

Minutes of the Diagnostics Specialty Training Board meeting held at 10.45 am on Monday 26 June 2017 in the Flexible Teaching Room, Level 7, Ninewells Hospital and Medical School, Dundee

Present: Peter Johnston (Chair) PJ, Raj Bhat (RB), Eleri Wilson-Davies (EWD), Frances Dorrian (FD), Sharon Edwards (SE), Peter Galloway (PG), Sai Han (SH), Wilma Kincaid (WK), Marie Mathers (MM), Clare McKenzie (CMK) part meeting, Jane Paxton (JP).

Apologies: Judith Anderson (JA), Ralph Bouhaider (RBo), Bernard Croal (BC), John Cummings (JC), Clair Evans (CE), Fiona Ewing (FE), Robert Fleming (RF), Vicky Hayter (VH), Pota Kalima (PK), Alasdair McCafferty (AMC), Jonathan Weir-McCall (JWM), Iain McGlinchey (IMG), Hannah Monaghan (HMo), Shona Olson (SO), Rowan Parks (RP), Fiona Payne (FP), Colin Smith (CS), David Summers (DS), Emma Watson (EW), John Bremner (JB).

In attendance: Helen McIntosh (HM).

Item	Action
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1. **Welcome and apologies**

The Chair welcomed all to the meeting and apologies were noted.

2. **Minutes of meeting held on 10 May 2017**

One amendment was noted:

Page 4, Item 8.5, final sentence to be deleted.

With this amendment, the minutes were accepted as a correct record of the meeting and will be posted on the Scotland Deanery website.

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

3.1 **MDRS**

CM noted the paper requesting changes to person specifications will be discussed at the MRDS meeting this week. She will circulate the paper to STB Chairs for information but felt it was unlikely this would affect Diagnostics specialties.

3.2 **Shared Services: input to document**

Dr Bill Bartlett will produce a draft document for which PJ, Rob Farley, NES Programme Director – Healthcare Sciences, and MM will produce a section on education and training. They will stress its impact.

In terms of influencing curricular rewrites, PJ is a member of the Curriculum Committee and Training Committees also provide an opportunity to comment. Scotland did not have a strong voice on the Committee and unless there was an issue in England it was not acknowledged. PJ felt this was not yet an issue requiring MDET input and felt there was more need for discourse given the lack of engagement of service with training. The GMC was changing its approvals process and will in future have a more Collegiate approach when developing curriculum. RB reported Interventional Radiology (IR) has had input to its curriculum and some flexibility will be required to allow trainees to train in and experience bigger centres. The board felt that trainees who encountered

difficulties in ARCPs were not necessarily failing and may instead have insufficient experience and not all trainees developed at the same rate. Trainees tended to want to sit exams as late as possible and this could extend training length. RB noted that trainees in Interventional Radiology (IR) could only extend training by receiving an unsatisfactory ARCP as there was no other way of giving people more experience. He also felt that increased flexibility could encourage people to stay longer in training and result in difficulty in filling consultant posts.

The board discussed whether moving trainees around for experience made specialties more/less attractive. PJ said commutability was an issue for the North and it affected applications.

4. **Curricular design**

The board agreed the generic element of the circulated paper was generally satisfactory.

EWD felt the move to 3 years CMT would have a major effect on Virology. CM said arrangements were not yet confirmed and she will check on progress and report back. PG noted the change would widen the net for Chemical Pathology. It was generally agreed CIT was not working well and work will be done to improve it. The board had to ensure it was involved and engaged in all discussion.

CM

5. **CIT issue: update**

EWD reported a telephone conversation with the Clinical Lead for Virology in Aberdeen about previous discussion with her predecessor on whether Aberdeen would be able to provide Virology experience. She also spoke to the co-chair of the CIT Committee who said Aberdeen could provide some training and access to consultants experienced in cases. Aberdeen was keen to provide training in CIT/Virology but was not able to train in more specialised areas and trainees would be disadvantaged when sitting the exam. Some treatment was provided in Newcastle with after care in the North. CM felt it would be helpful to map the curriculum to all sites and assess trainer complement. EWD will do this for WK, CM and PJ to consider.

EWD,
WK/CM/PJ

A similar piece of work was required for Medical Microbiology and CM has begun discussion with PK.

6. **Recruitment update**

There was no change to the previous update. All vacancies must be confirmed as soon as possible for posting in the system by September.

7. **Interventional Radiology update**

IR recruitment has been disappointing – of the 3 posts offered in Glasgow, 2 were not accepted and there were no applicants for the post in Dundee. A readvert will be run later in the year. RB noted the forthcoming retirement in Inverness which will affect its ability to train and unless there were local applicants there might be no response to the advert. The situation fluctuated and there were times when they had no IR trainees and times when there were more people

than posts. WK said the College was pushing to put junior trainees into IR and they have been doing this. However, people were not always keen due to work/life balance expectations and IR was not 9-5. RB confirmed they have been getting younger people in – and they would also get people in the 3 Glasgow posts if this opened up to Surgical trainees. Forth Valley and Hairmyres were keen to take IR but as there were no applicants these sites were not required now.

IR received 2 additional numbers this year – one converted to general and will convert back for next year. There were sufficient people to fill consultant posts.

8. **DL (2017) 12 – Specialty Training Intake Numbers for 2018**

RP asked the board was asked to a response which he will incorporate into a co-ordinated NES response to Scottish Government.

- *Chemical Pathology* — Clinical Scientists were not being replaced and while Medical doctors were increasing clinical activity recruitment was not happening before people retired. BMS training – some were good but others have had very little science. It had been proposed that trainees from the Islands could come to Aberdeen for part training but there was no space or time for this.
- *Radiology* – attrition rate post CCT was the specialty's main issue. They could train more and would be keen to increase numbers by 10 however they felt there were barriers to recruitment – working conditions, lack of flexibility for couples in getting jobs, people choosing to go abroad, younger people in the specialty who were more able to move and a high number of IMGs.
- *Virology/ID* – recruitment strategy was detrimental to Virology and numbers were not sustainable in the long term. CM noted that as CIT did not fill this will be an issue for the Scottish Government. PJ said they have looked at recruitment before and concluded it had an ID bias. CM has asked for recruitment questions to be more laboratory based.
- *Histopathology* – last year expanded by 6 so no need for additional.
- *Nuclear Medicine* – post filled this year – will consider increase in 2-3 years' time.
- *Forensic Pathology* – there has been discussion on increasing numbers by one and an email was received from Lindsay Miller, Depute Crown Agent who has also spoken to RBo. PJ will meet her this week to discuss. WK reported the recent STC meeting considered how to increase numbers.

The board agreed it was difficult to analyse Scottish versus national recruitment and whether Scottish trainees were disadvantaged by trainees from England coming to Scotland as they could not get posts down south. The larger specialties did not favour Scottish only recruitment. FD advised there were different recruitment models eg Anaesthesia recruits to Scottish posts in Dundee. However, all candidates, irrespective of where they are from, are ranked under the same process and good quality people will end up where they want to work. People also wanted to work in areas with good training conditions and not where there were consultant/rota gaps.

CM advised Scottish Government's main priority areas were GP and Acute Hospitals and the board would have to be realistic about what it asked for in terms of numbers.

PJ will produce the STB response to the letter and circulate it to STB members for information/comments before circulating it to RP. PJ

9. **Clinical Learning Environments**

The board considered ways in which it could improve the learning environment and share good practice and highlighted:

- Overall Diagnostics does well in terms of trainee experience feedback – apart from Medical Microbiology.
- The sense of being part of a group was key unlike in other specialties where trainees moved around and this sense of belonging should be used to sell Diagnostics.
- While trainees do feel part of a team the trainer often did not and was not always keen to have trainees.
- Diagnostics does not have the same hierarchy as in other specialties and trainees work more directly with a team of consultants. If the relationship did not work this could be an issue.
- There were common themes about facilities eg not enough workstations.
- Decision making was encouraged and trainees were asked to discuss complex cases with consultants.
- WK noted issues developed locally in Medical Microbiology when the service divided consultant and trainee work and they were trying to get back to a more apprentice style training.
- The biggest challenge for Virology was the loss of consultants.
- Medical students often wanted to undertake modules but time pressures made this difficult and some colleagues were not interested.
- Conversion rates from taster weeks were good.
- Lack of exposure in UG curriculum and heavy reliance on taster weeks.
- Better communication, organisation and planning was required.
- Recent improvements have been trainee led and they were the best people to do this.

10. **Quality update**

CM highlighted:

- the most recent visit was to Dundee Radiology. Diagnostics does not generally have many issues however Radiology was flagging up undermining by other specialties. Medical Microbiology has also flagged up staffing, workload and recruitment.
- The Quality Review Panel (QRP) will meet on one day to consider information from the National Trainee Survey, the Scottish Trainee Survey and the Quality Report and then notify units of any visits. Information will be available at the end of October.

- The TPD is not the point of contact for arranging visits – DMEs have this responsibility and should confirm arrangements.
- NTS results will be available on 4 July.
- The GMC will not specifically visit Diagnostics but all will be involved at some stage – all dates have been set.

The board discussed feedback from visits. TPDs were not made aware of immediate feedback and were often asked for information/views by other colleagues. The official report was published later however the board felt it would be helpful for TPDs to receive informal feedback via a telephone call. CM said that TPDs can attend visits if they wished but geography meant this was not always feasible. She will propose to the Quality team that informal feedback could be provided to TPDs after visits take place.

CM

11. **Update reports**

11.1 **Lead Dean/Director**

CM highlighted:

- ARCP process – more Outcome 5s awarded this year, the most common reason being lack of required evidence. All Outcome 5s will be reviewed.
- Externality pilot – MM provided externality for Newcastle so this will be reciprocated. The pilot will be reviewed and there will be learning points especially around getting dates in diaries. Feedback will be available in the autumn.
- QA of RoT – analysis was being done. It was hoped to streamline the process. There will be communication to Educational Supervisors from NES so TPDs need to be aware. There have been issues with appraisals. This was still a learning process and the aim was to professionalise trainers. RBh felt they ran the risk of alienating people; CM stressed this was mandatory and driven by the GMC. It was agreed to discuss QA of RoT at the next STB meeting.

Agenda

11.2 **Histopathology**

MM will provide trainee feedback on the national ARCP at the next meeting.

Agenda

11.3 **Diagnostic neuropathology**

Noted: another trainee will start in August.

11.4 **Paediatric Pathology**

11.5 **Forensic Histopathology**

No additional update was received.

11.6 **Radiology**

WK noted the new exam structure – this will affect one trainee.

11.7 **Medical Microbiology**

11.8 **Virology**

11.9 **Combined Infection Training**

11.10 **Chemical Pathology and Metabolic Medicine**

No additional update was received.

11.11 Nuclear Medicine

SH reported they will hold one national ARCP in London for ST4-ST6 trainees. This will be in 2 stages – eportfolio and a face-to-face meeting.

11.12 Trainees Issues

SH said the current trainee representative has been appointed to a consultant post. SJDC will nominate a replacement.

11.13 Academic issues

It was confirmed that Dr Karin Oien will join the STB as academic representative.

11.14 Service issues

11.15 DME

11.16 Lay representative

No additional update was received.

12. Received for information

No additional information was received.

13. AOCB

No other business was raised.

14. Date and time of next meeting

The next meeting will be held at 10.30 am on Tuesday 5 September 2017 in Room 5, Forest Grove House, Foresterhill, Aberdeen (with videoconference links).

Actions arising from the meeting

Item no	Item name	Action	Who
4.	Curricular design	To check on progress of CMT curriculum.	CM
5.	CIT issue: update	To map curriculum to all sites and assess trainer complement for WK, CM and PJ to consider.	EWD
8.	DL (2017) 12 – Specialty Training Intake Numbers for 2018	To produce response for STB; to circulate and send to RP.	PJ
10.	Quality update	To propose informal feedback for TPDs after visits.	CM
11.	Update reports		
11.1	Lead Dean/Director	To discuss QA of RoT at next STB.	Agenda
11.2	Histopathology	To provide trainee feedback on national ARCP at next meeting.	Agenda