

Minutes of the Diagnostics Specialties Training Board meeting held at 10:45 am on Wednesday 16 May 2018 in Room 6, Westport, Edinburgh

Present: Peter Johnston (PJ) Chair, Frances Dorrian (FD), Fiona Ewing (FE), Peter Galloway (PG), Lewis Hughes (LH) deputising for Matthew Brown (MB), Pota Kalima (PK), Wilma Kincaid (WK), Marie Mathers (MM), Clare McKenzie (CMK), Hannah Monaghan (HM), Alan Ogg (AO), David Summers (DS).

Apologies: Judith Anderson (JA), Ralph Bouhaidar (RB), Matthew Brown (MB), Angus Cooper (AC), Michael Digby (MD), Albert Donald (AD), Hilary Duffy (HD), Sharon Edwards (SE), Clair Evans (CE), Sai Han (SH), Iain McGlinchey (IM), Karin Oien (KO), Shona Olson (SO), Rowan Parks (RP), Jane Paxton (JP), Colin Smith (CS), Louise Smart (LS).

In attendance: Helen McIntosh (HM).

Action

1. **Welcome and apologies**

The Chair welcomed all to the meeting and particularly Lewis Hughes deputising for Matthew Brown. Apologies were noted.

2. **Minutes of meeting held on 28 March 2018**

The following amendments were noted:

Page 1, Matters arising/actions from previous meeting – 5.5 Radiology, second sentence to read ‘...ongoing discussions with Ronald MacVicar regarding a Scottish Academy.’

Page 2, Item 4.4, second paragraph, first sentence to read ‘...to enter after three years of Internal Medical Training (IMT).’

Page 4, Item 6.6, second paragraph, first sentence to read ‘...capacity for HST in the West for Paediatric Radiology...’

With these amendments the minutes were approved as a correct of the meeting.

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

3.1 **Reflective practice for trainees and non-trainees**

Noted: Radiology and Pathology Colleges were sympathetic to the situation and concerns. The AMRoC guidance has been accepted by the Colleges and NES and is posted on each site and COPMeD has produced a FAQ sheet. Meantime a working group has been established by GMC/JDC/ATDG and COPMeD to produce one set of agreed guidelines. HMo reported the DME group has taken the lead in contacting all consultants and staff grade doctors and circulated the same guidance. She noted discussion at the recent NES Medical Education Conference. She also reported that Shirley Rogers plans to issue information specifically for Scotland given the different legal systems between the countries, to emphasise this was a caring and no blame culture. LH further noted that Dame Clare Marx was looking to produce a Scotland specific report. HMo

confirmed that NHS Lothian have an SAS training day for new starts which will include the guidance; other Health Boards do likewise. Induction covered all levels of doctors including Fellows. Health Boards also have Patient Safety Leads. CM noted they will enhance and highlight the information on the Scotland Deanery website.

LH noted BMA discussion with England on how to address induction for people coming back to work/starting programme late. PJ highlighted NES guidelines about returning to work which were good and should be made better known.

CM noted the duty of candour will be live from April and this will link to factsheets on the Scotland Deanery website. It was likely Health Boards will also link to this and information will be available on LearnPro. She stressed the need to raise awareness of all developments with TPDs and to continue to do so. Duty of candour will be included in FY2.

PJ noted different definitions of capacity between and England. CM and NHS Lothian will produce a document highlighting the differences.

3.2 **Radiology update: shortage of workstations**

Noted: detail has been requested from TPDs.

3.3 **Chemical Pathology and Metabolic Medicine: Clinical Scientist Fellowship**

PJ reported on discussion with Rob Farley who confirmed the continuation of the scheme albeit smaller in scale. He was aware of the funding difficulties and was working hard to maintain the scheme. Apart from the West where Glasgow University was funding the MSc for the next 4 years it was impossible to retain or recruit elsewhere.

PJ noted he was asked by the College to provide input to workforce information on pathology – he sent the information compiled for NES last year and seen by the STB then.

4. **TRAINING MANAGEMENT**

4.1 **Recruitment update**

FD confirmed the involvement of CIT in the issue around ST3 Round 2. All posts were currently out for re-offer. Prior to the issue emerging all ID posts had filled, one Virology and most of the Microbiology posts however this may change. She will circulate information when it becomes available.

Noted: Chemical Pathology posts in Edinburgh and the Diagnostic Neuropathology post filled.

The Histopathology fill rate did not appear to be very satisfactory however the picture would become clearer once all information is released. The Pathology UK process has a cut off at 70% which was useful in some ways but not in others eg it does not look at where people have performed badly compared to other parts of the process. This often resulted in losing

people and especially IMGs as they may not appreciate the cultural context of questions/scenarios. Scottish representatives have attempted to influence this in proposing questions that will elicit knowledge rather than context. It was easier to agree appointables for small specialties where there was only one panel and if there was an outlier question they may still be able to offer posts.

The group noted work on Differential Attainment. The Caledonian project (as noted by PJ) prepared people and Lothian and NES have put together mock interviews for BMEs – it would be interesting to see the success rates resulting from this. The UK selection process was designed in 2007 and much has changed since then. DS said Radiology recruitment was clinically led and dynamic and consistent. This was not the case in Histopathology where Scotland has had little influence although the scenarios do change from year to year and where the cut off point seems to be a factor in non-fill. CM will request outcome analysis data from MDRS via MDET.

CM

PK noted concern around MM and Virology recruitment and the perceived bias in the CIT recruitment system towards ID and would like sight of data. CM confirmed the CIT SAC receives recruitment data at each meeting and stressed the need to be involved in decision making around stations. Scotland could run its own recruitment centre however this would have to follow the same process as in England and the previously recorded STB view was there would be no benefit to running a Scottish recruitment centre for Radiology. Similar discussion for CIT has not taken place however cost benefit analysis for small specialties did not support this.

PJ will note discussion in his STB update to MDET.

PJ

4.2 **Profile raising of Diagnostics specialties**

The group discussed innovative ways to encourage trainees into Diagnostics specialties. NES has in the past run Careers Fairs however these were discontinued due to cost and trainees tend to prefer local events.

Suggestions were:

- To increase representation in UG curriculum.
- To raise awareness via Interest Groups run by Medical students.
- To identify role models.
- To spend time in Foundation in all Diagnostics specialties.

PJ will produce a discussion paper aimed at Medical Schools.

PJ

4.3 **Availability of trainee data for TPDs**

FD noted lack of consistency – TPDs asked for different information and the Oriol system has changed this year. She will produce a report for the next meeting.

FD

4.4 **South East Histopathology post: update**

MM reported they have one fewer post as it was converted to Diagnostic Neuropathology; it was unclear why this happened and she was seeking its return for next year. This will be discussed with Diagnostic Neuropathology. MM will let HMo know how she can assist. MM, CM, CS and PJ will discuss the issue by email.

MM/CM/PJ

4.5 Radiology: involvement of consultants in UK recruitment

Scotland was under-represented this year due to communication issues. FD noted information had been received from several different sources which caused confusion – she confirmed that SMT Recruitment was responsible for co-ordinating dates and arrangements. It was agreed in future to record interview dates in the STB minutes.

4.6 Radiology: access to workstations

HMo spoke to Jeremy Jones at NSS who is gathering data and will report within the next 6 months. She would like Health Boards to confirm sufficient numbers before accepting expansion posts. DS noted that demand varied at different times. It was agreed to keep the item on the agenda.

Agenda

4.7 ARCP Policy Review

PJ noted the email received from Rosie Baillie seeking co-ordinated responses from TPDs and addressing some questions around the process. As an annual check of what is on the Deanery website is required it was agreed to put this item on the agenda for autumn STB meetings and responses to be made to the STB.

Agenda

The group discussed the ESR form and noted much variation in what was provided. FD said it was for the STB to decide how to assess Educational supervisor reports. The form circulated was based on the GP model which was used as a pilot. The group agreed to take this forward by pulling together information for this year and asked TPDs to trial the ESR and feedback to the STB for a more systematic approach next year.

TPDs

The group considered ARCP feedback received. FD reported concern in some areas that the report covered the period February to August but was signed in May. The group agreed numbers were a target only and if trainees were on track this was not an issue. The group expressed some concern around the adverse comments received however CM noted there were only 2 comments despite the number of people involved in the process.

4.8 IMT posts

The document was received for information and to raise awareness of the posts.

4.9 Scottish Cervical Screening

Discussions were ongoing on delivery and organisation of service. MM reported this was raised at the Scottish Pathology Network meeting last week; there were similar issues in England which has fewer centres.

5. **PROFESSIONAL DEVELOPMENT**

No items were discussed.

6. **QUALITY**

6.1 **Quality Update**

FE highlighted:

- Revisit on 20 June to Medical Microbiology in Lothian.
- Successful Training Associate session at the recent Medical Education Conference. Interviews held on 15 May for more Training Associates. There was a good overall response but little interest from Diagnostics specialties which was disappointing. She asked TPDs to encourage trainees. Good feedback from existing cohort of Training Associates – noted experience gained and role in communication within own specialties.
- Shortage of Diagnostics TPDs doing visit training – without this they cannot participate in visits. Training day arranged in September.
- TPDs cannot attend a visit on their Health Board specialty and guidelines on this have been tightened up.
- Potential for conflict of interest in attending national programme visits however this was likely to continue as is.

7. **Update reports**

7.1 **DME**

HMO noted each STB should have 2 SAMD representatives.

7.2 **Lead Dean/Director**

CM highlighted:

- GMC report now available; overall this was complimentary especially on joint working with Health Boards and the work of the Quality workstream. Action points were being worked on.
- Differential Attainment – NES was working as a pilot Deanery with GMC. An Action Plan has been developed and they were running a series of workshops. Once these conclude the Action Plan will be completed and shared with each STB. There was emphasis on considering unconscious bias.
- RCP recruitment issue – NES was working in 4 nation collaboration to communicate with trainees and BMA has agreed wording. Re-offers were now being issued.

7.3 **Histopathology**

7.4 **Diagnostic neuropathology**

7.5 **Paediatric Pathology**

No updates were received.

7.6 **Forensic Histopathology**

Noted: new appointment in University of Aberdeen to start next month.

7.7 **Radiology**

No update was received.

7.8 **Medical Microbiology**

PK noted:

- Visit planned for June.
- CIT training challenges due to consultant pressures and filling posts.

PJ noted

- New Senior Lecturer/Honorary Consultant starting in Aberdeen.
- Interview panel for Medical Microbiology consultant posts in Aberdeen in next few weeks.

7.9 **Virology**

7.10 **Combined Infection Training**

No updates were received.

7.11 **Chemical Pathology and Metabolic Medicine**

FD noted plans to appoint a Lecturer at Glasgow University of Glasgow – she will see all information before it goes to advert.

7.12 **Nuclear Medicine**

No update received.

7.13 **Trainees Issues**

AO noted failure of the UK IT system which affected the Radiology exam. This will be discussed at the Trainee meeting. DS confirmed this was being addressed and a College statement issued.

7.14 **Academic issues**

7.15 **Service issues**

7.16 **Lay representative**

No updates were received.

8. **Received for information**

Nothing further was received for information.

9. **AOCB**

9.1 **Update on recent court case/GMC decision**

LH noted the GMC has been given leave to intervene by the courts to appeal erasure.

9.2 **Once for Scotland**

FD confirmed this was in progress and contracts will be issued in August.

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

The next meeting will take place at 10:30 on Tuesday 7 August 2018 in Room 5, Forest Grove House, Aberdeen (with videoconference links).

Actions arising from the meeting

Item no	Item name	Action	Who
4. 4.1	TRAINING MANAGEMENT Recruitment update		CM

		To request outcome analysis data from MDRS via MDET; to note discussion in STB update to MDET.	PJ
4.2	Profile raising of Diagnostics specialties	To produce discussion paper aimed at Medical Schools.	PJ
4.3	Availability of trainee data for TPDs	To produce a report for next STB meeting.	FD
4.4	South East Histopathology post: update	To discuss the issue by email.	MM, CM, CS and PJ
4.6	Radiology: access to workstations	Agenda item.	Agenda
4.7	ARCP Policy Review	Agenda item for August meetings; to trial the ESR and feedback to the STB.	Agenda TPDs