

Minutes of the Diagnostics Specialty Training Board, held at 10.45 am on Tuesday 7 June 2016 in Room 5, NHS Education for Scotland, 102 Westport, Edinburgh.

Present: Peter Johnston (PJ) Chair, Clare McKenzie (CMK), Jonathan Weir-McCall (JWM), John Bremner (JB), Clair Evans (CE), Vicky Hayter (VH), Marie Mathers (MM), Shona Olson (SO), Fiona Payne (FP), Fiona Ewing (FE), Frances Dorrian (FD), Rob Fleming (RF), Peter Galloway (PG), Sai Han (SH), Wilma Kincaid (WC), Iain McGlinchey (IMG), Jane Paxton (JP), Hannah Monaghan (HM), Pota Kalima (PK), Alasdair McCafferty (AM).

Apologies: Celia Aitken (CA), Raj Bhat (RBh), Ralph Bouhaidar (RBo), John Cumming (JC), Hamish McRitchie (HMR), Rowan Parks (RP), Emma Watson (EW), David Summers (DS).

In attendance: Helen McIntosh (HMC), Chris Duffy (CD).

Item	Lead
1. Welcome and Apologies The Chair welcomed all to the meeting and in particular those TPDs attending for the first time. Apologies were noted.	
2. Minutes of the meeting held on Tuesday 29 March 2016 The minutes were accepted as a correct record of the meeting.	
3. Matters arising/actions from previous meeting	
3.1 Meeting: PJ and Bill Bartlett (BB) - update PJ will arrange a meeting with Bill Barlett (Chair of Diagnostics Network) and will keep the STB updated.	PJ
3.2 HMR feedback from SAMD Deferred until next meeting.	HMR
3.3 Meeting with Interventional Radiology There is a plan in place to engage Radiology and a meeting will be arranged to consider strategy and consider how to use resources better, as they are not being exploited fully for training purposes. PJ noted the meeting held a few years ago between IR and Vascular Surgery representatives and felt it would be helpful to involve Vascular Surgery in these discussions. As HMR represents SAMD on the STB he will be invited to attend the meeting; PJ was keen to have people who attend who can contribute to the discussion and was happy to have delegates.	
TRAINING MANAGEMENT	
4. Recruitment update: information from specialty leads One Histopathology post was readvertised and filled; Radiology filled in Round 1; Chemical Pathology filled one post in Round 2, the Paediatric Pathology post did not fill, the Diagnostic Neuropathology post filled, the CIT Virology post filled however Microbiology did not fill resulting in one vacancy in MMV in the North. Histopathology received 84 applicants for 10-12 posts and 25 candidates were appointable. FP highlighted two problems which arose during recruitment. Firstly, a trainee was unsuccessful as they did not have Foundation competencies and secondly, another candidate (LAS) was offered a post in Aberdeen and then received a letter saying they were not appointable due to not having a visa requirements and	

the offer was withdrawn. A replacement has been appointed via the national appointment process. PJ wrote formally to the recruitment lead in ST1 Histopathology and the London Deanery investigated and accepted they had missed the Foundation competency issue. There seemed to be a broader issue relating to Foundation competencies in that other specialties interpreted this differently eg a trainee with the same circumstances was successful at recruitment in another specialty. Previously any admin errors in the process were highlighted on the day and a level of detailed checking in advance and on the day was required. It was agreed PJ will write a report on both instances for CM and she will take this forward via MDET.

PJ, CM

4.1 **GMC approval update**

FD reported all sites are now approved. She confirmed that for CIT every site in ID/V and Microbiology has to be approved. This was a huge exercise and TPDs will be asked to complete Form Bs for each. In future any new sites will have to be approved if used for more than one session.

4.2 **SMT programme information**

All information now updated.

4.3 **2016 MTI Trust Placement Opportunities**

There have been several placements with funding provided by the home country. CM said this involved a significant amount of paperwork and a lengthy process but it is worth it. From a Deanery perspective, the MTIs do not go on TURAS or have an ARCP as they were not NES trainees but SOAR is used for appraisals. There was no budget provided by NES for study leave and MTIs could only be given time but no funding.

4.4 **NES ARCP Process**

CM reported the aim of the project was to standardise the ARCP process as there were currently regional and specialty specific differences in the management of the ARCP process across Scotland. Using the Gold Guide 6, a draft process has been created and feedback has been sought from each STB before the process was finalised. A pilot will be run for winter ARCPs followed by a wash up meeting in January and full implementation for summer 2017 ARCPs.

The ARCP is not a face to face meeting and trainees should submit all information two weeks before the date of the ARCP. This has not been applied before across all specialties and every trainee should have the same experience. Trainees will be informed of the timetable for the process at the beginning of the year. The ARCP will be a desktop process and if the trainee receives an Outcome one they do not need to be seen. TPDs/ES can meet those trainees to discuss placements and career advice, but these are not part of the ARCP process and should be separate. Trainees receiving Outcomes 2-5 will be seen at a subsequent meeting following the ARCP and it was hoped to use TURAS for this. A flow chart was being developed for Outcome 5s and not all will need to be seen depending on what evidence was outstanding. The flowchart will be tested in advance with some TPDs.

CM confirmed that Training Management was still working on provision of externality and was committed to solving this. In terms of ARCPs for LTFT trainees this should be done annually and was not proportionally. Agreement for this will be

sought with TPDs via the STBs. Videoconference could be used for the ARCP desktop exercise for externals although it was still good to have people in the same room and this could prevent inconsistency. CM said that formal meetings for Outcome 2-5s would have to follow a set pattern. She noted a recent requirement for Nuclear Medicine trainees was for dual ARCPs – one local and one in London.

JWM was concerned there would be recourse for mistakes made by trainees in submitting evidence. CM confirmed that all evidence must be submitted via ePortfolio and while there was an appeals process the onus was on the trainee to submit evidence and to ensure it was correct. Any information that was added subsequent to the adverse outcomes meeting will be taken on board and there will be a period of review when trainees can add information. FD said the COPMeD Business Managers Group was working closely on this to ensure consistency around the UK.

4.5 Medical Specialty Training Intake Numbers

The letter has been issued by Shirley Rogers at Scottish Government. Data is required by 15 July for the NES response. PJ will send out specific questions regarding accurate employee post numbers and consultant numbers to the STB for specialty leads to check, including LTFT trainee information.

**PJ
Specialty
leads**

4.6 Diagnostics Neuropathology workforce numbers

One trainee has been recruited and a TPD was in place. They will have to consider expansion in future. This was a very small specialty in the UK with numbers dwindling and delivery of service struggling. This item to be moved into specialty updates.

4.7 NSD Review of Laboratory Testing Services: Molecular Genetics, Cytogenetics and Molecular Pathology

PJ noted there was no training involvement in this review; he will highlight this to MDET in his update report.

PJ

4.8 Issue with MSFs in the LETPT system

Item completed.

PROFESSIONAL DEVELOPMENT

Recognition of Trainers is up to date; it was recognised that the SOAR website is improving.

QUALITY

5. Quality Update – SQMG

FE reported that two visits have taken place recently. Firstly, a scheduled Histopathology visit in Aberdeen: this was a positive visit with good engagement from all staff. Secondly a national programme visit to Chemical Pathology with some joining in person and some by videoconference. This visit worked extremely well and trainees were positive about their training. The reports will be coming out soon for both visits, with no significant issues apart from access to IT for Chemical Pathology trainees to discuss. PG felt the use of videoconference worked well on the day although TPDs felt there could be more engagement prior to the visit. FE confirmed this was being worked on and TPDs will be asked to provide information in advance even if they were not involved in the actual visit.

There are no more visits planned until the Quality Review Panel taking place on 7 September in Dundee. At this meeting a combination of data including GMC survey, STS and NES data will be used to select visits for next year. The SQMG Annual Report has been sent to Professor McLellan and the Diagnostic review meeting will take place in Inverness soon. A successful workshop was held at the Conference in May where useful feedback was received.

The pre-visit questionnaire has been revamped to tie in better with the GMC framework and they were learning from each visit and focusing on pertinent issues. Feedback was welcomed. It was suggested that the visit process could be more supportive of trainers as eg via pre-visit questionnaire. FE said they were aware of areas which have not worked as well and working to improve these. HM added that it would be helpful to improve trainer communications in general eg to keep DMEs up-to-date.

The GMC visit is approaching and will take place in Autumn 2017. The GMC will determine which specialties they visit based on the evidence from trainer and trainee surveys. They will visit Medical Schools and Deaneries but will not visit any sites which are under enhanced monitoring. They will expect that NES are aware of any problems and have processes in place to deal with them

FACULTY DEVELOPMENT

STRATEGIC PLANNING AND DIRECTORATE SUPPORT

No items were discussed.

6. Update reports

6.1 Lead Dean/Director

6.2 Histopathology

6.3 Diagnostic neuropathology

6.4 Paediatric Pathology

6.5 Forensic Histopathology

6.6 Radiology

6.7 Medical Microbiology

No updates were received.

6.8 Virology

6.9 Combined Infection Training

JB reported on behalf of CA. The main issue was around ARCPs for CIT involving ID. PJ said it was now time to review CIT including this issue. CM noted she was considering establishing an STC for the specialty; it was agreed PJ and CM will discuss combining these meetings.

PJ/CM

6.10 Chemical Pathology and Metabolic Medicine

PG noted they appointed a NES funded extra Clinical Scientist this year.

6.11 Nuclear Medicine

Recruitment was successful with seven posts filled. It was proposed to recruit to one post in Scotland next year with interviews in February. The STB agreed the proposal and a PJ will make this recommendation to MDET.

PJ

6.12 Trainees Issues

In response to a query from JWM regarding Shape of Training and Diagnostics specialties, it was confirmed that very little was currently being taken forward by the College. A generic curriculum will be worked on over the summer months. CM also noted the UK Steering Group was involved in discussion with 4 Colleges however Diagnostics was not part of this.

6.13 **Academic issues**

6.14 **Service issues**

6.15 **DME**

6.16 **Lay representative**

No updates were received.

7. **Received for information**

No items were received for information.

8. **AOCB**

There was no other business to discuss.

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

The next meeting will take place at 10.30 am on Tuesday 6 September 2016 in Forest Grove House, Aberdeen (with videoconference links).

Actions arising from the meeting

Item no	Item name	Action	Who
3.	Matters arising/actions from previous meeting		
3.1	Meeting: PJ and Bill Bartlett update	To arrange meeting and update STB.	PJ
3.2	HMR feedback from SAMD	Agenda item for September meeting.	HMR Agenda
4.	TRAINING MANAGEMENT Recruitment update: information from specialty leads	To raise incidents with MDET via STB Chair report.	PJ/CM
4.5	Medical Specialty Intake Numbers	To send specific questions to STB; to check information.	PJ Spec Leads
4.7	NSD Review of Laboratory Testing Services: Molecular Genetics, Cytogenetics and Molecular Pathology	PJ highlight in STB Chair update to MDET.	PJ
6.	Update reports		
6.8/6.9	Virology/Combined Infection Training	To discuss combining meetings.	PJ/CM
6.11	Nuclear Medicine	To recommend recruitment to MDET.	PJ