

**Minutes of the Diagnostics Specialty Training Board meeting held at 10.45 am on Wednesday 1 November 2017 in Room 9, Westport, Edinburgh (with videoconference links)**

**Present:** Peter Johnston (Chair) PJ, Judith Anderson (JA), John Bremner (JB), Fiona Ewing (FE), Pota Kalima (PK), Wilma Kincaid (WK), Marie Mathers (MM), Clare McKenzie (CMK), Rowan Parks (RP), Jane Paxton (JP), David Summers (DS).

**By videoconference:** *Aberdeen* – Shona Olson (SO), John Cummings (JC); *Dundee* - Sharon Edwards (SE); *Glasgow* - Eleri Wilson-Davies (EWD), Frances Dorrian (FD), Clair Evans (CE), Peter Galloway (PG), Sai Han (SH).

**Apologies:** Raj Bhat (RB), Ralph Bouhaider (RBo), Bernard Croal (BC), Alasdair McCafferty (AMcC), Iain McGlinchey (IMG), Hannah Monaghan (HMo), Fiona Payne (FP), Colin Smith (CS), Emma Watson (EW).

**In attendance (Edinburgh):** Helen McIntosh (HM).

<b>Item</b>	<b>Action</b>
-------------	---------------

1. **Welcome and apologies**

The Chair welcomed all to the meeting and particularly Matthew Brown, BMA Trainee representative and Angus Cooper, APGD Diagnostics North, both attending their first meetings. Apologies were noted.

2. **Minutes of meeting held on 26 June 2017**

One amendment was noted:

Page 1, attendance list – to add John Bremner (JB) to the list of apologies.

With this amendment, the minutes were accepted as a correct record of the meeting.

3. **Matters arising/actions from previous meeting**

3.1 **CIT update**

Subject to GMC approval, the curriculum will change for 2019. David Marshall is leading this work on a UK and Scotland wide basis and holding discussions regionally. CM noted an options appraisal was being conducted and a decision will be made at the next SAC meeting.

It was likely lone specialties will set entry after year 2 however some trainees may do 3 years before applying. The trainee view, strongly voiced at the SAC meeting, was that if HST was reduced this could reduce lab exposure and make passing exams more difficult. PJ noted the continuing uncertainty and asked to be kept informed of decisions when made. He also noted the recruitment failure in MM/V where previously this was robust which has put the specialty under threat and the lack of understanding of its scope of responsibility eg Public Health activity and the consequent impact of this failure.

PK noted concerns on the competence of CIT trainees with a bias towards adult experience as they did not get the same amount of Paediatric exposure and were anxious about covering this.

3.2 **Specialty Training Intake Numbers for 2018**

Noted: 10 new Radiology posts and one Neuropathology post – all approved.

3.3 **Quality update**

CM asked Professor McLellan whether informal feedback could be circulated immediately visits. This was problematic as they did not want to pre-empt the report or insert an additional process which may not be signed off. FE will take this to the Deanery QM Group for further discussion.

FE

**TRAINING MANAGEMENT**

4. **Recruitment update**

Histopathology and Radiology numbers were being posted and FD will send HM summary information to circulate to the STB. CCT cut off date is 30 August 2018.

FD  
HM

In response to a query from PK, FD confirmed she will check the status of CIT fill in Round 2. As this was a live system there was a time lag. Expansion numbers have not been added to Turas and Ashleigh Stewart in Training Management was investigating. SES has an issue with its Radiology establishment number and work was ongoing to resolve this. CM will raise the general issue of establishment data/Turas recording at MDET.

FD

CM

4.1 **Radiology numbers for 2018**

Radiology numbers will increase by 50 over the next 5 years; the STB welcomed this. John Colvin asked the STB to consider whether it would welcome 15 additional posts this year instead of 10. He has also asked the College and others for their view.

The group discussed the proposal. CM noted that if they accepted 15 this year and 10 in subsequent years they would have to consider whether they could deliver training and absorb additional trainees. The general view was that this would be welcomed. JA felt curriculum change might be required – Paediatric and Neuro-radiology were potential flashpoints and currently trainees from Dundee rotated to SES for this training. While SO welcomed this, she noted that they were struggling to take more trainees in Aberdeen although Inverness would welcome more.

If 15 posts were added this would result in 156 trainees in Scotland – the group considered whether to maintain or alter current allocation and re-assess in subsequent years when it could seek other inventive ways of allocating. PJ will inform MDET and John Colvin.

PJ

4.2 **Interventional Radiology vacancy**

There were 5 vacant IR posts in Scotland – 3 in West; 1 in East; one in North. The only site seeking more was SES which would like one General IR and one Neuro IR post and only Edinburgh can train the latter. It was proposed to re-allocate both posts to SES. This would not affect the net number of posts.

The approach was agreed in principle. The posts would be advertised in Spring 2018 and should not impact on current recruitment. JA will write a proposal which she will send to CM, copied to PJ/RP/AD.

JA

4.3 **Trainee feedback on national ARCP**

Feedback was generally positive. One face-to-face meeting was required and was delayed by the overall timescale and this will be addressed in future. Meeting dates will be organised closer together and local dates will follow central dates. Some comments were received from Educational Supervisors to the effect that they did not feel involved. It was proposed interested people could be invited and email comments sought in advance. MM confirmed she will aim to increase trainee numbers in the central process.

4.4 **ARCP pilot update/cross region working in relation to ARCPs**

The objective of the ARCP pilot was to have a better and more standardised process. The aim was now for greater collaboration between specialties. The Histopathology pilot went well and was a good test of the NES system. They were now keen to encourage other specialties to join the process and CM asked TPDs to consider this for the future. In response to MB's query on whether the process put any additional strains on trainees eg increased travel, PJ confirmed this was done as a desk top process and any face-to-face meetings were arranged locally. CM added that it increased the robustness of the ARCP process and therefore was better for trainees.

4.5 **Trainee Pathologists query**

This was noted; it was good to see SPAN beginning to engage with training. PJ will respond on behalf of the STB and ask them in future to send information to Neuro-radiology Paediatric leads.

4.6 **Performance Support Unit**

There was nothing further to report; the item was removed from future agendas.

**PERFORMANCE DEVELOPMENT**

No items were discussed.

**QUALITY**

5. **Quality update**

FE reported the QRP was held at the end of September and noted the excellent quality of TPD reports. Summary documents will be circulated. 4 visits were planned – Radiology Aberdeen –triggered visit; Medical Microbiology Edinburgh – triggered visit; Forensic Pathology – revisit; Neuro-radiology Glasgow – triggered visit.

5.1 **Informal feedback for TPDs after visits: update**

As noted, FE will pursue informal feedback for TPDs. She was aware that TPDs were not always kept informed of visits by DMEs and asked for any queries to be raised with her. WK said it would be helpful to inform TPDs/APDs when visits were taking place and FE confirmed she will ensure they were copied into information. She also noted good practice letters will be issued and this was identified in the TPD information just circulated. CM

said that where instances of good practice were identified units were asked to upload this information to the SHARE website. This has not always been done and so they were now looking at publishing all reports and negotiating this with DMEs.

## 5.2 **QA of RoT**

No issues were discussed.

## **FACULTY DEVELOPMENT**

### **STRATEGIC PLANNING AND DIRECTORATE SUPPORT**

No items were discussed.

### **Standing Items**

## 6. **Update reports**

### 6.1 **Lead Dean/Director**

CM highlighted:

- GMC visits underway – almost completed LEP visits; to visit Universities next and the NES visit will take place 11 and 12 December. Visits were generally going well with positive informal feedback. A formal report will be received.
- ARCP process – cross regional programme working noted.
- Summary document of Gold Guide changes – it was hoped the new Guide will be completed by the end of 2018. After it is published the Training Management team will review and update the ARCP process in Scotland.

### 6.2 **Histopathology**

MM reported a Dissection School for Biomedical Scientists in Glasgow was being developed and a business case will be made to Health Board Chief Executives. This was a positive move. Routine work will be devolved elsewhere and so free up trainee time. She sought the STB's support for this development. PJ said that while he was supportive there was a need for back up for Biomedical Scientists and noted the potential for tension between them and trainees re access.

MM also noted SES advertised for 2 LATs for August start – one has withdrawn.

### 6.3 **Diagnostic neuropathology**

No update was received.

### 6.4 **Paediatric Pathology**

CE reported both trainees were now back in Glasgow. She was working with MM and HMo on a 3<sup>rd</sup> post in Edinburgh and if possible would like to recruit to the post next year.

### 6.5 **Forensic Histopathology**

PJ considered the specialty was vulnerable due to its failure to recruit and staffing issues at senior level. A third of the workload was done by DGH Pathologists but there was no longer the capacity to do this. He has discussed the situation with the Depute Crown Agent who in turn will discuss

this with the Justice Department. There was no commitment to additional posts. PJ will follow this up with the Depute Crown Agent.

PJ

6.6 **Radiology**

No update was received.

6.7 **Medical Microbiology**

PK highlighted:

- Issues in the East programme. The Aberdeen department has lost three quarters of its consultants and has vacancies leading to concerns about its ability to deliver training. A visit took place a few weeks ago at which it was agreed – one CIT trainee in the department; second trainee in LAT post and one supernumerary. One was due to CCT next month. There will be 2 vacancies in August 2018 and an interim arrangement has been agreed – there will be local consultant recruitment to the department and they will ensure there was no major impact on training. An MTI post may be in place early next year and they have received assurance this will not impact on current trainees. CM said that if consultant recruitment was not successful they would have to review whether trainees can continue to train there. This would have a knock-on effect to Virology training in Aberdeen. The situation was currently being contained and they were focusing on a curriculum mapping exercise to apply for all units for MM/ID/Virology. Once this was completed they will do a self-assessment exercise.
- QM visit in December to RIE – resulting from workload/supervisor issues. The service was looking at changing its structure to merge MM/ ID/ Virology to work as a single unit. It was not clear how this will work so there was ongoing discussion.
- New machine in laboratory resulting in fewer opportunities for trainees to sit on the bench. They will consider how to deliver this.

6.8 **Virology**

JB noted that EWD will look at Educational Supervision in SES at a meeting on 10 November. He announced his intention to demit from the STB. EWD will now represent the specialty although he will deputise as required.

PJ thanked Dr Bremner for his contribution to the STB over the last several years.

6.9 **Combined Infection Training**

6.10 **Chemical Pathology and Metabolic Medicine**

6.11 **Nuclear Medicine**

6.12 **Trainees Issues**

6.13 **Academic issues**

6.14 **Service issues**

6.15 **DME**

6.16 **Lay representative**

No updates were received.

7. **Received for information**

7.1 **International Medical Training Fellowship programme**

Noted.

**7.2 Gold Guide 7: key changes**

Noted

**7.3 Letter to Colleges re Shape of Training**

Shape of Training was likely to have little impact on Diagnostics specialties although the emphasis on trainees to train as generalists was noted.

**8. AOCB**

**8.1 Scottish Medical Education Conference 2018**

The conference will take place on 26 and 27 April 2018 – noted call for submissions.

**8.2 STB meeting dates 2018**

PJ and CM will discuss chair arrangements during his period of leave. Meeting dates may be changed and information confirming this will be circulated.

**HM**

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

The next confirmed meeting will take place at 10.30 am on Wednesday 31 January 2018 in Room 3, Forest Grove House, Foresterhill, Aberdeen (with videoconference links).

**Actions arising from the meeting**

Item no	Item name	Action	Who
3.	Matters arising/actions from previous meeting		
3.3	Quality update	To discuss informal feedback at the Deanery QM Group.	FE
4.	TRAINING MANAGEMENT Recruitment update	To send summary information to HM; to circulate to STB. To check status of CIT fill in Round 2. To raise general issue of establishment data/Turas recording at MDET.	FD HM FD CM
4.1	Radiology numbers for 2018	To inform MDET and John Colvin	PJ
4.2	Interventional Radiology vacancy	To write a proposal, copied to PJ/RP/AD.	JA
6.	Standing Items Update reports		
6.5	Forensic Histopathology	To follow this up with the Depute Crown Agent	PJ
8.	AOCB		
8.2	STB meeting dates 2018	To circulate any changes.	HM