

**Minutes of the Diagnostics Specialties Training Board meeting held at 10.30 am on
Wednesday 28 March 2018 in Room 5, Forest Grove House, Foresterhill, Aberdeen (with
videoconference links)**

Present: Peter Johnston (PJ) Chair, Judith Anderson (JA), Matthew Brown (MB), Frances Dorrian (FD), Hilary Duffy (HD), Sharon Edwards (SE), Clair Evans (CE), Fiona Ewing (FE), Peter Galloway (PG), Sai Han (SH), Wilma Kincaid (WK), Marie Mathers (MM), Clare McKenzie (CMK), Alan Ogg (AO), Louise Smith (LS), David Summers (DS)

Apologies: Ralph Bouhaidar (RB), Angus Cooper (AC), Michael Digby (MD), Albert Donald (AD), Hannah Monaghan (HM), Karin Oien (KO), Shona Olson (SO), Rowan Parks (RP), Jane Paxton (JP), Colin Smith (CS)

In attendance: Paola Solar (PS)

1. Welcome and apologies

The group were welcomed to the meeting and the apologies were noted.

2. Minutes of meeting held on 31 January 2018

Page 5, item 10.11, to read "ARCP in the first three years will be in Glasgow and the following three years will be in London."

With the above amendment, the minutes of the previous meeting were approved as a correct record.

3. Matters arising/actions from previous meeting

From the actions points it was noted:

- 4.1 Quality update. FE confirmed that they had started to send a brief summary of the quality visits to the specialties' TPDs, DMEs and APGD, with very good feedback so far.
- 5.5 Radiology – training academies. SO is on ongoing discussions with Ronald MacVicar regarding a Scottish Academy. JA and DS are also going to relevant meetings to discuss. This item will be left on the agenda.

Agenda

- 10.12 Trainee issues – reflective practice. Advice and guidance has been issued by the COPMeD and the Academy. CMK noted that the Deanery has made the Academy guidance available in the website. The guidance may have to be made more obvious in the deanery website.

HD

MB noted that the BMA were still discussing the concerns risen in the aftermath of the Bawa-Gharba case. The first concern is regarding the charge of manslaughter, which would not have gone through in Scotland as the law is different. The second is regarding reflective practice as it is clear that trainees' reflective practice is not protected legally. The BMA have launched a review on this second point.

It was highlighted that non-trainees also have access to the same information both in the deanery website and on the Colleges' websites. It is up to their own Health Boards to point these non-trainees to the appropriate resources, but PJ will speak to HM to suggest that DMEs discuss.

PJ

The TPD handbook also indicates that there is a requirement for guidance for trainees who are returning to practice after a long absence, ie maternity leave. The type of guidance after a long absence is bespoke for the individual trainee and the specialty.

- 3.1 Quality: brief reports
As above.

TRAINING MANAGEMENT

4. Recruitment update

The group noted the paper sent by FD. The specialties Leads need to submit their numbers for next year, so that the allocations for trainees can be provided. FD will check with TM admin that this information is available.

FD

MM noted that Histopathology had filled 2 posts in the South East, but there had been lots of no-shows due to the weather. It was noted that two years ago there were 13 posts in the South East, with an expansion of 3 additional posts, but now one of these appears to have been lost. In the light of this, there was discussion about whether or not one of them was converted to Neuropathology in the short term. MM and CMK were not aware of this conversion. MM will discuss with Ashleigh Stewart and Anne Dickson.

MM

4.1 Interventional Radiology vacancy

Four out of five posts have been filled. It was not clear what to do with the IR post – it could be advertised as Neuro IR, but SO wanted to hold the post one year and fill it with a clinical radiology post this year.

4.2 Radiology: discussion on Scottish recruitment centre as part of UK

The STB confirmed their decision for Radiology to continue being part of UK recruitment. The group agreed that there would be a cost for Scotland if they run their own recruitment centre, but no practical advantage as the UK process would have to be followed in any case because the process would be a copy of the current and future UK systems. A process local to Scotland was felt most unlikely to be entertained by SG. The Board agreed that there might be lack of information about the recruitment process in some regions, so the Board agreed it would be helpful to facilitate more active involvement in the UK selection and recruitment among consultants who may advocate a separate Scottish centre.

PJ

4.3 Radiology – discussion on training academies/ variation of academy

No update.

4.4 Medical Microbiology/Virology/CIT – recruitment process

There was no update on the recruitment process.

The preferred option for recruitment is for trainees doing dual ID/GIM to enter after three years of Internal Medical Training (IMT). If they are not doing dual ID/GIM, they can enter after two years of IMT. This will be discussed at the COG group. Trainees also feel that a third year in IMT if not doing ID/GIM, seems to be purely for service provision.

4.5 Single Employer Arrangements

The move to have one employing Board for all junior doctor per region is going ahead. FD reported that there is a lot of ongoing background work on practicalities, and the expectation is to implement this from August.

All West trainees will be employed by GGC; Tayside and North by Grampian; South East by Lothian; and all GPs will be employed by NES. FD also distributed a list of employers of all the national programmes.

- 4.6 Stage 1: Internal Medicine Curriculum
As above.

PROFESSIONAL DEVELOPMENT

No items to discuss.

QUALITY

5. Quality Update

- There had been a visit to Neuro-radiology in Glasgow which had gone very well. There had been obvious improvements and very satisfied trainees. There are 4 consultants and 6 trainees in the department so the team felt that credit was due to all for prioritising this work. There were some concerns but these were related to the redevelopment of the building.
- A re-visit to Medical Microbiology in Lothian is planned for June.
- There will be a workshop around Trainee Associates during the SMEC conference.
- 4 Trainee Associate posts are advertised. These posts are very successful and the Board were asked to disseminate the adverts.

FACULTY DEVELOPMENT

No items to discuss.

STRATEGIC PLANNING AND DIRECTORATE SUPPORT

No items to discuss.

Standing items

6. Update reports

6.1. Lead Dean/Director

CMK reported that NES has received the draft report from the GMC visit. The report was very positive. The full report for Scotland will be presented at the SMEC conference.

6.2. Histopathology

MM had a request for an IRT, but all her numbers are gone into recruitment. It was clarified that there is no fixed window for IRT applications so if MM identifies the missing number mentioned earlier she may use it for IRT.

6.3. Diagnostic neuropathology

No further update.

6.4. Paediatric Pathology

No further update.

6.5. Forensic Histopathology

No further update.

- 6.6. Radiology
WK noted that trainees in her region have enough work and clinical supervision but they do not have enough workstations. This is also an occurrence in other regions so PJ will escalate the issue with HM. **PJ**
- WK also noted that there is capacity for HST in the West for Paediatric Radiology if they can do on-calls.
- 6.7. Medical Microbiology
No further update.
- 6.8. Virology
No further update.
- 6.9. Combined Infection Training
No further update.
- 6.10. Chemical Pathology and Metabolic Medicine
There was mention that NES is not going to fund the Clinical Scientist fellowship anymore. PJ will check this has he had not heard of it. **PJ**
- 6.11. Nuclear Medicine
No further update.
- 6.12. Trainees Issues
MB noted that the SJDC main focus at the moment is their work in Improving Junior Doctors Lives. Amongst the issues treated are the hours of rest, and trying to reduce the number of consecutive weekends trainees work.
- 6.13. Academic issues
No further update
- 6.14. Service issues
No further update.
- 6.15. DME
No further update.
- 6.16. Lay representative
No further update.
- 7.** Received for information
No papers received for information.
- 8.** AOCB
- 8.1. LTFT funding. FD noted that in previous years NES had used fallow funding from LTFT to create new posts, but that funding is not available anymore. Anyone wanting to increase their number of trainees need to bring a business case to the STB in the first instance.

- 8.2. The 8th Scottish Medical Education Conference will take place on 26 and 27 of April, at the EICC, Edinburgh.
- 8.3. PJ attended a NACT (National Association of Clinical Tutors) last week. Attendance from Scottish TPDs, DMEs and APDs was very low. PJ found it very useful and would encourage TPDs to join NACT.
- 8.4. PJ reported that the GMC have created a Curriculum Oversight Group (COG), in response to new standards for training and assessment. In the past, new curricula went to the GMC's Curriculum Advisory Group, but now they go to COG in the first instance, to establish whether the curriculum as proposed meets service needs and it is deliverable. STB Chairs will be involved in this new process, as they will be asked to feed back into COG. STBs might be asked to confirm with a quick turnaround the suitability and applicability of curriculum changes in Scotland.
- 9. Date and time of next meeting**
10:45 on Wednesday 16 May 2018 in Room 6, Westport, Edinburgh (face-to-face meeting only)

Action points

Item No.	Item Name	Action	Lead	Deadline
3	M.A.: Radiology Scottish Academy	To keep on the agenda	Agenda	16.05.18
3	M.A.: Trainee reflective practice	To make guidance easily accessible on the Scottish Deanery website	HD	16.05.18
		To enquire how DMEs make available guidance on reflective practice to non-trainees	PJ/HM	16.05.18
4	Recruitment Update	To check with TM admin team the availability of trainees' data for TPDs	FD	16.05.18
		To clarify with Anne Dickson and Ashleigh Stewart the fate of one SE region Histopathology post	MM	16.05.18
4.2	Scottish Recruitment centre	To encourage more involvement in UK recruitment by Radiology consultants	PJ/TPDs/APDs	16.05.18
6.6	Radiology update	To bring up with HM the shortage of workstations for radiology in all the regions	PJ	16.05.18
6.7	Chemical Pathology and Metabolic Medicine	To check with NES whether the Clinical Scientist Fellowship will continue	PJ	16.05.18