

Minutes of the meeting of the Scottish Specialty Board for Training in Diagnostics Specialties held at 10.30 am on Thursday 15 December 2016 in the Lossie Room, Aberdeen Dental Education Centre, Foresterhill, Aberdeen (with videoconference links)

Present: Peter Johnston (PJ) Chair, Shona Olson (SO), Fiona Payne (FP).

By Videoconference: *Edinburgh* - John Bremner (JB), Fiona Ewing (FE), Pota Kalima (PK), Marie Mathers (MM), Rowan Parks (RP), David Summers (DS); *Glasgow* - Frances Dorrian (FD), Clair Evans (CE), Peter Galloway (PG).

Apologies: Celia Aitken (CA), Judith Anderson (JA), Raj Bhat (RBh), Ralph Bouhaidar (RBo), John Cumming (JC), Sharon Edwards (SE), Robert Fleming (RF), Sai Han (SH), Vicky Hayter (VH), Wilma Kincaid (WC), Alasdair McCafferty (AM), Jonathan Weir-McCall (JWM), Iain McGlinchey (IMG), Clare McKenzie (CMK); Hannah Monaghan (HMo), Jane Paxton (JP), Emma Watson (EW).

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

Item	Lead
1. Welcome and apologies The Chair welcomed all to the meeting and apologies were noted.	
2. Minutes of the meeting held on 1 November 2016 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 Diagnostic Shared Services update No-one was available to deputise at the meeting. PJ has written to Bill Bartlett and communicated the STB's concerns. Bill Bartlett responded to say the concerns were recorded.	
3.2 SAMD representation update HM will continue to pursue this with SAMD. It was agreed at the last MDET that Professor Irvine will collate information from the MDET update reports and to take to SAMD meetings. The MDET update report template will be amended to include SAMD issues.	HM
3.3 Meeting with Interventional Radiology (IR): update The meeting took place in November with representatives from each programme. Notes will be circulated to the group. The meeting reached agreement on the importance of IR and that opportunities were not being fully used. RBh will lead on exploring what opportunities exist to expand training in Hairmyres, Larbert and Inverness. The meeting agreed to add Neurointerventional Radiology to the discussion. Overall it was an encouraging meeting with consensus and accord among the group.	HM
DS expressed concern that Neurointerventional Radiology could fall through the cracks as only Edinburgh was able to train and only train one person at a time. PJ said they could include a component in IR/some way of credentialing under Shape of Training. This will develop over time so they had to ensure more people had access to it.	
RBh will provide feedback at the next meeting.	RBh

- 3.4 **Medical Microbiology: eportfolio**
 Trainees were expected to transfer from the old to the new eportfolio half way through the year and some work would have to be redone. This was a UK wide issue and CM will agree the STB stance and raise the issue with the College. **CM**
- 3.4 **Combined Infection Training**
 Dr Ray Fox has been appointed TPD for ID. HM will invite him and the other TPDS in Combined Infection Training to join the STB. **HM**
- 3.5 **Academic representation on the STB**
 CE will approach ? re joining the STB and if her interest was confirmed HM will email to invite. **CE/HM**
4. **TRAINING MANAGEMENT**
- 4.1 **Recruitment update**
 Recruitment was underway and dates were set. FD provided an update on numbers:
- Radiology – 2 East/6 North/3 SES/11 West
 - Histopathology – 3 East/3 North/3 SES/6 West
 - Chemical Pathology – one each in North and West
 - Nuclear Medicine – one post.
- IR will be advertised locally as a subspecialty. There may be additional numbers and information should be sent to FD. Expansion numbers have been included although funding has not yet been agreed. PJ thanked the Scotland Deanery for making progress on expansion numbers in a favourable manner. **All**
- HM will circulate numbers information supplied by FD. **HM**
- 4.2 **ARCP pilot update and proposal for joined up ARCP**
 A pilot has been proposed by Rosie Baillie, Senior Quality Improvement Manager, to undertake this for 10% of trainees – Emergency Medicine has confirmed its participation. MM noted that Histopathology has looked at doing this before. She felt the proposal was workable although they would prefer to look at more than 10%. They would be able to get externality and could host in Dundee or Edinburgh and use videoconference if people were unable to attend in person. FP felt they would prefer to put in place something more rigorous than what was proposed – PJ felt this should not be a problem.
- FD confirmed that 10% was the statutory minimum. There were some practicalities to consider. She felt it was better to look at all trainees in Histopathology at the same time for the desktop exercise and said that those with adverse outcomes had to be seen by an external. She also considered externals should be available face-to-face as well as desktop. She suggested they could run parallel panels on one day. PJ said this could be done as a pilot after which they could review what worked and what did not. PK said that Medical Microbiology has recently agreed that CIT ARCPs for single speciality in the West will be done on the same day as CIT and ID GIM in the West. East will have a separate single speciality ARCP on another date.
- It was agreed that Histopathology, Medical Microbiology, Virology, CIT will join the pilot and will inform Rosie Baillie. The group will discuss this further at the next meeting. **Agenda**

5. **PROFESSIONAL DEVELOPMENT**

5.1 **Professional Support Unit**

Item deferred to future meeting.

Agenda

6. **QUALITY**

6.1 **Quality update**

FE reported on the visit to Medical Microbiology in Aberdeen at which they also saw trainers/trainees from the East. The visit was chaired by CM. The report was being finalised and some areas for improvement were identified. An HR enquiry was currently ongoing and its outcome was awaited – this may result in a revisit.

Trainee representatives have been recruited for visits and they will also attend quality meetings. 10 have been trained and will start from January. There have been some issues about study leave and expenses. Study leave funding will not be used and trainees will get back time only. There will be separate funding for expenses but it was not clear at the moment from where this will come – the Quality workstream was working to put arrangements in place. Trainees recruited were from all over Scotland and they will try to use people who were geographically close for visits. Some paperwork and preparation may be done in their own time but she did not think this would be an issue. Each trainee will have a maximum commitment of 2/3 visits per year and visits were planned months in advance so notice will be given. Trainees must consult their TPD before applying for these posts and receive agreement/approval for their involvement.

7. **FACULTY DEVELOPMENT**

8. **STRATEGIC PLANNING AND DIRECTORATE SUPPORT**

There were no items to discuss.

9. **Update reports**

9.1 **LDD: update report**

CM's written report was circulated. She highlighted:

- GP 100 posts – not all have filled
- ARCPs – a pilot was currently taking place in some specialties. Outcome 5 document was noted. CM will feedback on the pilot after the wash up meeting
- SHARE website – O & G STC looked at this. There was very little from Diagnostics and board members were asked to consider and suggest what could be added
- LaMP courses – these were proving popular especially the face-to-face ones. Other leadership and management courses are offered by various groups/bodies and are acceptable as demonstrable evidence and the study budget could be used. PJ will contact Professor MacVicar, who leads the workstream, to request increased LaMP capacity. The biggest issue was recruiting trainers for the LaMP courses.

All

PJ

9.2 **Histopathology**

9.3 **Diagnostic neuropathology**

No additional updates were received.

9.4 **Paediatric Pathology**

CE noted that information re Quality Assurance was awaited. She reported that Glasgow has lost a consultant and it was not clear when a replacement will be recruited.

She noted an issue during the last round of recruitment where a trainee was incorrectly offered a programme by the central recruiters which was subsequently withdrawn. She expressed her concern around the lack of flexibility and the impact on the specialty as they now have one trainee only and may not be able to fill the second vacancy. The specialty in Scotland now wanted to withdraw from the centralised process.

PJ said this was not a decision for NES. The Scottish Government had decided that if a UK process was in place Scotland would participate. FD confirmed that following the problem, Jean Allan and Fiona Muchet had spoken to the London Deanery as the centralised recruiter. The case involved should not have been allowed to progress from longlisting and the issue arose from a lack of clarity from the London Deanery to the recruitment panel. This was the third incident in the last 12 months involving the London Deanery and on each occasion the Scotland Deanery has followed up and clarified that while the decisions made were correct trainees should not have been interviewed. The fault was with the process in the London Deanery. PJ will highlight the problem in his MDET update. PJ

CE also noted the specialty's attempt to extend the training scheme to Aberdeen however this has proved impossible due to banding issues. If they wished to provide training in Aberdeen they would have to ask Glasgow to release the funding. RP said as long as FD and Training Management were aware and posts were recognised by the GMC this would be acceptable but he stressed that funding from NES was for the Health Board and not for the individual trainee. FD and CE will discuss this outwith the meeting. FD/CE

PJ confirmed the STB's support on training grounds and was happy to see this progress.

9.5 **Forensic Histopathology**

9.6 **Radiology**

9.7 **Medical Microbiology**

No additional updates were received.

9.8 **Virology**

9.9 **Combined Infection Training**

JB noted discussion with PK about the CIT programme. They now have a clear programme for ST3s and ST4s and were working on the remainder of the programme. CM was involved in all discussion.

9.9 **Chemical Pathology and Metabolic Medicine**

PG noted there were 6 candidates for one post. There was ongoing discussion UK wide within the College regarding mandatory qualifications.

9.10 **Nuclear Medicine**

9.11 **Trainees Issues**

9.12 **Academic issues**

9.13 **Service issues**

9.14 **DME**

9.15 **Lay representative**

No additional updates were received.

10. **Received for information**

10.1 **Draft proposals for NES Equality Outcome 2017-2021**

Noted:

11. AOCB

No other business was raised.

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

The next meeting will take place at 10.30 am on Tuesday 31 January 2017 in the Don Room, Aberdeen Dental Education Centre, Foresterhill, Aberdeen (with videoconference links).

Actions arising from the meeting

Item no	Item name	Action	Who
3.	Matters arising/actions from previous meeting		
3.2	SAMD representation update	To pursue with SAMD.	HM
3.3	Meeting with Interventional Radiology (IR): update	To circulate meeting note; to provide feedback at next meeting.	HM RBh
3.4	Medical Microbiology: eportfolio	To raise with College.	CM
3.5	Academic representation on the STB	To discuss with a colleague and provide name; to invite to join.	CE HM
4.	TRAINING MANAGEMENT		
4.1	Recruitment update	To send additional numbers information to FD; to circulate numbers information.	All HM
4.2	ARCP pilot update and proposal for joined up ARCP	Agenda item for next meeting.	Agenda
5.	PROFESSIONAL DEVELOPMENT		
5.1	Professional Support Unit	Item deferred to future meeting.	Agenda
9.	Update reports		
9.1	LDD: update report <ul style="list-style-type: none"> • SHARE website • LaMP courses 	To consider what could be included. To contact Professor MacVicar re increased course capacity.	All PJ
9.4	Paediatric Pathology	To highlight recruitment issue in MDET update report; to discuss potential for training in Aberdeen.	PJ CE/FD