

Minutes of the Diagnostics Specialty Training Board held on Tuesday 31 January 2017, at 10.40am, in Room 2.5, Westport, Edinburgh, by videoconference

Present: Peter Johnston (Chair) PJ, Judith Anderson (JA), Raj Bhat (RB), John Bremner (JB), Frances Dorrian (FD), Fiona Ewing (FE), Robert Fleming (RF), Peter Galloway (PG), Sai Han (SH), Pota Kalima (PK), Wilma Kincaid (WK), Marie Mathers (MM), Alasdair McCafferty (AMC), Iain McGlinchey (IMG), Jane Paxton (JP), Fiona Payne (FP)

Apologies: Ralph Bouhaider (RBo), Bernard Croal (BC), John Cummings (JC), Sharon Edwards (SE), Clair Evans (CE), Stuart Fleming (SF), Clare McKenzie (CMK), Hannah Monaghan (HM), Shona Olson (SO), Rowan Parks (RP), Colin Smith (CS), David Summers (DS), Emma Watson (EW)

In attendance: Paola Solar (PS)

Item	Lead
<p>1. Welcome and apologies The group were welcomed to the meeting and the apologies were noted.</p>	
<p>2. Minutes of meeting held on 15 December 2016 The minutes of the previous meeting were approved as a correct record.</p>	
<p>3. Matters arising / actions from previous meeting</p> <p>3.1. SAMD representation on STB This is a common issue at Specialty Boards. At the last MDET it was decided that the STB Chair would highlight anything of importance to SAMD via the MDET report as Prof Stewart Irvine is part of SAMD.</p> <p>3.2. Interventional radiology update A meeting was held in Edinburgh in which it was agreed that IR training could be expanded to sites where IR happens. PJ noted that Alistair Todd is very keen to expand the role of IR in Inverness. However, the group agreed that it is difficult for trainees from outside Inverness to go to Raigmore for training.</p> <p>The Inverness proposal questioned the length of the current rotas and how trainees' time is used in different bases.</p> <p>Around 11 IR trainees obtain their CCT every 3 years, which is a large number for a small specialty, but it is uncertain whether they remain to work in Scotland. After some consideration the Board agreed to keep the current training numbers.</p> <p>If the IR numbers are not filled one year they can be recycled as Clinical Radiology and recruited the following year.</p> <p>The TPDs will need further discussion to agree on best use of resources, as trainees may have to move to other locations to get IR exposure. FD noted that any</p>	

proposal to change the balance of trainees in hospitals will have to go through the Medical Director and the Finance department. More discussion on operational details would be required.

- 3.3. Medical Microbiology ePortfolio update
PJ informed the Board that the College has given a grace period so trainees may continue to use the old ePortfolio until after the ARCP period this year.
- 3.4. Academic representation on STB
Academic representation has not been confirmed yet.
- 3.5. Paediatric Pathology
Two trainees have started the new training programme in Glasgow. One of them will rotate to Aberdeen for a block.

PJ expressed the Board's congratulations to all those involved for putting together the Paediatric Pathology programme, as well as their thanks to NES for sorting all the recruitment issues.

- 3.6. LaMP
PJ will speak to Ronald MacVicar about increasing the course capacity. PJ
- 3.7. SHARE Website
If anyone has good practice cases that they would like to share in the Quality website please send them to PJ or CMK.
- 3.8. PSU
The Performance Support Unit was launched today.

4. TRAINING MANAGEMENT

- 4.1. Recruitment Update
FD gave the current numbers for recruitment. It was noted that the numbers can still be increased - to do so please contact the Regional TPM Administrator.
- Radiology: 13 in the West (of which 4 are expansion posts), 4 in the South East, 6 in the North (3 of the expansion posts), 2 in the East
 - Interventional Radiology: 1 per region, all expansion
 - Histopathology: 6 in the West (2 expansion), 3 in the South East (2 expansion), 3 in the North (2 expansion), 3 in the East.
 - Chemical Pathology: 2
 - Combined Infection Training: 2 with ID/General Medicine – 1 in the East and 1 in the North. 6 with MMB/ID – 1 in the North, 2 in the South East and 3 in the West.
 - Virology: No posts as there are no CCTs this year.
 - Nuclear Medicine: 1 post
 - Diagnostic Neuropath: 1 post

It was clarified that, when a trainee goes OOP for one year or more, the Board can backfill the post. If it is less than one year, the post has to be filled with a locum. Backfills have to be recruited via the recruitment system either for August or February intake.

Histopathology recruitment is currently taking place and it had been noticed that although there are less candidates, they seem to be of better quality. Over 70% of posts have been offered already.

Radiology interviews will take place in the second half of February.

4.2. **Joined up ARCP Pilot**
MM is trying to set up a date to discuss the pilot. The group is keen to do the pilot in Histopathology, and they hope it will also go ahead for CIT. CMK will be included in the discussions.

4.3. **Virology TPD**
Dr Aitken is stepping down as TPD for Virology. The Board discussed whether it would be possible to replace this post with a joint CIT TPD, such as ID and Virology or similar. The post holder would still need to oversee all specialties. This needs further discussion. It was agreed to go ahead with the recruitment of a new Virology TPD.

5. PROFESSIONAL DEVELOPMENT

No update

6. QUALITY

The visit to MMB in QEH went well. There have been various improvements since last year's visit. Work is still ongoing. A report will be available in the next couple of weeks.

Scheduled visits to Radiology in Forth Valley and Histopathology in Scotland are in the calendars. There will be other visits later in the year.

Trainee associates will be incorporated to Quality panels.

There are no details available yet for the GMC Visit to Scotland later in the year.

7. FACULTY DEVELOPMENT

No update

8. STRATEGIC PLANNING AND DIRECTORATE SUPPORT

The Aberdeen region office has been temporarily relocated to ADEC until April, while refurbishment works are taking place in the deanery. Phone numbers remain the same at the moment.

9. Updates

- 9.1. LDD
No further update
- 9.2. Histopathology
No further update.
- 9.3. Diagnostics Neuropathology
No further update.
- 9.4. Paediatric Pathology
No further update.
- 9.5. Forensic Histopathology
Matthew Lyall has handed in his resignation. Recruitment for a replacement is in place.
- 9.6. Radiology
Staffing issues in the South East continue, with 17 consultant vacancies at present. This is starting to impact on training.
In the West there is a chronic shortage of office space, which PJ will bring up in the report to SAMD.
Radiographer reporting is another issue as trainees are not happy with them.
- 9.7. Medical Microbiology
No further update.
- 9.8. Virology
No further update.
- 9.9. Combined Infection Training
There is now an STC for CIT.
- 9.10. Chemical Pathology and Metabolic Medicine
There is a good candidate for ST1 and two for ST3. There are ongoing discussions about whether there should be ST1 trainees in these joint specialties.

PJ has highlighted in the NES Annual Report the ongoing concerns about Chemical Pathology.
- 9.11. Nuclear Medicine
The GMC had confirmed that trainees coming into Nuclear Medicine from Radiology could get a Nuclear Medicine CCT and a Radiology CESR. The trainees were happy with this.
- 9.12. Trainee issues
No representative.
- 9.13. Academic issues

No representative.

9.14. Service issues
No representative.

9.15. DME
No representative.

9.16. Lay rep
No representative.

10. Received for Information

- Notes of the IR meeting

11. AOCB

- FD informed the Board that an agreement had been reached regarding HR Shared Services discussions. The employment of trainees will be centralised in the Health Boards, and the programmes divided into 3 regions (North and East regions together). Each Health Board will be the employer of a specialty, independently of the trainees' location. From the point of view of trainees, this means that they will have the same employer throughout their training. Operational details such as expenses or study leave still need to be ironed out. It is hoped that this will be implemented for August 2018 intake. NES will be the employer of GPST.
- If anyone is able to deputise for PJ at the Diagnostics Shared Services on 14 March please let him know and copy Helen McIntosh.

12. Date of next meeting

Wednesday 22 March 2017, 10.30am, ADEC

Action points

Item No.	Item Name	Action	Lead
3.6	Matters Arising: LaMP	To speak to Ronald MacVicar about increasing capacity of the courses	PJ