
- 3.4.8. We supported the implementation of the **Autism Training Framework (ATF)** through the provision of a comprehensive training programme in diagnostic assessment. We provided the following programmes:
- Autism Diagnostic Observation Schedule (ADOS) training to over 90 attendees.
 - Adapting CBT for Adults with Autism to 58 delegates.
 - CBT training to 20 Specialist Level staff in CAMHS.
- 3.4.9. We also developed a TURAS Learn site to support the ATF. Resources to adapt staff practice to meet the needs of neuro-diverse people across the lifespan and across the Informed-Enhanced practice were also added to the TURAS Learn page. The resources use real-life scenarios to demonstrate the impact of change on a range of autistic individuals and encourage reflection on adapting practice.
- 3.4.10. During 2021-2022, we delivered training and workforce development to support the Scottish Government's expansion of **Perinatal and Infant Mental Health Services** in Scotland (in line with the [Delivering Effective Services](#) report). All existing and new Mother and Baby Units and Community Perinatal Mental Health Teams (CPMHT) have accessed the seven Essential Perinatal and Infant Mental Health e-Learning modules, which were completed by over 9,700 people. Furthermore, we recruited additional trainees to expand the workforce in primary care and in specialist Perinatal Infant Mental Health (PIMH) services. These included 10 Psychological Therapy in Primary Care (PTPC) trainees, five CBT trainees and five Doctorate in Clinical Psychology trainees.
- 3.4.11. The **Rapid Action Placement Oversight Group (RAPOG)** – which was established in 2020 to monitor challenges around Nursing, Midwifery and Allied Health Professionals (NMAHP) practice placements in response to the COVID-19 pandemic – became part of the Future Nurse and Midwife Programme Board and the AHP stakeholder and recovery groups. These groups continue to provide strategic oversight of placements. In addition, several operational groups continued activity to focus on increasing capacity and diversity of placements to enable the NMAHP workforce to comply with regulatory bodies (for example, the Nursing and Midwifery Council (NMC) and the HCPC). Examples of key successes included:
- Placement allocation: Endorsement of a 'Once for Scotland' practice placement decision-making and governance tool for implementation.
 - Funded MSc in Physiotherapy scheme launched: 36 places offered across four Higher Education Institutions (HEIs).
 - Support of Peer Assisted Learning (PAL) work: Six case studies and one workshop for 20 staff tested, with an implementation plan being developed.
 - 'How to... Workshops': A series of practical workshops were delivered based on emergent themes captured via our practice education networks. A total of 592 staff attended six sessions on the following themes: Project-based placements; Peer-assisted learning; Role emerging blended placements; Long arm supervision; and Students at risk of failing.

- 3.4.12. In support of our aim to provide **generic CPD for early career healthcare scientists**, we delivered nine interactive webinar workshops to 83 delegates, and supported/developed a further 19 different CPD courses. A total of 3,234 CPD modules were completed online since 01 April 2021, and a further 890 modules were in progress at the end of March 2022.
- 3.4.13. In addition to the underpinning learning modules available on TURAS Learn, we delivered four **leadership development** webinars to approximately 40 early career healthcare scientists. National events to support the development of the healthcare science workforce included 10 webinar sessions; each attracting over 80 delegates, and two webinars for higher specialist trainees; with over 50 attendees at each.

3.5. Remote and rural educational support

- 3.5.1. During 2021-2022, we continued to plan the development of a **National Centre for Excellence for Remote and Rural Health and Social Care**, with preparation of a business case for consideration by the Scottish Government.
- 3.5.2. A new [Rural Advanced Practitioner Pathway](#) was developed, and the University of the Highlands and Islands was identified as the education provider. Delivery is planned for September 2023. We are now working with stakeholders to develop an online rural supervisory hub that will support supervisors and learners with high quality learning and educational resources.

Box 2: Key area of focus one – A high quality learning and employment environment.
Case study: Medical Credentialing

We worked with the four UK Departments of Health and the General Medical Council (GMC) to agree a framework for the implementation of medical credentials, as recommended by the UK Shape of Training Steering Group and adopted as policy by all four UK Ministers in 2017.

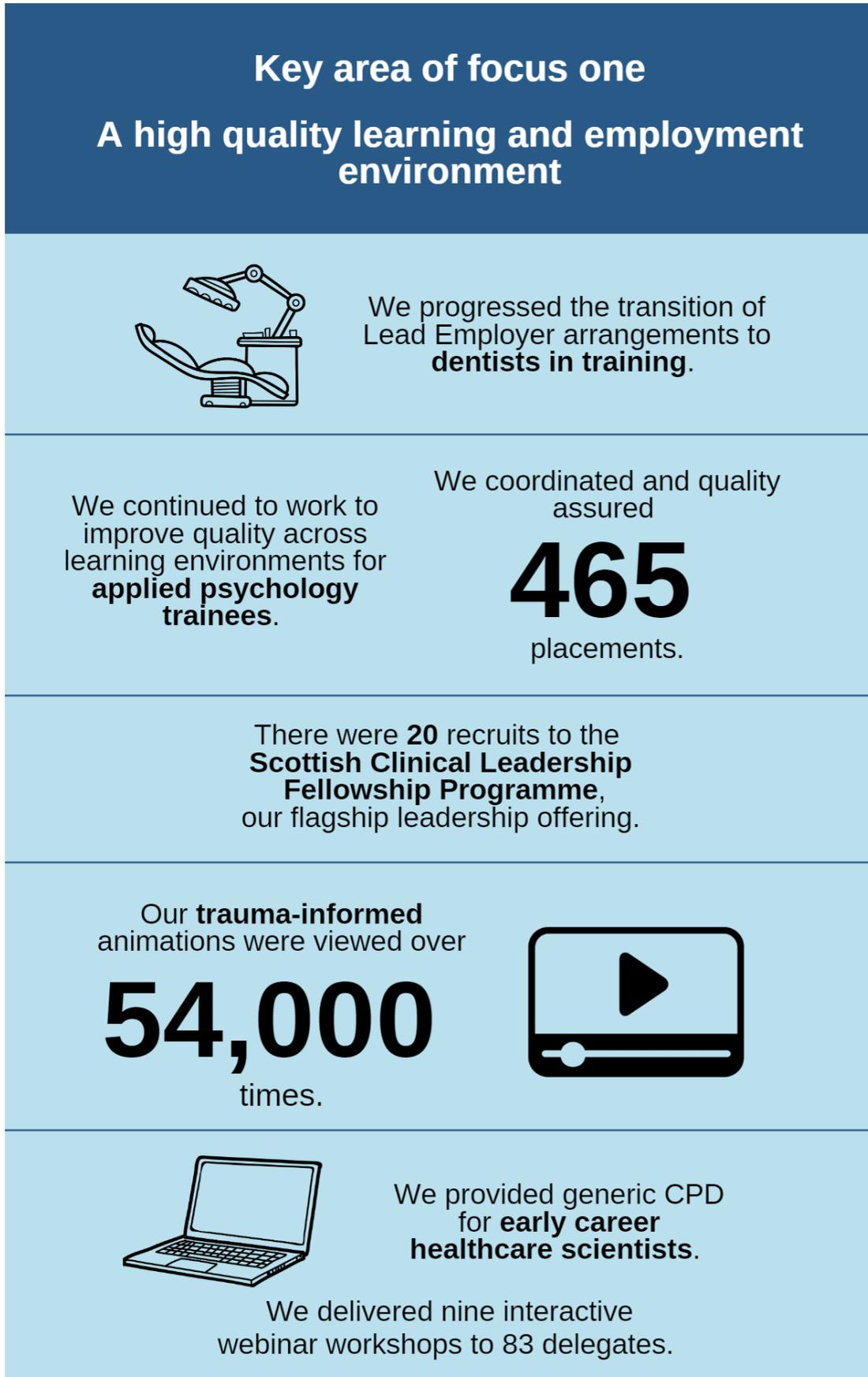
We submitted a full proposal for a GMC-approved Credential in Rural and Remote Health (Unscheduled and Urgent Care), which was considered by the GMC Curriculum Advisory Group in June 2021. The purpose of the credential is to provide a supportive training framework for General Practitioners and other non-training grade doctors practising – or wishing to practise – in rural and remote contexts to provide unscheduled and urgent care in rural and remote hospitals and at the interface with the community. The credential proposal was supported by stakeholders across the UK.

In December 2021, the Medical Director of the GMC formally endorsed the curricular content of the credential, praising us for “embracing the principles of the credentialing framework with a well-realised and designed curriculum”. This is a significant milestone, which has not yet (to date) been achieved by any of the other ‘early adopter’ credentials. It paved the way for a formal launch later in 2022, subject to the GMC confirming a number of operational framework details.

We started work with the GMC on preparing for delivery and are preparing a formal business case that will include provision of a digital learning hub. This will underpin both credential delivery but will also be flexible to support health and care practitioners in other rural and remote contexts.

Further information is available on the [GMC website](#).

Infographic 1: Key area of focus one – A high quality learning and employment environment.



4. National infrastructure to improve attraction, recruitment, training and retention

Box 3: Key area of focus two – National infrastructure to improve attraction, recruitment, training and retention.

NES Strategy 2019-2024 key outcomes:

- Improved promotion of career opportunities in health and care and easy access to information.
- Greater awareness of career opportunities in health and care for young people and school leavers.
- Higher education outcome agreements that meet the needs of health and care.
- Widened access to higher education and improved recruitment in key areas.
- Sufficient education and training capacity to meet future workforce needs.
- High take up and fill rates in post-graduate training programmes.
- Effective support for staff returning to work or retraining.
- Initiatives to support succession planning.

4.1. Recruitment, careers promotion and youth employment

4.1.1. Our work in 2021-2022 included initiatives to support improved attraction and retention of NHS Scotland staff through the delivery of agreed actions (as set out in the [National Health and Social Care Workforce Plan](#) and the Sustainable Workforce Strand of the National Boards Collaborative). Commissioned by the Scottish Government, we hosted a **Centre for Workforce Supply (CWS)**. In 2021-2022 our initial focus was to support NHS boards to achieve the target of 200 internationally recruited nurses by March 2022. Health board-reported data indicated that 53 were recruited in the seven-month period from September 2021 to March 2022, with recruitment activity ongoing in line with an extended target. We worked with colleagues across NHS Scotland to identify any barriers to international recruitment and to create and share specific 'Once for Scotland' solutions. This led to the development of an open and collaborative working environment, with NHS boards sharing information, challenges and potential solutions for the benefit of all.

4.2. Pre-registration education

4.2.1. We continued to offer educational and training opportunities for those pursuing a career in **dental nursing**. We provided up to 200 places for trainee dental nurses to undertake the NES Dental Nurse Induction blended learning programme prior to commencing a pre-registration dental nurse training course. A total of 171 trainees commenced the pre-registration course following attendance at induction, with in-takes in May 2021 and September 2021. The training was successfully completed by 82 trainees in December 2021 and 77 remain in training from the September 2021 in-take.

4.2.2. We aim to deliver high quality, efficient and sustainable **pre-registration NMAHP and paramedic education** to support health and care. The Performance Management Report submitted to the Chief Nursing Officer Directorate (CNOD) in November 2021 reported on the overall quality assurance and performance monitoring of 12 Higher Education Institutions (HEIs) commissioned to deliver NMC-approved and Health and Social Care Partnership (HSCP) approved paramedic science pre-registration education. Based on recruitment retention and completion data, and workforce demand within learning disabilities, a key outcome was that an education and workforce review should be undertaken. Following an agreement with CNOD, this work will be progressed in the coming year.

- 4.2.3. Our activities during 2021-2022 included delivery of a recruitment training and quality management programme for **pre-registration pharmacy training**, to provide the Pharmacy workforce for NHS and community practice in Scotland. The Scottish Government requires an increase of 120 trainees to deliver more pharmacists into the Scottish workforce within four years.
- 4.2.4. We recruited trainee pharmacists to our **Pharmacy Foundation Training Year** (previously pre-registration pharmacist scheme) one year in advance, from the final year of pharmacy undergraduates. Following conclusion of the 2021 recruitment process, initially 210 applicants were successfully matched through the national Oriel recruitment process. A further 19 became eligible for funded training from the 2022-2023 cohort, creating a potential 229 trainee pharmacists for 2022-2023.
- 4.2.5. In the Foundation Training Year (FTY) Programme, the **trainee pharmacist workforce** overlaps across the delivery year. For the 2020-2021 cohort, 211 trainee pharmacists progressed through the pre-registration programme with support from the FTY team, with 200 first time completions and 11 delayed on their General Pharmaceutical Council (GPhC) assessment dates. Of the 2021-2022 cohort, 209 trainee pharmacists continue to progress through training.
- 4.2.6. We delivered **quality management systems** to approve suitable training sites for our Foundation Year trainees. Additional approval virtual visits were conducted, which were only required in response to changes to training details for trainee pharmacists. Our Pharmacy Additional Cost of Teaching team and FYT team are progressing joint training provider approvals on a 'Once for NES' basis. A validation process commenced, looking at training provider feedback questionnaires completed by students and FTY trainee pharmacists, along with our training provider approval form. This process is in preparation for our impending GPhC FTY accreditation.
- 4.2.7. Considering the effect of GPhC reforms on initial education and training, this accreditation process has been a key focus. Initial work for the 2022-2023 GPhC accreditation process and visit for the NES FTY Trainee Pharmacist programme commenced in 2021-2022.

4.3. Additional Cost of Teaching

- 4.3.1. **Medical Additional Cost of Teaching (ACT) funding** is provided by the Scottish Government to support the additional costs of the clinical teaching of undergraduate medical students when they are in hospital or GP placements in Health Boards. We manage the distribution of funds as agreed by the Medical ACT allocation model. The budget for Medical ACT has grown substantially – from £77.2 million in 2017-2018 to £103.9 million – mainly due to an increase in student numbers. Although progress was affected by COVID-19-related circumstances, a wide-ranging review of the Medical ACT funding processes has been carried out over the last two years. This involved three short life working groups, which included 11 internal and 51 external stakeholders. A fuller review of the work in collaboration with key stakeholders is expected, with the aim of publishing a Medical ACT Framework in 2023-2024.
- 4.3.2. **Pharmacy Additional Cost of Teaching (ACTp) funding** provided by the Scottish Government, is aimed at experiential learning and clinical experience for all pharmacy undergraduate students in Scotland to support the increasing clinical roles of pharmacists within the primary care setting. We coordinate, develop and administer ACTp on behalf of the Scottish Government in conjunction with both schools of pharmacy in Scotland (Robert Gordon University and the University of Strathclyde) and other key stakeholders.

- 4.3.3. **Pharmacy ACT Experiential Learning (EL)** activity was successfully completed for 2021-2022 across all three Pharmacy sectors for students from the two schools of Pharmacy in Scotland, meeting six weeks of EL delivery. Although interruptions due to the COVID-19-related situation continued, recovery placements were successfully co-ordinated. The national co-ordination process for 2022-2023 EL activity commenced during quarter four of 2021-2022, with new models of placement/funding confirmation being explored to support the pathway to 11 weeks of EL by 2024-2025.
- 4.3.4. In ACTp preparation of Experiential Learning (PFEL) training activity, a total of 273 facilitators were trained in 2021-2022 to further support EL. Across the cohort of existing facilitators with over three years of experience, 18.2% (455) completed the mandatory further training requirements to remain on the NES approved list of EL facilitators.
- 4.3.5. Through our **Pharmacy ACT Quality Management** work, a total of 164 training sites were approved for EL, with feedback uploaded to TURAS to assist the approval process.

4.4. Postgraduate training grades

- 4.4.1. We continued to participate in UK-wide recruitment for doctors in training. In 2021, we advertised 948 Foundation Year One places and filled 918 (97%). We also advertised 382 Core and 760 Specialty posts and filled 358 (94%) and 691 (91%) respectively.
- 4.4.2. In 2021 we carried out the **Annual Review of Competency Progression (ARCP)** process for the training year 2020-2021. In total 7,645 ARCP outcomes were recorded for 6,104 doctors in training. For analysis, 479 'No reviews' were excluded leaving 7,166 ARCP outcomes: 5,752 (80.3%) were satisfactory; 1,096 (15.3%) were neutral, while 318 (4.4%) were unsatisfactory. There were 18 Outcome Four's issued, which resulted in release from training.
- 4.4.3. New ARCP outcomes were created, which related to the effect of the COVID-19 situation on any delays and missed training opportunities. These were recorded without any detriment to trainees (336 (4.7%) ARCP outcomes). Of the 336 ARCP COVID-19-related outcomes, 271 (80.7%) did not require a training extension, whilst 65 (19.3%) required extensions.
- 4.4.4. Through national recruitment 80 **Dental Core Training** posts were filled (from a target of 92). This is due to a combination of posts unfilled at national recruitment, withdrawals following recruitment and resignations since post commencement. A small number of local recruitment exercises had limited success.
- 4.4.5. In response to the COVID-19 pandemic, it was agreed that the current cohort of dental trainees would be offered an extension to their training to July 2022. An additional training period, of between 10 and 12 additional study days, was provided to dental trainees to support their achievement of satisfactory completion. A total of 141 **Vocational Dental Practitioners** were in post in March 2022 and will be considered for satisfactory completion of training at the National Review Panel (NRP) in June 2022. National Review Panels took place in November 2021 and February 2022. Six trainees achieved satisfactory completion at the February 2022 NRP.

- 4.4.6. The ARCP process for up to 45 Specialty Trainee Registrars (40 NES-funded) and 90 Dental Core Trainees was supported. **Dental Core and Specialty Trainees** require to maintain an educational record of achievements in the relevant e-Portfolio and participate in the ARCP process. This process follows the quality management procedures outlined in the relevant training grades agreed on a four-nation level. During 2021-2022, training continued for all trainees in post. Interim review of competence progression for Dental Core Trainees in February 2022 resulted in 73 making satisfactory progress (outcome one).
- 4.4.7. Due to the continued impact of the pandemic, the annual trainee induction, educational study day programme and a national education conference were all delivered online.
- 4.4.8. During 2021-2022, access to up to 120 places was provided on a range of **blended learning programmes for dental care professionals** to undertake Scottish Qualifications Authority (SQA) Professional Development Awards (PDAs) and Higher National (HN) Units to upskill and contribute towards professional development. Over recent months, candidates undertaking our SQA post-registration blended learning programmes successfully completed their relevant SQA qualifications. These include:
- PDA in Delivering Oral Health Interventions (Scottish Credit and Qualifications Framework (SCQF) 8).
 - HN in Local Decontamination of Reusable Instruments (SCQF 7).
 - PDA in Inhalation Sedation (SCQF 8).
 - Higher National Certificate (HNC) in Oral Health Care Dental Nursing (SCQF 7).
- 4.4.9. In support of our aim to maximise the NMAHP contribution to transformational service change, improvement and innovation, we continued to promote the role development model (as outlined in the five-year vision linked to the **Allied Health Professions (AHP) Transforming Roles** strategy position paper). Presentations and workshops were held with AHP Practice Educators, the Dietetic Primary Care Group, the AHP Mental Health Group and the AHP Public Health Leads Group. Work was undertaken to develop and pilot a service needs and learning needs analysis tool to scope the current and future roles of dieticians in primary care, and assistant practitioners in radiography. This will identify the levels of practice and the educational underpinning required to develop and embed these roles in practice.
- 4.4.10. Our education and career pathway for **Adult Integrated Community Nursing** aims to provide a responsive, flexible, community nursing workforce equipped to practise confidently and competently across a range of settings from level five to level eight of the Career Framework for Health. The first part of the education and career pathway, the Graduate Diploma in Integrated Community Nursing (GDip ICN), is designed for community nurses working at level five of the Career Framework for Health (Agenda for Change Band 5 equivalent).
- 4.4.11. Since the programme was introduced in 2020, a total of 354 students enrolled in two cohorts. Work is underway to commission education for the next part of the Pathway to prepare nurses for the senior/specialist practitioner role in care home, district, general practice, or prison health nursing. This new programme will build on the core generalist knowledge, skills and competencies associated with the GDip ICN with more specialised education at SCQF Level 11, and enable nurses to provide safe, effective, person-centred care to people with more complex health and care needs within a specialist area of practice. It will provide role-specific modules to prepare nurses for the roles and responsibilities at Level 6 of the Career Framework for Health (for example, as district nurses or senior general practice nurses^{1,2}). A tender for evaluation of the programme was developed and delivery of a final report is anticipated by September 2023.

¹ <https://www.gov.scot/publications/transforming-nursing-midwifery-health-professionals-roles-district-nursing-role-integrated/>

² <https://www.gov.scot/publications/developing-general-practice-nursing-role-integrated-community-nursing-teams/>

- 4.4.12. We progressed commissioning and recruitment of **Applied Psychology and Psychotherapy trainees** to ensure that NHS Scotland is provided with suitably trained and fit for purpose professionals. We supported 59 clinical psychology trainees to complete pre-registration training and commissioned and recruited 80 clinical psychologist training places, including five additional trainees to enhance perinatal mental health capacity. In addition, 39 trainees for Psychological Therapies in Primary Care (PTPC) and 30 MSc trainees in Applied Psychology for Children and Young People (APCYP) were supported to complete training. We also commissioned and recruited 45 MSc PTPC trainees and 36 MSc APCYP trainees for commencement in January/February 2022.
- 4.4.13. We provided NHS Scotland with over 20 appropriately trained **neuropsychologists** and upskilled other disciplines in these approaches. We supported three trainee health psychologists to complete training, as well as four in programme (due to complete training by February 2023). Additional commissioning and recruitment involved four trainee health psychologists who started training in February 2022. Finally, we supported the 2017 cohort of five child and adolescent psychotherapy trainees to complete in September 2021, and commissioned and recruited the new cohort of four trainees who commenced in September 2021.
- 4.4.14. We delivered expansion of the new national training and quality management programme within post-registration training for newly qualified pharmacists and pharmacy technicians across all sectors. In **Pharmacy Foundation training** for newly qualified pharmacists, during 2021-2022 we delivered the remainder of the previous programme while launching the new training programme, which included an Independent Prescribing (IP) qualification for newly qualified pharmacists. There are 177 pharmacists in training on this modular IP programme across pharmacy sectors including community, hospital, primary care, and cross-sector. We delivered trainee and educational supervision inductions, an educational programme, and provided peer sessions for both trainees and their educational supervisors. In total, 128 participants remain in training on the outgoing programme, with 52 successfully completing training in this phase.
- 4.4.15. In the **pharmacy technician foundation programme**, 56 pharmacy technicians undertook the programme across the community (1), primary (42) and acute (13) care sectors. Lessons learned from the assessment process have resulted in the development of a workshop on provision of education and training. The intention is to direct learners to our Quality Improvement (QI) Foundation course.
- 4.4.16. Our **Healthcare Scientist trainee** cohort includes supernumerary pre-registration clinical scientists and practitioner level (graduate) staff undertaking advanced practice scientist development. Training involves either the three-year Scientist Training Programme or an equivalent master's training programme.
- 4.4.17. Recruitment to clinical scientist posts ensures the ongoing supply of these postgraduate healthcare science workforce via our training-grade pathway. We supported the recruitment of 22 clinical scientist trainees via 122 online interviews. This year saw 1,192 applications: lower from the 1,675 last year but nevertheless still exceptionally challenging for applicants. This year's outturn meant that there were 54 applicants for each training post, with interviewees having a one in five chance of appointment.
- 4.4.18. From 46 bids, we supported 27 biomedical scientists (in-service staff) with postgraduate bursaries (for 2020-2021, 37 bursaries were awarded from 55-60 bids). The reduction in applicants may have been due to service pressures on the laboratory community and staff opting to defer advanced practice training.

4.5. Post-registration Dental Nurses and Dental Care Professionals

- 4.5.1. We provided support to enable registered dental professionals to upskill as Orthodontic Therapists through completion of the Royal College of Surgeons of Edinburgh **Diploma in Orthodontic Therapy**. Nine new participants commenced the programme in May 2021 and successfully passed their preliminary examinations in December 2021. The course was delivered in a blended learning format for the first time, with some access to clinical skills on-site.
- 4.5.2. We also provided post-qualification opportunities for **Practice Managers and Administrators**. In April 2021, 28 participants commenced on the Dental Practice Management programme (PDA Dental Managers, SCQF Level 8), with 27 remaining active. Those that deferred from the previous cohort have re-joined the programme at different intervals to complete the required units of the qualification. There were 19 participants on the Dental Reception Skills programme (PDA Dental and Medical Reception Skills, SCQF Level 6), with 15 remaining active.

4.6. Career support programmes and resources for returners

- 4.6.1. We continued to support improvement of **retention of GPs** through career advice, induction and returner programmes, a retainer scheme, and support for performance issues. The GP Returner and Enhanced Induction programmes provide support to a return to clinical practice for GPs who have not worked in the NHS for two years or more, and for GPs trained overseas to join the workforce in Scotland.
- 4.6.2. Over 2021-2022 there was an increased interest in these programmes. Eight GPs are in placement (seven returners and one enhanced induction) and 17 completed (14 Returners and three Enhanced Induction). One GP Returner resigned, and one Enhanced Induction doctor was not able to continue. This totals 27 doctors who received this support, compared to 17 for 2020-2021.
- 4.6.3. We developed and delivered a range of dental educational materials, including the Practice Support Manual, Drug Prescribing, the [Dental Companion app](#) and implementation tools. We continued the delivery of synchronous events and the development of asynchronous educational resources, with a significant increase in CPD content on TURAS Learn achieved.

Box 4: Key area of focus two – National infrastructure to improve attraction, recruitment, training and retention.

Case study: *Pharmacy post-registration Foundation Programme*

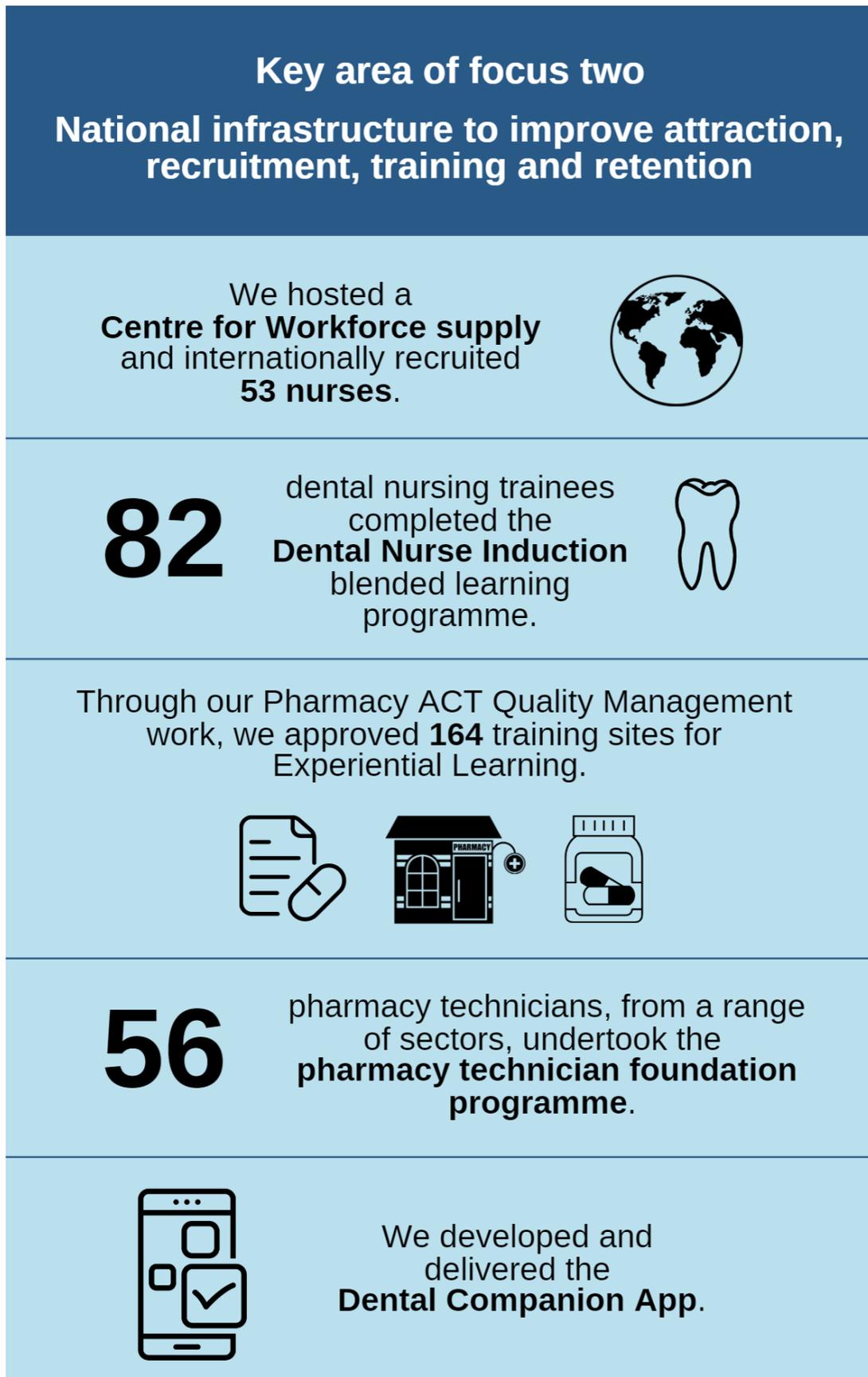
In line with the development of the health and care workforce, Pharmacist Independent Prescribers (PIPs) are key to delivering the ambitions of Pharmacy services across *all* sectors in Scotland.

We put in plans to ensure that newly qualified pharmacists are not disadvantaged by the changes in the initial education and training of pharmacists. These plans included a NES Post-Registration Foundation Programme aligned to the revised Royal Pharmaceutical Society (RPS) Post registration Foundation curriculum for recently qualified pharmacists, and includes the PIP qualification delivered by the two Scottish Schools of Pharmacy.

This new programme, which was launched in October 2021, is open to newly qualified pharmacists across all sectors of pharmacy in Scotland and individuals completing this will be credentialed by the RPS.

We led the engagement with stakeholders, including potential and past trainees, NHS Managed Service, Community Pharmacy and Schools of Pharmacy. Our work is supported by other workstreams, including for example, remote supervision and simulation training.

Infographic 2: Key area of focus two – National infrastructure to improve attraction, recruitment, training and retention.



5. Education and training for a skilled, adaptable and compassionate workforce

Box 5: Key area of focus three – Education and training for a skilled, adaptable and compassionate workforce.

NES Strategy 2019-2024 key outcomes:

- Learner centred professional development ensures practitioners keep up to date.
- Enhanced roles to support an improved skill mix and service design.
- Coherent approach to developing and sharing learning resources.
- Improved development for support workers and allied health professionals.
- Clear career progression routes for all roles.
- A caring and compassionate workforce.
- People developed with the right values and behaviours to operate across boundaries.
- Access to leadership and management development at all levels.
- A culture of continuous improvement embedded in everyday practice.
- Excellent in clinical practice based on evidence and safe models of care.
- Well-developed and multi-disciplinary teams.

5.1. Continuing Professional Development for general medical practice, pharmacy, dental and optometry

- 5.1.1. The **Practice Managers Vocational Training Scheme (PMVTS)** and **Supervisory Management in General Practice (SMGP)** programme were redesigned to be delivered virtually. Cohort 15 of the PMVTS (which was paused during 2020-2021) has now been completed (10 participants). Cohort 16 commenced in September 2021 with 16 participants, and Cohort 17 commenced in January 2022 with nine participants.
- 5.1.2. Cohort three of the SMGP was also paused and recommenced in June 2021, with Cohorts four and five delivered in October and November 2021 respectively. We also delivered 10 webinars and virtual workshops to provide Practice Managers and the wider Primary Care team with regular updates, education and support. In addition, Local Coordinators have continued to signpost Practice Managers to educational resources and provided pastoral support to their local colleagues.
- 5.1.3. We continued to deliver education for **General Practice Nurses (GPNs)** during 2021-2022. Given the COVID-19-related circumstances, our mode of delivery is changing to a self-directed e-Learning package, which should increase the number of GPNs accessing our learning programmes. These are being designed and released in a planned, staged way, giving longer term stability. To date, learning programmes include asthma, Chronic Obstructive Pulmonary Disease (COPD), bronchiectasis and cervical screening. In total, there were 947 learners.
- 5.1.4. Between 01 April 2021 and 25 March 2022, there were 1,331 delegates attending other courses specifically tailored for GPNs.
- 5.1.5. In August 2021 we published the Cervical Screening Education Standards. This resource subsequently supported the design of a national e-Learning module.

- 5.1.6. We continued to support **CPD programmes for dentists and dental care professionals**. Online CPD events were the focus of delivery. Some face-to-face events took place, for example medical emergencies training, but with limited uptake. Speaker approval is automatically sought to record the webinars to be made available via 'Portal TV'. Currently 26 titles are live.
- 5.1.7. We continued to provide a flexible and adaptive programme for remediation, bespoke training and support for dental registrants. The **New to Scotland/Not in Work, Education, Support, Training (NEST) programme** included a modular mandatory training component (four times per annum), with a minimum of 24 places. All four courses were successfully delivered. Registrants were supported with Personal Development Plans (PDPs), using expertise from 12 mentors. Support and advice were also provided to those returning to work after a career break. An additional bespoke Mandatory Training (MT) course for 12 Aberdeen University graduates was also delivered. This was due to their undergraduate training being completed in December 2021 (rather than June 2021 due to the COVID-19-related situation). All successfully completed the Test of Knowledge, been certificated, and have subsequently taken up posts as assistants in the General Dental Service.
- 5.1.8. We met our target to achieve 90% of all General Ophthalmic Services (GOSs) Optometrists/Ophthalmic Medical Practitioners (OMPs) practising within Scotland completing the 2021 **optometry mandatory training** activity by 31 December 2021. We are continuing to work with health boards to contact those who have not yet undertaken the module.
- 5.1.9. During 2021-2022 we continued to support the delivery of **CPD for the optometry profession** through the provision of Teach and Treat clinics at three centres (NHS Lothian, NHS Greater Glasgow and Clyde, and NHS Grampian). All three centres operated at reduced capacity. Engagement with NHS Forth Valley, regarding the possibility of a fourth centre has commenced. Currently, 119 Optometrists attended at least one teach and treat session. Over the next three fiscal years, we aim to have 100 optometrists attending at least one teach and treat session per annum. Each session can support up to three optometrists when no physical distancing is in place.
- 5.1.10. We hosted a **national Optometry non-medical prescribers conference** to support extended community eyecare. We recruited experts to design and deliver the CPD in line with professional needs. It was delivered online with keynote lectures attracting up to 143 delegates. Additionally, in October 2021, we hosted a national optometry conference to support community eyecare. Delivery was also online and occurred at the end of a three-year CPD cycle. Delegates (207), tutors and facilitators received CPD points, as per guidelines. Attendee numbers were less than expected due to the end of the Continuing Education and Training (CET) cycle, with many delegates already having achieved revalidation. COVID-19-related pressures in the workforce were also noted.
- 5.1.11. We delivered four face-to-face training events focussing on the skills required to support the **First Port of Call (FPOC) optometry service**. Experts were recruited to design and deliver CPD in line with professional needs. CET points were available for application from the regulator (which in turn support revalidation).

5.1.12. In line with Scottish Government policy, we supported pharmacists and pharmacy technicians to provide new/evolving NHS services. We provided professional development opportunities to all pharmacists and pharmacy technicians in Scotland, as aligned with GPhC regulatory requirements.

5.1.13. A total of 15,435 **pharmacy learners** completed e-Learning modules. Additionally, we provided a range of webinars, including 'COVID-19 Friendly Consultations' (50 attendees), 'Pharmacy Educational Reforms' (168 attendees), and 'Treating Common Bugs beyond Pharmacy First' (127 attendees). Work progressed with the second and third Clinical Decision-Making modules, with launch expected in 2022-2023. Following the success and timely nature of the 'Prescribing of Paxlovid for the treatment of COVID-19' webinar, the Northern Ireland Government requested access to the recording to include in their educational portfolio.

5.2. Role development and frameworks for practice

5.2.1. We delivered education and training to support the primary care pharmacy workforce across Scotland to meet the Scottish Government vision for **Primary Care Transformation**. The aim is to allow multi-disciplinary teams to support people in the community, enabling GPs to spend more time with patients in specific need of their expertise.

5.2.2. Following the successful initial two cohorts of '**Pharmacy Technicians Working in Primary Care**' in 2020-2021, we commenced cohort three (119 participants) with the successful online learning pathway. Exploration of demand for cohort four will commence in July 2022, with initial indications showing a continued high demand for this programme.

5.2.3. A total of 504 Pharmacy General Practice Clinical Pharmacists (GPCPs) registered and continue to progress through the **Advanced Practice Framework**, with Cohort 9 achieving completion and Cohort 10 underway. A further seven GPCPs were accredited: six at Advanced 1 level and one at Advanced 2 level.

5.2.4. We provided community optometrists with a broad education in glaucoma management, equipping them with the knowledge and skills to extend their remit. We provided 45 places for the second cohort of the NES-accredited training **SQA level 11 course to manage ocular hypertension and glaucoma in the community**. The programme included online learning, training sessions, reflective practice, clinical placement, and theoretical and clinical assessment. Results were issued in early April 2021, with 34 optometrists passing the course.

5.2.5. We provided education to optical assistants to increase their scope of practice in the community. We delivered the **SQA-equivalents of level 5 and level 7 Certificate in Optical Care courses**, which consisted of three one-day tutor-led workshops. Fifteen optical assistants passed their training (at either level).

5.3. Person-centred care education and training

- 5.3.1. We continued to work with social care, local authorities, education and third sector organisations to reduce health inequalities and improve oral health through educational provision.
- 5.3.2. ‘**Childsmile**’ is a National Public Health initiative to improve the oral health of young children and bridge the gap in oral health inequalities. We developed a blended learning approach to the core training for dental nurses and dental health support workers. Five dental nurses and four Dental Health Support workers completed the [six-module Childsmile course](#). We also delivered a two-day update development session, with 13 Dental Nurses and six Dental Health Support Workers having attended. Nine participants completed the Fluoride Varnish application practical session.
- 5.3.3. Aimed at those involved in the oral care of priority groups, an educational framework for learning in oral health was created. In line with Scottish Government direction and the Recognition of Prior Learning (RPL) policy to support SCQF qualifications, a key aspect of the learning framework was the development of [Open Badges](#). In total, 132 open badge applications were received, with 91 being awarded.
- 5.3.4. We also developed a toolkit to support the delivery of the SCQF Level 5 qualification in **Oral Health Peer Mentoring**, aimed at improving the oral health of prisoners.
- 5.3.5. We developed and delivered additional training for the **Community Chaplaincy Listening (CCL)** service. The new training programme increased the number of national trainers from two to eight, and a new training manual to support this course is currently being developed. A new Telephone Listening training programme enabled the service to continue during the COVID-19 lockdown.
- 5.3.6. We also developed and delivered online training for **Values-Based Reflective Practice (VBRP®)**. VBRP® supports staff to build resilience and wellbeing within the workplace and enables them to deliver enhanced person-centred care. To date the online course has trained 118 people across most NHS boards, as well as a range of other organisations. In addition, we developed VBRP® Dynamics and Processes trainers’ and participants’ manuals, as well as VBRP® Initial and Re-Registration Manuals.
- 5.3.7. Further activities included commissioning and delivery of a scoping study of **spiritual care services and delivery**, to analyse the workforce perspective on current services and educational provision. A final report is due in early summer 2022, which will inform future activity to support spiritual care role development. We delivered an introductory programme in qualitative research in spiritual care and established and supported a Spiritual Care research network.
- 5.3.8. Throughout 2021-2022 we continued to deliver educational interventions and support to enhance health and care professionals in their **effective communication and practice** around death, dying and bereavement care. Our work included:
- Seven free one-hour sessions with over 1,000 registrants.
 - An annual Bereavement conference, with 1,100 registrants.
 - Films, which have collectively been viewed over 90,000 times demonstrating a 35.5% increase on the overall total views in the last 12 months.
 - The [support around death](#) website, which has seen approximately 31,000 users with a reach across 142 countries.
 - A new film: [‘Bereavement charter for Children and Adults in Scotland: What does it mean for health and social care professionals?’](#)

5.4. Mental health (including CAMHS, learning disabilities and dementia)

- 5.4.1. We continued our work to ensure that the cross-sector health and social services workforce have access to specific learning and development opportunities to promote human rights and evidence-based care. We also supported and promoted health equalities for people living with dementia (and their families and carers).
- 5.4.2. Our **Adults with Incapacity (AWI) training**, which allows dentists to sign incapacity certificates in line with current legislation, was re-purposed from a face-to-face format into a blended learning programme. This allowed us to offer up to four courses (three days each), with 15 places for dentists in the Public, Hospital and General Dental Services. Ten from the previous cohort of participants have undertaken the case presentations with a further date planned for the remaining five to complete this. A further 17 participants completed the live online sessions.
- 5.4.3. The **Dementia Specialist Improvement Leads (DSIL) Programme** was adapted for online delivery, as per the COVID-19-related restrictions, with the core components of the programme remaining unchanged. In September 2021, cohort four began the 18-month programme. In response to workforce pressures and attrition, the planned participant numbers were increased from 30 to 41, with a focus on the social care sector.
- 5.4.4. At the current time, 39 participants continue to progress through the DSIL Programme, from a range of settings. Representation includes nursing and allied health professionals. To date, three of the four main components of the programme have been delivered. The delivery of the fourth component will take place in October 2022, with a second phase of all four components planned to take place between September 2022 and January 2023.
- 5.4.5. In total 37 staff have completed the **'Palliative and End-of-life-Care in Dementia', training for trainers**. Due to COVID-19-related work pressures, this was below our target of 50 health and social care staff.
- 5.4.6. We delivered a range of learning opportunities for health and social care staff at the **'Enhanced Level of the Promoting Excellence Framework'**, which focuses on the needs of people with dementia at an advanced stage of their dementia journey. A total of 95 health and social care staff completed learning events and masterclasses at the enhanced level. A digital masterclass and webinar were delivered which prioritised new knowledge and skills identified in the refreshed framework ('Dementia through a Trauma Informed Lens', and 'Learning Disability and Dementia'). In total, over 1,000 participants attended over both days, with feedback from both sessions positive.
- 5.4.7. At skilled level, resources developed included five short learning 'bytes' to support the person living with dementia, in the context of COVID-19.
- 5.4.8. During 2021-2022 we continued to develop and deliver educational and workforce resources for the health and social care workforce, and the wider public health workforce (in response to Action two of the [Suicide Prevention Action plan](#)). Resources included:
- Launch of the informed Children and Young People (CYP) facilitator pack supporting the facilitation of the CYP 'Ask, Tell, Respond' animations.
 - Ongoing development of our facilitator network who have accessed the informed facilitator resources to date. This is currently 155 people/organisations across health, social care, education, and the wider public sector.
 - Development of four masterclass presentations over autumn/winter 2021-2022, supporting learning at the enhanced and specialist levels of practice, with over 1,100 participants.

- 5.4.9. During 2021-2022 we worked more widely with the delivery leads within the **Suicide Prevention Action Plan**, National Suicide Prevention Leadership Group, and the wider Suicide Prevention community where mental health improvement and suicide prevention cut across a wide agenda. This included areas such as Learning from Significant Events and Distress Brief Interventions.
- 5.4.10. We undertook a range of programmes to increase **CAMHS knowledge and skills in evidence-based assessments and interventions**. Our aim is to reduce mental illness and improve psychological health in vulnerable children and young people.
- 5.4.11. We continued to develop a **workforce development plan to increase capacity in CAMHS**. We delivered (long) training in CBT, Interpersonal Therapy (IPT) and family therapy to 86 practitioners, with 68 still in programmes. A total of 279 clinicians completed short courses. The 'New to forensic CAMHS' e-Learning resource was accessed by 278 practitioners. Additionally, 24 clinicians in cohort three completed the one-year development plan (April to December 2021), with 25 clinicians in Cohort four ongoing. We worked closely with health board leads to continue to develop a multi-sector workforce development plan by supporting the recruitment of 74.5 WTE additional CAMHS staff to increase workforce capacity in CAMHS and design and deliver relevant education and training.
- 5.4.12. In line with our educational framework '**Supporting psychological wellbeing in adults with learning disabilities**' we ensured staff have the knowledge and skills to provide effective interventions/services. We delivered training to 35 delegates and developed a 'Positive Behavioural Support Informed Level' resource in collaboration with the Scottish Social Services Council (SSSC) and third sector partners. A webinar in relation to attachment, trauma and people with learning disabilities was developed and delivered to 350 participants, with additional participants accessing the recording.

5.5. Maternal and child health (including young people and families)

- 5.5.1. We delivered training and coaching for multi-professional staff across child agencies to deliver evidence based/informed **psychological interventions to children and young people** who may not otherwise be able to access such support.
- 5.5.2. Since April 2021, 114 staff in children's services have been trained in '**Let's Introduce Anxiety Management**' (LIAM) and 70 in **Behavioural Activation (BA)**. We also directly trained 24 BA trainers/coaches and 42 LIAM trainers/coaches. We developed remote training materials, and feedback shows this is effective with improved scope to reach remote and rural areas. We have engaged NHS Shetland, NHS Orkney and NHS Dumfries and Galloway since we changed to a remote training/coaching model. Clinical data were collected for 435 children and young people who received the LIAM intervention. Analysis reveals significant reductions in anxiety, low mood and distress, and progress towards the children's own therapy goals. Work has begun on TURAS learning programmes and to commission a coaching skills module.
- 5.5.3. During 2021-2022, we maintained a network of 11.6 WTE **clinical psychologists and clinical associate psychologists** to deliver 'Training and coaching in Psychological Skills – Early Intervention for Children' (TIPS-EIC). Nine NHS boards have established delivery, with the remaining five in the process of recruitment to posts. TIPS-EIC trainers delivered training to 1,342 staff (school nurses, pupil support officers, pastoral care staff, third sector staff, social workers, and educational psychologists).

- 5.5.4. We delivered a range of evidence-based interventions aimed at strengthening attachment, parenting and family relationships, and supporting children and young people's developmental competence. We provided three Level 4 Group **'Triple P' training sessions** to 58 practitioners, four 'Incredible Years' preschool training sessions to 89 practitioners, 13 practice support sessions to 151 practitioners, and training in evidence-based universal social, emotional and behavioural focused interventions to 26 practitioners. A total of 91 families accessed Triple P online.
- 5.5.5. We also delivered three **'Solihull Approach' Train the Trainer** training sessions to 36 practitioners and 12 Solihull Approach Foundation Level Training to 130 practitioners. In total 13,507 participants registered to access the Solihull Approach Online courses.
- 5.5.6. We continued to build **psychological capacity and capability**, and meet specific training requirements in psychosocial care, within Scottish paediatric healthcare. We developed course content and implementation plans for an **Enhanced Psychological Practice (EPP)** programme for **CYP**. The SQA credit rating application process is underway and the e-Learning modules that underpin the programme were completed by the end of April 2022. Recruitment for the pilot cohort of EPP-CYP learners concluded in February 2022, with 13 learners commencing the programme in late April 2022. Learners are hosted in NHS Scotland health boards and are employed in Assistant Psychologist (or similar) posts to enable participation on the programme.
- 5.5.7. We delivered six training events in **'Training in Psychological Skills – Paediatric Healthcare'**, and two pilot events, offering 125 training places. The trainer network delivered 18 'bitesize' training events with at least 416 places offered. Some events were open access with no limitations on numbers.
- 5.5.8. **CPD for school nurses** was informed by a previous learning needs analysis, which identified key topic areas aligned to national priorities on the refocused role of the school nurse. Two online webinars engaged 200 participants, and evaluations reflected positivity in the use of webinars to support learning.
- 5.5.9. During 2021-2022, seven cohorts of 75 family nurses participated in the core **Family Nurse Partnership (FNP) education programme**, exceeding the operational target. Education delivery was maintained despite continued challenges in frontline service delivery in response to COVID-19. The education team demonstrated significant adaptability in responding to workforce needs, consistently ensuring FNP clients and their children are central to the purpose and outcomes of education. Education for family nurse supervisors benefited from an increased hybrid approach, receiving positive feedback from participants. Evaluation has been integral to continuous developments in FNP education. The [FNP Scotland Education Strategy](#) established the foundations for the FNP education model, reflecting NHS Scotland values, and continues to enable measurable success and quality assurance against its key principles.
- 5.5.10. The FNP education programme has been rated by the SQA as meeting the criteria required to award successful candidates 60 SCQF Level 11 points. Scotland is the first country in the world to achieve academic credit for an FNP education programme.

- 5.5.11. The **Scottish Multi-Professional Maternity Development Programme (SMMDP)** is a training programme providing clinical skills-based courses, and other resources, to the maternity and neonatal professionals in Scotland. As a national priority, provision of core mandatory training was maintained by face-to-face education with adjustments due to public health measures and adapted to offer blended approaches where relevant. Operational targets were significantly exceeded to meet workforce needs with 93 neonatal resuscitation courses delivered to 962 midwives, and 26 obstetric emergency courses provided for midwives and obstetricians. Courses evaluate positively and feedback is being used to inform developments in technology enhanced learning.
- 5.5.12. Working with a third sector partner and the Scottish Postural Care Forum, a public health campaign for **'Your Posture Matters'** was launched in March 2022. Development of a campaign and social media pack enabled key partners to raise awareness across professional and public networks. The strength in this work is integrating family stories and ensuring their voices are shared and prioritised as part of the [postural care strategy and recommendations](#). Our focus and partnership approach on postural care education will continue with development of digital resources.
- 5.6. Equality and diversity (including health inequalities)**
- 5.6.1. During 2021-2022, we established **staff equality networks** and improved the **operational governance** of our equality work.
- 5.6.2. We worked in partnership with the Employability and Apprenticeship Network, the Scottish Government and external partners to progress planning and activity focussed on the **Young Person's Guarantee (YPG)**. We created a draft NHS Scotland Opportunities Plan, which specifically targeted groups that are not well represented in our current workforce.
- 5.6.3. We continued to deliver a **refugee doctor's programme** for those wishing to become employed in NHS Scotland. These doctors are guided on language qualifications, registration with the GMC, and occasionally, supported in obtaining clinical placements. Our Steering Group continued to meet quarterly to advise and support all trainees, particularly those with protected characteristics, to achieve their full potential by **reducing differential attainment in medical education**.
- 5.6.4. We commenced a review of our medical trainee support services and agreed to change the name of the Performance Support Unit to the **Trainee Wellbeing and Development Service**. The aim is to provide a better-connected portfolio of services under a single governance umbrella and to better support trainees to achieve their full potential.
- 5.6.5. We were funded by the Scottish Government to deliver a programme of work for building **digital skills and leadership capabilities** across the health and care sector. Work completed included a 'Near Me and Remote Health Pathways' learning resource, a Microsoft 365 skills hub, and a Knowledge, Information and Data (KIND) learning network.

5.7. Healthcare Support Workers

- 5.7.1. To help reshape the workforce within the context of health and social services integration, we supported career development, access to learning, qualifications, and education pathways for health and social services support workers.
- 5.7.2. Phase one of the commissioned review of **'Career pathways for Health Care Support Workers (HCSWs) working at Levels 2-4 of the NHS Career Framework for Health'** within NHS Scotland was completed. This work aims to propose a national education and development framework outlining the knowledge, skills and behaviours required to deliver safe, effective, person-centred care.
- 5.7.3. Key recommendations from phase one included:
- The adoption of the framework for Level 4 HCSWs within nursing teams in acute care, and Level 3 and 4 roles within community nursing teams.
 - Supporting NHS boards to share existing resources to develop education programmes at pace for Level 4 nursing HCSWs and Levels 3 and 4 nursing HCSWs in the community.
 - Use of the framework as a basis for further development to create a comprehensive framework for nursing, midwifery, allied health profession and healthcare scientists.

5.8. Organisational, leadership and management development (external)

- 5.8.1. We delivered a range of national learning resources and programmes to support the delivery of transformational change, service reform and harmonised workforce practices.
- 5.8.2. We completed the delivery of cohorts three and four of **'Leadership Cubed'**, our leadership development programme for aspiring directors. We commissioned an evaluation of cohort three, which will inform the design of a new 'Developing Senior Systems Leadership' programme.
- 5.8.3. Our core **talent management products and services** for health and care organisations include a self-assessment questionnaire, career conversations and career conversation reviews. In August 2021, we added 'Conversation Lite' and the 'Project Lift 360 Feedback' tool'. We trained 60 facilitators and coordinators across the system to deliver these new products.
- 5.8.4. During 2021-2022 we delivered the following **six leadership and management programmes**:
- Leadership Links: each of our nine webinars delivered attracted 50 to 80 participants from across health and social care.
 - Leading for the Future: this Adaptive Leadership Programme, for senior leaders across Health, social care and the third sector, was delivered online for the second year running.
 - Coaching for Wellbeing: we received 3,011 registrations from the health and social care workforce, with 2,009 participants having received/currently receiving coaching through the service. The reported likelihood of participants to recommend coaching to a colleague was 9.6 (on a 10-point rating scale, where 0 = 'not at all likely' and 10 = 'very likely').
 - GP Coaching: we delivered a total of 854 coaching hours to 121 GPs. Despite the challenges in the system (including the COVID-19-related circumstances), the average uptake remained high at 96%.
 - Scottish Clinical Leadership Fellowships: this Leadership and Management Development Programme was delivered in an online format. Recruitment for the next cohort is almost complete, with medical, pharmacy and dental fellows commencing in August 2022.

5.9. Quality Improvement education

- 5.9.1. During 2021-2022, we provided leadership and **Quality Improvement (QI)** support and training to the optometry profession through two discussion workshops and three webinars (meeting demand in numbers). CET points were applied for, from the regulator, which supports the revalidation of optometrists and dispensing opticians. Two online Leadership and Management Programme (LaMP) discussion workshops were delivered in September 2021 and November 2021.
- 5.9.2. We maintained the **Optometry Peer Assisted Learning (PAL)** network through online or face-to-face meetings. In total, 17 meetings took place with 120 optometrists attending.
- 5.9.3. We continued to support a competent, confident, and engaged workforce through **core Quality Improvement capacity and capability programmes** (e.g., the Scottish Quality and Safety Fellowship, Board Development and the Scottish Coaching and Leading for Improvement Programme).

5.10. Patient safety, clinical skills and public health (including health protection and Healthcare associated infections)

- 5.10.1. Following peer review, we updated our '[Management of dental patients taking anticoagulants or antiplatelet drugs](#)' guidance, with the second edition published in March 2022. We also published updated '[Drug Prescribing](#)' guidance in June 2021.
- 5.10.2. During 2021-2022 we continued to develop and publish resources to support the resumption of **dental care provision**, and the overall Scottish Government dental response to the COVID-19 pandemic. In support of general dental services, we reviewed guidance on aerosol generating procedures, and their mitigation and provided a report on recently published evidence. In May 2021, we published information on [ventilation for dental facilities](#). At the request of the Chief Dental Officer, we will be carrying out a literature review to identify evidence related to the transmission of SARS-CoV-2/COVID-19 linked to dental settings.
- 5.10.3. We implemented and delivered programmes of **health behaviour change training** to multi-professional groups using multiple media formats. There were 1,338 'Motivation, Action and Prompts' (MAPs) behaviour change module completions and we delivered a suite of MAP training modules to 118 participants. We continued to recruit and maintain the national coaching network of MAP training by delivering 'Train the Trainer' training to 44 participants.
- 5.10.4. We embedded service level agreements and a new model of partnership across seven health boards to build capacity and provide **Common Clinical Conditions (CCC) Teach and Treat Training Hubs**. Automated reporting on prescribers commenced on our TURAS platform.
- 5.10.5. We responded to unprecedented demand from the **pharmacy service** and supported Scottish Government ambitions to build greater clinical capacity and capability to improve safety, patient care, and to support the redesign of traditional professional roles and boundaries.
- 5.10.6. We provided increased access to **Independent Prescribing (IP) training**, with the originally planned 244 places increased by a further 186 places. We had 294 places for Clinical Skills training, and due to additional funding/demand, an additional 186 places were commissioned.

- 5.10.7. The implementation of **pharmacy simulation-based training** was a key deliverable, which will continue to expand in 2022-2023. We ran five 'SimStart' courses, with 41 pharmacists attending the training. A further three pharmacists attended the 'Introduction to Sim' two-day course. For those pharmacists working in general practice, six GP Clinical Pharmacist (GPCP) Sim courses were offered, which provided training for 23 pharmacists. Eleven FTY pharmacists attended the simulation training.
- 5.10.8. We provided a blended learning programme of in-practice **Infection Control Training** with up to 60 face-to-face events, 80 online events and access to six webinars. Given the varying COVID-19-related restrictions throughout the year, delivery was a balance of face-to-face and online events.
- 5.10.9. We provided an extensive programme of educational support for **health protection, and infection prevention and control**, to the public health workforce. This also included support for specialist practitioners and the wider health and care workforce.
- 5.10.10. We developed 15 new **immunisation learning resources**, and provided access to 38 existing learning resources to support new, returning, and experienced vaccinators. These included the existing core immunisation learning resource, 'Promoting Effective Immunisation Programme' (PEIP) for registered practitioners and HCSWs.
- 5.10.11. A range of **seasonal flu vaccination programme resources** were delivered for specific population groups using e-Learning and webinars. The suite of resources is available on [TURAS Learn](#).
- 5.10.12. **Immunisation** resources include:
- Proficiency documents for administration of seasonal flu and COVID-19 vaccines by registered healthcare practitioners, and by HCSWs.
 - HCSW vaccinator education programme for those without two years health and social care experience.
 - CPD sessions for vaccinators on enhanced communication skills and health literacy and inequalities.
 - E-Learning modules developed in partnership with Public Health Scotland (PHS) to support new, returning, and experienced staff involved with the delivery of the seasonal flu immunisation programme in Scotland.
- 5.10.13. We developed a **Career Development Framework for Health Protection Nurses** and an associated record of learning. We also completed a review of Health Care Science matrices for Public Health Microbiology, Epidemiology, and Health Protection. We reviewed the following existing resources: Ticks and Lyme disease; Blood Borne Virus; Hepatitis B and C; and Human Immunodeficiency Virus (HIV).
- 5.10.14. To support **immunisation and wider health protection programmes**, we delivered a programme of 13 webinars, which also included information on the introduction of COVID-19 vaccines and public health microbiology. Over 10,000 people attended these webinars, of which recordings were made available on [TURAS Learn](#) for onward access and learning for other interested practitioners. These webinars have been evaluated and constructive feedback applied for future webinar development. Other resources included:
- Three e-Learning modules to support the development of core COVID-19 knowledge.
 - Two e-Learning modules to support the yellow fever vaccination programme.

- 5.10.15. During the COVID-19 pandemic, we supported the contact tracing programme through the development and dissemination of learning resources. We supported new, returning and experienced **contact tracers** via a self-assessment tool, which helped assess the currency of skills and any perceived gaps. A 'Proficiency Assessment Tool' was designed to be used by Team Leaders/Line Managers to help ensure that the work of contact tracers is safe and effective, and to provide feedback to support ongoing learning and development. CPD sessions for contact tracers were developed, with topics including enhanced communication skills, health literacy and inequalities. Lesson plans and associated resources were made available for local delivery.
- 5.10.16. Through 47 meetings, we engaged with key stakeholders to review and revise educational resources and to prioritise educational provision. These stakeholders included the Scottish Health Protection Network Workforce Education group (two meetings), health board educational leads (23 meetings), the Scottish Government policy team (four meetings) and the Contact Tracing Advisory Group (four meetings).

Box 6: Key area of focus three – Education and training for a skilled, adaptable and compassionate workforce.

Case study: *Evaluation of the COVID-19 HCSW (early adopter) vaccinator education programme*

Commissioned by the CNOD of the Scottish Government, we worked with PHS to develop a 12-week programme to support the workforce development of HCSWs with less than two years' experience in health or social care. The evaluation sought to help refine programme delivery, assess the length of time it took HCSWs to be deemed proficient in their vaccinator role, and examine some of the educational outcomes and impacts on practice.

HCSWs, trainers and supervisors were asked to provide feedback on the programme via surveys, development sessions and health board reports. Four health boards opted to participate in the evaluation. Fifty-one HCSWs took part at the pre-programme stage and 35 post-programme, representing response rates of 67% and 53% respectively. Attrition from the programme was 13% (n=10) for HCSWs and 24% (n=5) for supervisors.

HCSWs rated their knowledge and skills of their role, of working in the NHS and of vaccine preparation before and after taking part in the programme. Although scoring quite highly at the first timepoint, all domains improved by the second with most progress being made in understanding vaccines and their administration. HCSWs were mostly positive about the educational activity and resources put in place to support learning. Areas for improvement were noted.

Supervisors were invited to attend a development workshop and to participate in a survey. Seven took part in the first and 11 in the second, corresponding to response rates of 33% and 52% respectively. Supervision was estimated to take about five hours per week for each HCSW, and each supervisor worked on average with six HCSWs during the course of the programme. Health boards also fed back on their progress about supporting programme delivery.

Three sources of data were used to determine the length of time it took HCSWs to be assessed as proficient in their vaccinator role. HCSWs and supervisors reported a mean proficiency time of 6.5 and 6.1 weeks respectively. Health boards reported that programme duration for future cohorts will be 8-10 weeks as most HCSWs were able to obtain proficiency by this time.

Infographic 3: Key area of focus three – Education and training for a skilled, adaptable and compassionate workforce.



6. A national digital platform, analysis, intelligence and modelling

Box 7: Key area of focus four – A national digital platform, analysis, intelligence and modelling.

NES Strategy 2019-2024 key outcomes:

- A national digital platform with a coherent architecture.
- The ability to rapidly introduce and scale up new technologies based on consistent standards.
- Products developed on the national platform that improve patient care and experience.
- Business, administrative and workforce systems that create time and care and improve the employment experience.
- Improved access to information, data analytics and intelligence.
- Improved capability and capacity in our specialist digital workforce.
- A workforce with up to date skills to deliver digitally enabled services.

6.1. The National Digital Platform for health and social care

- 6.1.1. Work is ongoing to progress development of a **National Digital Platform (NDP)**. The platform is a cloud-based collection of services including authorisation, authentication, audit and the Clinical Data Repository (where patient data is stored). The NDP is a key deliverable of the Digital Health and Care Strategy, and will enable the health and care workforce, and citizens, to easily access and understand the information they need, where and when they need it. A platform roadmap for 2022-2023 has been developed and is now in pilot.
- 6.1.2. We successfully deployed our anticipatory care planning product, '**Recommended Summary Plan for Emergency Care and Treatment**' (**ReSPECT**), in NHS Forth Valley. This included the product being rolled out across primary, secondary, and unscheduled care services, as well as availability of an integration Application Programming Interface (API) for surfacing ReSPECT data within Clinical Portal and other cornerstone applications, such as 'TrakCare', within NHS boards.
- 6.1.3. A blueprint for the **national rollout of the ReSPECT product** was developed and implemented in conjunction with key stakeholders and includes continued engagement meetings with NHS boards and additional sites. The ReSPECT product has been successfully integrated with the NDP Enterprise Master Patient Index (EMPI) service, and work continues on the development of functionality to share ReSPECT PDFs to the 'GP Docman' system. It is anticipated that ReSPECT will be available in all NHS Boards by December 2022.
- 6.1.4. We were commissioned by the Scottish Government to deliver a **national Ophthalmology Electronic Patient Record (oEPR)**, a single place where all a patient's eye health data is securely stored in a way that is accessible by healthcare professionals on a national level. In addition to supporting hospital eyecare services, this national record also allows for eyecare data to be shared between hospitals and community Optometrists. The oEPR uses Open-source Electronic Patient Record ('OpenEyes') on the National Care Platform to enable use by NHS boards.
- 6.1.5. The oEPR is now live in NHS Grampian and NHS Forth Valley and is fully integrated within the NHS Grampian optometry system. A further rollout to additional NHS boards is planned with NHS Greater Glasgow and Clyde and NHS Fife in early 2022-2023.

6.2. Vaccination and COVID-19-related digital tools

- 6.2.1. We continued to support the running of the **'Protect Scotland' app** (during the Scottish Government support for COVID-19 testing). This app anonymously and privately alerted individuals if they had been in close contact with another app user who tested positive for COVID-19. The app was launched in September 2020, with over half a million downloads taking place in its first day. There were approximately 1.95 million downloads of the app to date.
- 6.2.2. The app has full Medicines and Healthcare products Regulatory Agency (MHRA) Type 2 Medical Device accreditation. We are deemed the manufacturer under the regulations and are therefore accountable to the MHRA for regulatory compliance. We will support the deployment of any feature enhancements and future iterations of the app and will continue to manage the environment, Information Governance and security required to allow the app to stay in deployment in Scotland.
- 6.2.3. In September 2020, we were commissioned by the Scottish Government to develop the **TURAS Vaccination Management (TVM) tool**. This tool was initially developed to assist with the winter flu vaccination programme. It provides a secure means of recording data at point-of-care to a national database and supports standardised clinical management and workflow. It also supports the recording of retrospective vaccination events (out-with Scotland) and is accessible on different devices.
- 6.2.4. In December 2020, a new app was launched for health and care home staff carrying out **COVID-19 vaccinations**. The tool collects essential data at the point of vaccination and enables vaccinators to immediately identify whether it is an individual's first or second dose, and which vaccine has been administered.
- 6.2.5. We worked closely with NHS National Services Scotland (NHS NSS) and PHS to support the COVID-19 vaccination efforts. By January 2022, more than 13 million vaccination events had been recorded in the vaccination's management tool (2.3 million for flu and 11 million for COVID-19).
- 6.2.6. Patient vaccination data recorded using the TVM tool is sent to the **National Clinical Data Store (NCDS)**; this being the single data source for information on COVID-19 and flu vaccinations. Data can be sent to GP systems, and in time, the information collected on the app will help demonstrate how effective each vaccine is.
- 6.2.7. We continue to deliver new features within the vaccination programme. In August 2021, the ability to record **co-administration of both the COVID-19 and flu vaccines** at the same time was enabled, allowing for huge efficiency gains. An additional feature, delivered in November 2021, included the ability to record vaccinations that were administered outside Scotland. We continue to support enhancement of the app and the supporting NCDS, as well as the continuing management of the technical environment, Information Governance, security, and other services required.
- 6.2.8. Work continues towards the **Vaccination Transformation Programme** goal of supporting shingles, pneumococcal and pertussis vaccinations in Scotland.

6.3. The TURAS digital platform

6.3.1. In support of our aims to provide education and training for a skilled, adaptable and compassionate workforce, we continued to provide resources through **TURAS, our national learning and workforce platform**, which is free of licence costs for public sector organisations in Scotland. Our TURAS platform provides a single source of training services, learning resources and information that can be accessed by anyone, anywhere, and from any device at any time. It also enables the sharing of learning resources across health and care.

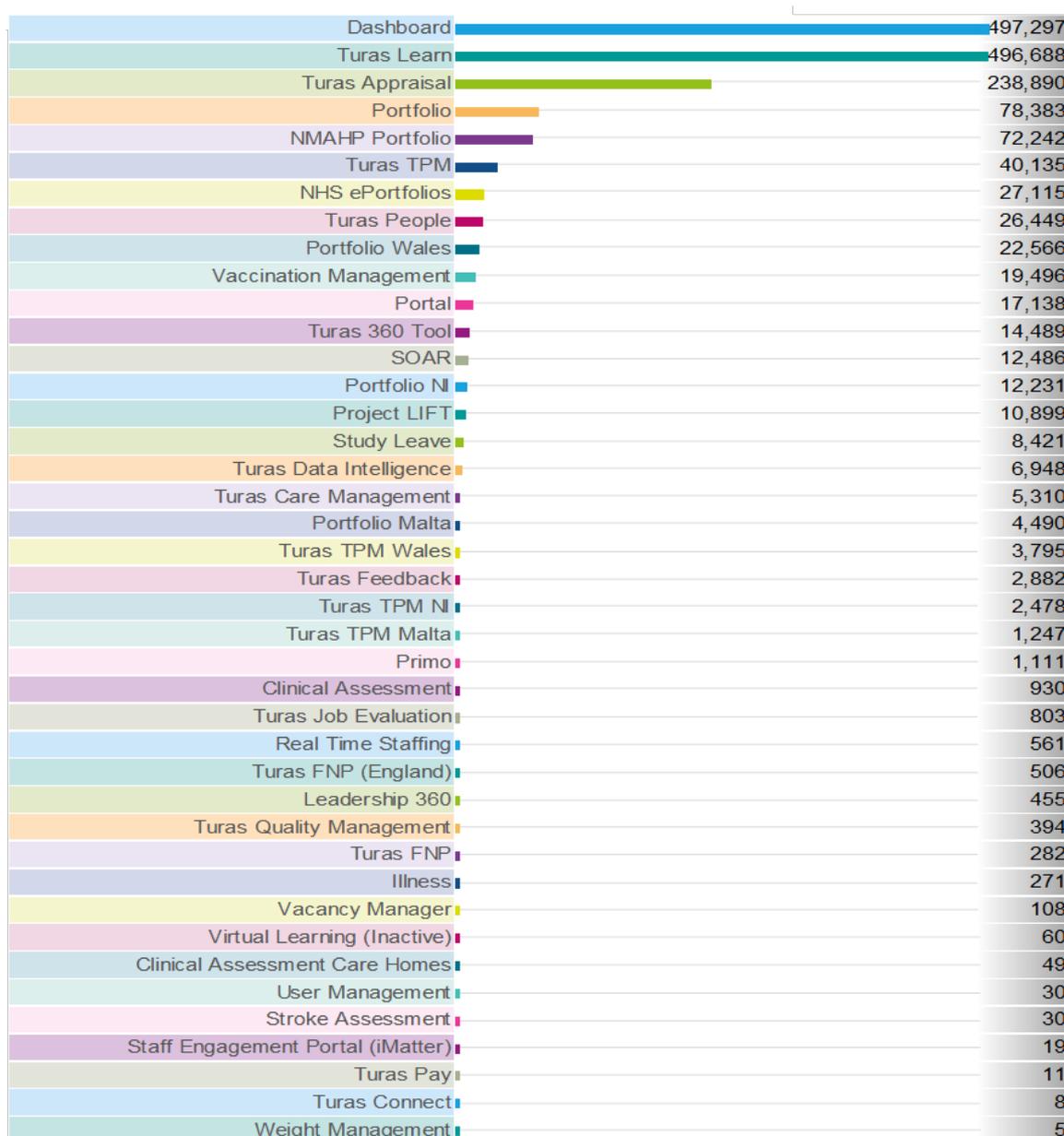


Figure 1: TURAS applications and registered users.

6.3.2. [TURAS Learn](#) is now the learning management platform for seven NHS Scotland health boards, where learning resources are hosted, and compliance reports are produced. Three boards joined in 2021-2022. Many other organisations host materials for health and care staff.

6.3.3. TURAS Learn continues to grow and now hosts over 18,300 resources, including 1,390 e-Learning modules, 1,497 videos, and 5,327 courses. Learning completions have increased since 2020-2021.

Table 1: Number of learning completions.

	2020-2021	2021-2022	Percentage increase
Course	21,746	26,837	19%
e-Learning	92,727	108,046	14%
Learning programme	19,389	33,919	43%

6.3.4. Compared to 2020-2021, the total number of page views is up by 41%, with access via a mobile device increased by 46%. The 'Infection, Prevention and Control Foundation' learning resource continues to be the most visited site. Learning and information about 'Lateral Flow Testing' is the most popular of the COVID-19 resources.

6.3.5. With respect to our [Knowledge Network](#) platform, library subscriptions have been renewed, with resources available for all health and care staff. We updated and streamlined the service, with the majority of community websites now transferred to other platforms.

6.4. Digital skills development (digitally enabled workforce)

6.4.1. In mid-2021, we established a programme of work to address key Scottish Government priorities to **improve workforce digital capabilities**.

6.4.2. Our progress included:

- The delivery of **Digital Leadership Programmes**, with increased places to approximately 70 health and social care participants per cohort.
- A **Digital Learning Design Programme**, with capacity doubled from 20 to 40 learners.
- The launch of the '**Microsoft 365 skills hub**' across the health sector.
- The procurement of research into accessibility and use of **digital-skills resources**.
- Funding from the Scottish Government to scope a Scotland-led national master's qualification in **Digital Health and Care Transformational Leadership**.
- Testing the concept of a series of '**Leading in a Digital Age**' masterclasses aimed at executive level staff across the health and care sector.
- The building of a virtual learning academy for **Knowledge, Information and Data (KIND) staff**.
- Mapping existing **Digital Champion Groups** across the health and social care sector to promote digital leadership and skills growth.

6.5. Data analysis, intelligence and modelling

- 6.5.1. We began the release of **quarterly workforce publications** in 2019, which initiated our enhanced role in workforce intelligence. Through our data tools and reporting platforms, we deliver support for workforce planning in dentistry, nursing and midwifery, optometry, psychology and medicine. Our role in workforce analysis, information and modelling activities supports the provision of statistical analysis and workforce data to support workforce planning in NHS Scotland.
- 6.5.2. We continued to work to consolidate our position as a national centre for health and social care workforce data and intelligence. We **published quarterly official statistics** on the NHS Scotland workforce on our [TURAS Data Intelligence website](#). These data are used by the Scottish Government, NHS boards, and the media. In February 2022, we requested a formal assessment of these statistics by the Office for Statistics Regulation with a view to re-designating these outputs as National Statistics.
- 6.5.3. In 2021-2022 we added a new data reporting tool to the TURAS Data Intelligence dashboard to support accurate reporting on **ARCP progression**.
- 6.5.4. We started work to review plans to improve the lives of doctors in training by limiting the number of **long shifts in any seven days**.
- 6.5.5. We completed and published the NES Pharmacy Workforce Report 2021, the Community Pharmacy Workforce Report 2021, and the Prescribing Report 2021, to **inform workforce planning across pharmacy sectors**. Going forward, we will contribute to the Pharmacy Workforce Forum being established by Scottish Government Chief Pharmaceutical Officer.
- 6.5.6. We also have a leading role to monitor Scottish Government and NES investment in trainees and the workforce. We monitored and assessed the impact of funding on **mental health services capacity and capability** by publishing quarterly workforce statistical reports on workforce size and vacancies. In addition to a data quality enhancement exercise, the assessment of the impact and utilisation of data is underway with stakeholders. We continue to develop new systems through 'TURAS Data Intelligence' and 'Power BI' to **provide workforce and educational planning reports**. Through this, we assessed the output and employment destination of graduates from all Applied Psychology training courses. Additional data was provided on staff turnover to provide the Scottish Government with further evidence about vacancies.
- 6.5.7. We continued to produce data reports for Scottish Government on the outcomes of the **'Psychology of Parenting' Project** across Scotland. Data indicators published in the reports included clinical outcomes of the children whose families have received training. We also carried out Psychological Therapies workforce data analysis and reporting using our data systems. We will work with NHS Board Psychological Therapy leads to review and enhance the data to be analysed going forward.

Box 8: Key area of focus four – A national digital platform, analysis, intelligence and modelling.

Case study: *The National Digital Platform*

The Scottish Government's Digital Health and Care Strategy 2018, revised in 2021, has a clear vision to improve the care and wellbeing of people in Scotland, by making the best use of digital technologies in the design and delivery of services. We have been the primary delivery partner of the NDP from the outset and have responsibility to deliver the core technical architecture to realise the vision.

There are three primary aims:

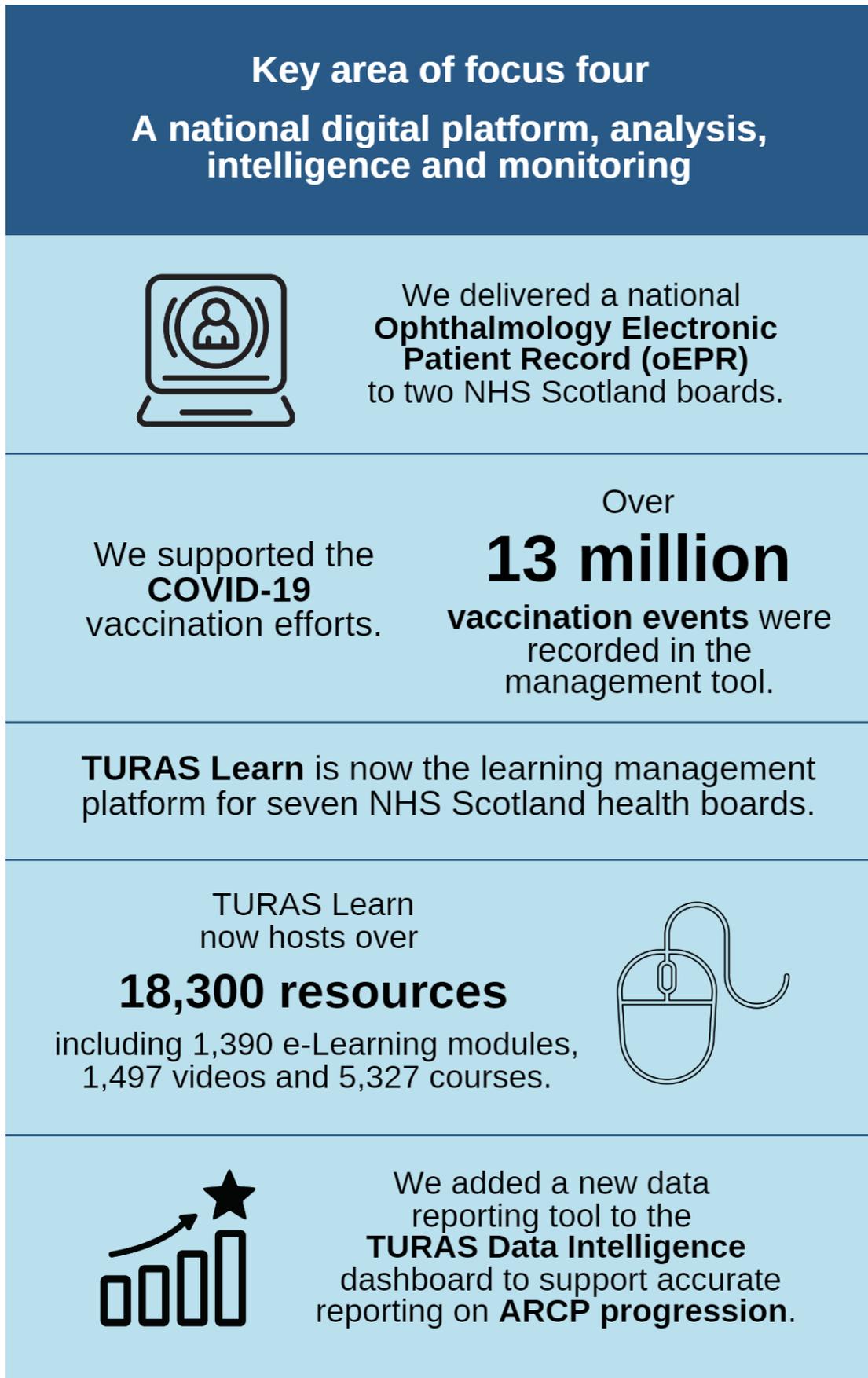
- 1) Citizens have access to, and greater control over, their own health and care data – as well as access to the digital information, tools and services they need to help maintain and improve their health and wellbeing.
- 2) Health and care services are built on people-centred, safe, secure and ethical digital foundations which allow staff to record, access and share relevant information across the health and care system, and feel confident in their use of digital technology in order to improve the delivery of care.
- 3) Health and care planners, researchers and innovators have secure access to the data they need to increase the efficiency of our health and care systems and develop new and improved ways of working.

The NDP now provides foundation data and technology services that are key to meeting the aims above and for improving the care and wellbeing of the people in Scotland. These consist of (but are not restricted to):

- Consolidated health and care data that is in real-time and is standards-based to allow ease of integration and sharing to those who deliver and use health and care services in Scotland.
- Common development services that can be used by any organisation to build technology solutions that support those who deliver and use health and care services across Scotland, ensuring a consistent experience and cost efficiencies by building once to serve multiple purposes.
- A platform that removes technology silos and providing data access across geographical, sectoral, organisational and service boundaries.

Further information is available at: [The National Digital Platform](#).

Infographic 4: Key area of focus four – A national digital platform, analysis, intelligence and monitoring.



7. A higher performing organisation (NES)

Box 9: Key area of focus five – A higher performing organisation (NES).

NES Strategy 2019-2024 key outcomes:

- A positive and flexible employment experience for NES staff.
- Improved training, organisational development and quality improvement capacity and capability.
- A culture of innovation, improvement and shared responsibility.
- Effective accountability and governance and a sustainable NES.
- A digitally enabled NES.

7.1. NES (internal) organisational performance improvement

- 7.1.1. We maintained a focus on delivery of a high-quality attraction, recruitment and on-boarding experience for all applicants and candidates. We developed and piloted a **refreshed job pack**, with the aim of improving attraction into our workforce. Following positive feedback, this will be launched for all roles in 2022-2023. Attraction into our workforce was also reviewed through a survey with recent new starts, which will inform how we market our vacancies going forward.
- 7.1.2. Within our workforce planning activities, we considered how vacancies could be filled through employability schemes, and capability is being developed for this across the organisation. Opportunities to utilise talent pools and better joining up of **recruitment campaigns** also began in 2021-2022, and will continue into 2022-2023. The candidate journey from recruitment through to onboarding and induction was reviewed. Measures were identified to further improve this and work in this area will continue across 2022.
- 7.1.3. In April 2021, a **new national whistleblowing procedure** was launched in NHS Scotland. We engaged with staff to raise awareness of the procedure and of the online training available. We continue to encourage an open 'speak-up' culture that supports learning and improvement. In line with the requirements of the National Whistleblowing Standards, our first Annual Whistleblowing Report will be published in mid-2022.
- 7.1.4. Given the COVID-19-related circumstances, we delivered a programme of work to **support staff wellbeing and organisational performance**.
- 7.1.5. In the 2021 **national 'iMatter' survey** conducted across all NHS Scotland boards we achieved the highest score in Scotland on two key metrics: overall experience of working in the organisation (8.1); and recommendation of the organisation as a good place to work (8.7). Of the eight national NHS boards, we scored highest or joint highest on all questions. We continue to review our results to identify local areas for improvement.

Box 10: Key area of focus five – A higher performing organisation (NES).

Case study: *Developing performance measures*

In 2021-2022, we started work on the development of strategic Key Performance Indicators (KPIs) relating to the themes emerging from our new corporate strategy. This work will enable us to focus on key results that will indicate our progress against each strategic priority.

Measurement of progress towards our strategic objectives will be easier and will provide us with greater assurance, providing a stronger basis for accountability and improvement. Monitoring of progress and reporting will be improved.

Although this work is not intended to be fully implemented until 2023-2024, KPI development has already had a significant impact on our organisation. It has influenced the drafting of strategic themes for our new 2023-2026 strategy, ensuring a focus on measurable outcomes.

Our cross-directorate approach to this work has enabled us to obtain a greater understanding of the needs and objectives of the organisation. In addition, it is impacting on how performance is reported, as well as informing future operational planning cycles.

Infographic 5: Key area of focus five – A higher performing organisation (NES).

Key area of focus five

A higher performing organisation (NES)

With the aim of improving attraction into our workforce, we developed and piloted a **refreshed job pack**.



We reviewed the **candidate journey** from recruitment to onboarding and induction.



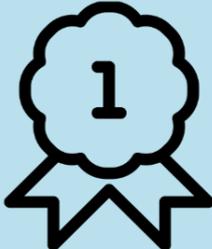
A new whistleblowing procedure was launched in NHS Scotland.



We aligned with the new **National Whistleblowing Standards**.

Given the COVID-19-related circumstances, we delivered a programme of work to support **staff wellbeing and organisational performance**.

In the national 'iMatter' survey, we achieved the **highest score** on two key metrics: overall experience of working in the organisation and recommendation of the organisation as a good place to work.



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Progress against strategic outcomes, self-assessment and annual review 2021-2022

Nancy El-Faragy
 NHS Education for Scotland
 Westport 102
 West Port
 Edinburgh
 EH3 9DN

16 December 2022

Our vision is: A skilled and sustainable workforce for a healthier Scotland.
 Our mission is: Enabling excellence in health and care through education, workforce development and support.

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