

**Minutes of the Diagnostics Specialty Training Board meeting held at 10.30 am on Thursday 31 January 2018 in Room 3, Forest Grove House, Foresterhill, Aberdeen (with videoconference links)**

**Present:** Peter Johnston (Chair) PJ, Albert Donald (AD), Shona Olson (SO), Louise Smart (LS).

**By videoconference:** – Dundee - Raj Bhat (RB); Edinburgh - Judith Anderson (JA), Fiona Ewing (FE), Hannah Monaghan (HMo); Glasgow - Frances Dorrian (FD), Clair Evans (CE), Peter Galloway (PG), Sai Han (SH). Wilma Kincaid (WK), Alan Ogg (A), Karen Oien (KO); *additional site* – Andrew Collins (AD) deputising for Matthew Brown.

**Apologies:** Ralph Bouhaider (RBo), Angus Cooper (AC), Bernard Croal (BC), Eleri Wilson-Davies (EWD), Michael Digby (MD), Hilary Duff (HD), Sharon Edwards (SE); Pota Kalima (PK), Marie Mathers (MM), Alasdair McCafferty (AMcC), Iain McGlinchey (IMG), Clare McKenzie (CMK), Rowan Parks (RP), Jane Paxton (JP), Fiona Payne (FP), Colin Smith (CS), David Summers (DS).

**In attendance (Edinburgh):** Helen McIntosh (HM), Naomi Mercer (NM).

<b>Item</b>	<b>Action</b>
1. <b>Welcome and apologies</b> The Chair welcomed all to the meeting and particularly Albert Donald, Lay Representative, attending his first meeting. Apologies were noted.	
2. <b>Minutes of meeting held on 1 November 2017</b> The minutes were accepted as a correct record of the meeting.	
3. <b>Matters arising/actions from previous meeting</b> 3.1 <b>Forensic Histopathology</b> PJ noted a response was awaited from the Depute Crown Agent.	
3.2 <b>CIT update</b> PJ reported that concerns remained.	
4. <b>QUALITY</b> 4.1 <b>Quality Update</b> FE highlighted: <ul style="list-style-type: none"><li>Written summary following visit must go via DQMG change process. It should be possible to meet the request for early sight of information in the next few months.</li><li>Aberdeen Radiology visit in November – this was very successful with good points/positives noted. SO noted that while the visit had been triggered by the GMC report the trainees who attended the visit were first years and so discussion on the day did not focus on the report and much of it was anecdotal. FE said this was not uncommon as the survey was done some time in advance. The pre-visit questionnaire aligned more with discussion on the day and they were also reliant on who attended on the day. However overall discussion was very positive with good trainee engagement. The STS was considered in the overall report. PJ noted the department had taken the GMC survey results very seriously and met with trainees, made changes and engaged with issues raised. FE confirmed that it took only one or two outlier responses to affect the</li></ul>	

overall response and to produce negative flags – this was a result of the way questions were composed.

- Med Micro at RIE visit in November/December. This was in response to issues raised in STS however much had been addressed by the time of the visit by the DME and PK and while issues remained work was ongoing. They will visit again in June 2018. HM noted it had been very helpful having people there on the day and she looked forward to the next visit.
- Forensic Histopathology visit on 30 January – 3 trainees in programme. This was visited last year when various issues were raised. There has been significant progress although a few outstanding issues remained eg Crown Office corroboration. PJ noted there have been concerns about the stability of senior posts – and this was being resolved. While the situation in the North was fine other areas were likely to have some difficulty in the next 5 years. As noted earlier following discussion with the Crown Office last summer re increasing the capacity of the programme to increase by one he asked for an update and a response was awaited. He was also awaiting a response to expansion of the specialty. He hoped this could be resolved. The positive programme visit means they have a sustainable programme.
- Forthcoming visit to the Institute of Neuroscience in Glasgow in mid March. WK confirmed the situation was improving.

FE will check whether it is possible to send a short immediate report to those involved in the visits. **FE**

## 5. TRAINING MANAGEMENT

### 5.1 Recruitment update

There were 62 vacancies at present. HM will send the STB the spreadsheet showing the breakdown by specialty. **HM**

Panels were constructed for interviews. Histopathology was now discussing Round 3 appointment process which clashed with FRCPPath examination date.

### 5.2 Radiology: discussion on Scottish recruitment centre as part of UK

Issues with communications from the London Deanery were noted. RB highlighted other issues with the Deanery:

- time taken to re-allocate posts from those who withdraw to the next person on the list and no direct contact. He raised this with the Chair of the Steering Committee however the Deanery was responsible for all arrangements.
- reduction of interview time and the online question will be an increased part of the overall score and therefore fewer people will be involved on the day.
- unsatisfactory nature of selection of panel members – he felt there should be representation from all training schemes.

PJ confirmed that Histopathology has similar arrangements although the organisation of the interview process was done by Trainee Schools who balance regional representation on panels. JA confirmed that Radiology used to do this based on the number of trainees in each area. FE felt there was

less control over the process than when it was a Scottish one. They could establish a Scottish centre as was the case in other specialties. She considered that if there were issues with the London Deanery it had to be held accountable and any communications issues with it and within NES should be addressed. AC noted that the London Deanery was not able to sign up to the Code of Practice.

The group discussed whether to review the recruitment process. PJ felt they should look again at the selection and recruitment process and preferencing. Experience showed that people tended to return to where they came from originally. FE noted that some specialties only interviewed those candidates who preferred Scotland. PJ stressed that MDET's role was to advise the Scottish Government but whatever it felt they would have to abide by a national process regardless of whether there was a Scottish recruitment centre. It was however important for people to have ownership in the process and to feel engaged.

PJ will produce note for Fiona Muchet highlighting the various issues raised and will also take it to MDET.

**PJ**

**5.3 Interventional Radiology vacancy**

**5.4 Discussion on strategy for Neuro IR training**

JA confirmed that Edinburgh had put in a proposal for 2 expansion IR posts (one in Diagnostic and one in Neuro IR). They were concerned about IR as there were 3 consultants and one trainee in SES and in Glasgow the workforce was locum based and they were unable to train. They had requested an expansion post in General IR however there were 5 existing vacancies and so they had asked if they could re-allocate these to Neuro IR. This was debated by email and Aberdeen confirmed it was not advertising posts. Glasgow has shown some interest, SES was advertising one and Dundee was advertising and should fill. RB agreed the need to train people however this should not come at the expense of other IR schemes. SO confirmed that Inverness will not do core training and it will be at least as a year before it would be able to provide higher IR and they would be prepared to give a post to JA if it was returned for the next year; JA's preference was to re-allocate one of their own posts. WK noted the West appointed to 4/5/6 year based on competencies; JA said instead they slotted people into the curriculum.

FD confirmed there was no flexibility for subspecialty posts and if posts did not fill they would not be allowed to increase the numbers. She felt that JA's proposal should be approved if they were in the core programme and all within the Radiology establishment. WK expressed reservations.

The STB approved the proposal and FD and JA will liaise over arrangements.

**FD/JA**

**5.5 Radiology – discussion on training academies/variation of academy**

This was discussed previously however there has been no further progress to date. Inverness was keen to pursue this – the rest of Scotland less so. The STB position was that it encouraged collaboration and co-operation but it advised against the establishment of a Highland programme or academy due

to declining consultant staffing in the area. PJ has suggested Inverness could engage with other programmes not just the North one and this has been done elsewhere. HMo felt they could let Inverness run a pilot and if it worked they could take the parts that did work and apply to the rest of the country. JA said they have already agreed to incorporate some parts of the Academy model however she felt they could expand better with 4 schemes rather than establishing an Academy in Inverness. PJ agreed it was good to harness enthusiasm however the welfare of trainees was the primary concern and they would be concerned if their careers were damaged if the scheme did not work.

It was agreed PJ and SO will meet Professor MacVicar and AC outwith the meeting to discuss the proposal and they will report back at the next STB meeting.

**PJ/SO**

**5.6 Histopathology Round 2 ST1 recruitment**  
Noted.

**6. PROFESSIONAL DEVELOPMENT**

**7. QUALITY**

**8. FACULTY DEVELOPMENT**

**9. STRATEGIC PLANNING AND DIRECTORATE SUPPORT**

No items were discussed

**10. Update reports**

**10.1 Lead Dean/Director**

No update was received.

**10.2 Histopathology**

Noted: central national ARCPs will take place on 30 May in a 4 hour slot.  
They will probably see the same number as last year.

**10.3 Diagnostic neuropathology**

No update was received.

**10.4 Paediatric Pathology**

Noted: third post has gone back into the West recruitment round.

**10.5 Forensic Histopathology**

**10.6 Radiology**

No updates were received.

**10.7 Medical Microbiology**

**10.8 Virology**

**10.9 Combined Infection Training**

The same interview process will be used for all 3, including CIT. AC noted that it was unlikely those in Diagnostics would do critical care. PJ will seek information from CM on the recruitment process.

**PJ**

**10.10 Chemical Pathology and Metabolic Medicine**

PG noted a large proportion of Clinical Scientists and Consultants were due to retire and they were still working to link both.

He also noted a vacant post will not be filled due to the timing of a trainee going on maternity leave. PJ confirmed a local solution could be found.

**10.11 Nuclear Medicine**

Noted: ARCP in the first three years will be in Glasgow and the following three years will be in London.

**10.12 Trainees Issues**

The STB noted the recent court case. AC reported the BMA awaited more information and meantime noted trainee concern. PJ noted the need for an element of care relating to the reflective log in the eportfolio. It was agreed AC will send HM the BMA's response to the case as well as the Academy of Medical Royal College's guidance on reflective practice; she will circulate the information to the STB.

AC  
HM

**10.13 Academic issues**

KO was keen to offer any support she can and will discuss her role on the STB with PJ outwith the meeting.

**10.14 Service issues**

**10.15 DME**

HMo highlighted resilience and raising concerns.

**10.15 Lay representative**

AD and PJ will discuss the role outwith the meeting.

**11. Received for information**

No additional information was received.

**12. AOCB**

**12.1 Single employer arrangements from August 2018**

FD noted that this will be in place from August and different areas will take responsibility for different programmes – national programmes were still being discussed. Rotations will be required in advance and the final timetable will be sent to TPDs. All GP trainees will be directly employed by NES from that date. AC noted that much work remained to be done before this was in place and the single contract will have to be agreed by the BMA.

**13. Date and time of next meeting**

Following the meeting it was agreed the next meeting will take place at 10.30 am on Wednesday 28 March 2018 in Room, Forest Grove House, Foresterhill, Aberdeen (with videoconference links).

**Actions arising from the meeting**

Item no	Item name	Action	Who
4.	QUALITY		

4.1	Quality Update	To check whether short immediate report can be sent to those involved in visits.	FE
5. 5.1	TRAINING MANAGEMENT Recruitment update	To send spreadsheet to STB.	HM
5.2	Radiology: discussion on Scottish recruitment centre as part of UK	To produce note for Fiona Muchet highlighting the various issues raised; to take it to MDET.	PJ
5.3 5.4	Interventional Radiology vacancy Discussion on strategy for Neuro IR training	To liaise over arrangements.	FD/JA
5.5	Radiology – discussion on training academies/variation of academy	To meet Professor MacVicar and AC outwith the meeting to discuss the proposal and report back at the next STB meeting.	PJ/SO
10. 10.7 10.8 10.9	Update reports Medical Microbiology Virology Combined Infection Training	To seek information from CM on the recruitment process.	PJ
10.12	Trainee Issues	To send HM BMA response and AMRoC guidance on reflective learning to HM; to circulate to STB.	AC HM