

Minutes of the Diagnostics Specialties Training Board meeting held at 10:30 on Tuesday 7 August 2018 in Room 5, Forest Grove House, Foresterhill, Aberdeen (with videoconference links)

Present: Peter Johnston (PJ) Chair, Angus Cooper (AC), Albert Donald (AD), Louise Smart (LS).

By videoconference: *Dundee* – Raj Bhat (RB), Hilary Duffy (HD), Sharon Edwards (SE), Shilpi Pal (SP); *Edinburgh (1)* - Marie Mathers (MM), Clare McKenzie (CMK), Hannah Monaghan (HM), David Summers (DS); *Edinburgh (2)* Pota Kalima (PK); *Glasgow* - Matthew Brown (MB), Ralph Bouhaidar (RBo), Frances Dorrian (FD), Peter Galloway (PG), Sai Han (SH), Alan Ogg (AO).

Apologies: Judith Anderson (JA), Michael Digby (MD), Clair Evans (CE), Fiona Ewing (FE), Wilma Kincaid (WK), Iain McGlinchey (IM), Karin Oien (KO), Shona Olson (SO), Rowan Parks (RP), Jane Paxton (JP), Colin Smith (CS).

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

Action

1. **Welcome and apologies**

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

2. **Minutes of meeting held on 16 May 2018**

The minutes were approved as a correct of the meeting.

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

3.1 **Profile raising of Diagnostics specialties**

In the absence of a paper, it was agreed to discuss the item further down the agenda.

3.2 **Availability of trainee data for TPDs**

FD will provide a report for a future meeting.

FD

3.3 **South East Histopathology post: update**

This was an internal NES issue and has been resolved. MM stressed she was keen to get the number back. The Transitions Group's next meeting has been deferred to a later date and meantime CM will ask TM colleagues to put the post in for next year.

4. **TRAINING MANAGEMENT**

4.1 **Recruitment update**

Noted:

- 5 posts in Round 2 in CIT and one in Chem Path/Metabolic Medicine – the North Chem Path post will go to a LAT.
- SES has advertised a LAT post which it hopes to fill.
- North Histopathology posts have been filled with LATs.

PJ reported concerns about Chem Path in general and the College was conducting a survey on staffing. There were also concerns about CIT however CM said its national fill rate was beginning to increase with more applications received. Specific data was awaited. ID specialties tended to fill better and units with mono specialty training continued to fill well.

4.2 **Recruitment Fill Rates: weblinks**

Received for information: noted Radiology is only specialty with full fill.

4.3 **Medical Specialty Intake Numbers for 2019**

The paper submitted by PJ was circulated to the STB for information. The paper made several recommendations: as well seeking new posts it also highlighted infrastructure. Interventional Radiology (IR) has been approached about Neuroradiology – a working party was being convened by NHS Lothian and GGC to look at the provision of a Thrombectomy service and PJ has been invited to attend a meeting in September. He will stress the need to use IR vacancies flexibility for Interventional Non Neuro and Neuro and they could also consider extending Clinical Radiology by one year to fulfil the needs of the service rather than seeking additional posts with governance provided by the STB. There are 900-1000 cases of stroke per year and many more staff would be required to deliver this service and provide trained staff to deal with these numbers.

RB felt it was important to decide what the new service would look like before harvesting numbers from elsewhere and that credentialing was a better idea. He considered it would be a backward step to reduce IR numbers for this new service - posts taken away would be removed for 3 years and could result in 2 specialties in difficulty instead of just one. PJ felt that flexibility did not mean posts would be lost but used in the best possible way. He also felt that increasing the numbers of CR trainees would offset these concerns.

PJ confirmed he will feedback concerns at the September meeting about the lack of representation from other HBs. HMO said no decision has been made about moving posts for this initiative and they were currently information gathering. This was a preliminary meeting however it was important to have a response ready in case Scottish Government decided to move forward quickly. PJ noted the Transitions Group meeting arranged for this month has been delayed to September. It was agreed PJ will add a note to his already submitted response highlighting the service development would need service expansion and send this to RP and circulate to the STB for information. **PJ**

Aside from this, numbers were holding steady and as they were not filling all expanded posts PJ said he has not requested more. If they did expand Diagnostic Neuropathology/Forensic Pathology and Paediatric Pathology, it would be preferable to pre-load these with STB/ST3 posts. He was continuing to engage with the Crown Office to increase Forensic Pathology trainee numbers. The Crown Office was supportive.

4.4 **Profile raising of Diagnostics specialties**

The group considered PJ's plan to map the patient journey noting Diagnostic input at each stage. The group felt this was a good suggestion however the challenge was at which stage to introduce this. HMO said that NHS Lothian trialled this in 1st/2nd years when doing Chronic Inflammation and this was well received but depended on University agreement. In Aberdeen, students come to Chem Path and

Histopathology and this received good feedback – however this was only for a couple of hours although they will have experience with the specialties when in ICU.

In terms of making Diagnostics more attractive, CM suggested BMA representatives could contact the BMA student group for its input. She also felt that Diagnostics could consider renaming as this did not stress its caring element. The College of Psychiatry has produced a series of information including videos and she felt Diagnostics could do similarly via the Colleges. MB said he was happy to take this to the BMA Medical Students Committee however he felt that Foundation was a better time to publicise Diagnostics via Taster weeks and the Foundation Programme Board was keen to increase Taster flexibility. SH noted that some Medical students were very interested in Imaging and they provided modules – PJ said the North has several SSEs but this was in the early stages only. The group agreed the preferred option was to push Taster week options. These were generally not well organised and the Foundation School should push for longer release – if they provided high quality Taster weeks this could be very effective. PK raised the issue of providing Foundation placements however it was felt this was not likely to be favoured by Scottish Government at present and that Taster weeks would be more effective. The TPDs could describe what the trainees would do and sell via the Foundation School. For this to work trainees would have to be released to attend and it was suggested it would be better to spread Tasters over 2 years. PJ will progress the suggestions made.

PJ

4.5 **Radiology: involvement of consultants in UK recruitment**

Radiology consultants were concerned about their involvement. The specialty has explored recruitment via a Scottish centre however this was not viable and they need to ensure greater participation in the UK process from Scottish colleagues. HM will circulate contact details for Jen Mackenzie, NES Scottish Medical Training Recruitment Manager to the STB.

HM

4.6 **Radiology: access to workstations**

This remains an ongoing issue and licences and equipment are in insufficient supply. HMo and PJ were working to resolve this; HMo emailed Jeremy Jones seeking data and will contact him next week on his return from leave and share information with PJ.

HMo

4.7 **Virtual Radiology Academy**

AC said he had not been involved in previous discussion however he was interested in the proposal as an APD and in its provision in England. PJ was interested in the STB view on supporting training in other locations to prevent trainees having to go elsewhere and doing this virtually eg by providing case materials. SP felt there was little appetite for virtual training among trainees. AC said the English model, where up to 50% of training is delivered collectively in a centre, would not work in Scotland and they should consider what can be delivered in a virtual environment via a network. The main driver for this was recruitment and he was keen

for the STB to consider whether it was worth exploring and identifying any potential benefits.

SP felt that reporting could be done virtually and she will speak to Plymouth for more information on its experience. PJ felt a virtual component has appeal eg the Remote and Rural model while supporting relationship building. He considered that people did not want to go elsewhere to do a block of training and that a warehouse model would not work in Scotland. The first step would be to consider what it would look like in Scotland and what areas could contribute and how to exploit technology. AC felt that trainees had to be at the heart of scoping and those already in Academies could be asked for what they saw as benefits and disadvantages and other ways of delivering training rather than people having to travel. PJ will take the suggestions from today's meeting forward and consider further. PJ

4.8 **Scottish Fellowships in Radiology**

Item not discussed.

4.9 **ARCP Policy Review: ESR trial and update**

CM said this was not mandated by the Deanery but its use was encouraged. MM felt it would be useful to have a unified method of feedback; FD said there was a standardised Deanery form that could be used which she could re-circulate to the group. She noted that some bigger specialties provide feedback on good and less good reports. HMO felt this was a good opportunity for the STB to share learning and they could select themes from the CMT newsletter. DMEs and Quality staff could decide what would work for this STB.

This work will be taken forward.

4.10 **IMT posts**

Received for information. There was little uptake from the Diagnostics specialties and their use should be encouraged.

4.11 **New NTNs**

FD confirmed that NES was asked to do this to make it more obvious from the number what programme a trainee was in. The College was advised of this change.

5. **QUALITY**

5.1 **Quality Update**

5.2 **Medical Microbiology RIE Visit: 20 June 2018**

Received for information. CM confirmed that FE will provide feedback to the STB at the next meeting. FE

Noted: a visit triggered from the survey will take place on 1 November.

Standing Items

6. **Update reports**

6.1 **Lead Dean/Director**

No additional update was received.

6.2 **Histopathology**

MM and PJ have been invited to join an emergency curriculum meeting at the College. The COG group looked at the proposal to increase the length of training – this was not well received and it was hoped this will be discussed further at the meeting.

LS noted the Histopathology programme in Scotland was ranked 3rd of 15 in the Trainee Survey.

6.3 **Diagnostic neuropathology**

No update was received.

6.4 **Paediatric Pathology**

CE had provided a written update and noted:

- Recruitment: aim to recruit to 3rd post for August 2019.
- Training workload for consultants: seeking to balance the training burden across the 3 main paediatric centres. As part of this, one trainee will spend increasing periods of time in Aberdeen if they pass the FRCPath part 2 next Spring. The consultants in Glasgow are at a limit with the current training load particularly when factoring in cover for non-paediatric path trainees locally and from other centres.
- There has been little success with developing paediatric or perinatal placements in Edinburgh and the limiting factors are consultant staffing and accommodation. Some neuropathology experience in Edinburgh is being arranged for the paediatrics trainees as well as short placements in Manchester and Sheffield.
- Glasgow is still a WTE consultant down in paediatric pathology.

6.5 **Forensic Histopathology**

RBo reported:

- Interviews in September for a February start date for the Glasgow post.
- One trainee in Dundee was preparing for the exam.
- Edinburgh trainee was on maternity leave so likely to have only one trainee in Glasgow and they will recruit to that post in the summer – it was likely they would appoint.

CM reported the STC has agreed supervision requirements for trainees – this has been signed off and communicated.

PJ will contact the Crown Office to highlight the STB's wish to expand numbers with funding for August next year if not for February.

PJ

CM said that when the Dundee/North post is agreed she will meet PJ and BHo to discuss.

6.6 **Radiology**

AO reported:

- New eportfolio system to be introduced.

- Radiology curriculum was being re-written and they may change categories.
- Changes to OOH service in Glasgow which might impact on training at night but should not impact on day time training.

6.7 **Medical Microbiology**

6.8 **Virology**

6.9 **Combined Infection Training**

PK reported:

- Deanery visit to Medical Microbiology – highlighted problems in delivery of curriculum and workload and training delivery. They were struggling to find a balance and challenges remain.
- Virology – few trainers available – meeting arranged to discuss.
- CIT – considering how to provide management across Scotland. It was hoped to agree one STC – CM said the STC will discuss CIT trainees moving into HST and delivery of training. PYA not replicated in Laboratory specialties and there was no exam in Medical specialties – however they were working together better. To bring a proposal on the main issue of committee structure to the STB.

6.10 **Chemical Pathology and Metabolic Medicine**

PJ noted:

- GMC Quality report has highlighted multiple red flags in ARI and Ninewells based on very small numbers. CM confirmed the QRP takes account of information outwith the NTS and will take a sensible and balanced approach.
- Highlighted attempt to swap rotation between Lanarkshire and Crosshouse – FD confirmed this was possible.
- ST1 recruitment – will participate and information will be available soon.

6.11 **Nuclear Medicine**

SH noted:

- Single trainee in specialty – passed exam and ARCP.
- Need to adjust training placement – QEUH not involved.
- Curriculum being rewritten and will be produced by 2020.
- Co-ordination of ARCPs.

6.12 **Trainees Issues**

MB noted:

- Scottish Government has agreed 6 hours of rest at night will be introduced.
- Awaiting announcement of pay uplift – this has been delayed; Scottish BMA pushing for a reasonable pay rise.

PJ noted a document received by College re reflective learning and said this was not well received. CM confirmed there were 2 documents to consider – the handbook and an introductory document with more explanation. The Academy has been working up the handbook and the overarching document which explains what and when to reflect – both good and bad. PJ will request this document from his College.

- 6.13 **Academic issues**
No update was received.
- 6.14 **Service issues**
Noted Review of Mortuary Services in NHS Scotland report. PJ asked Pathology representatives to look at the report and send him comments. He will then provide a response based on those comments. **Pathology reps, PJ**
- 6.15 **DME**
- 6.16 **Lay representative**
No update reports were received.
7. **Received for information**
Review of Mortuary Services report as discussed under item 6.14.
8. **AOCB**
No other business was raised.
9. **Date and time of next meeting**
The next meeting will take place at 10:30 on Wednesday 31 October 2018 in Room 6, 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		
3.2	Availability of trainee data for TPDs	To produce report for future meeting.	FD
4.	TRAINING MANAGEMENT		
4.3	Medical Specialty Intake Numbers for 2019	To add a note to the response highlighting the service development would need service expansion and send this to RP and circulate to the STB for information.	PJ
4.4	Profile raising of Diagnostics specialties	To progress suggestions made.	PJ
4.5	Radiology: involvement of consultants in UK recruitment	To send the STB Jen Mackenzie's contact details.	HM
4.6	Radiology: access to workstations	To seek data from Jeremy Jones and share with PJ.	HMo
4.7	Virtual Radiology Academy	To take suggestions forward.	PJ
5.	Medical Microbiology RIE Visit: 20 June 2018	To feedback information from FE at next meeting.	FE
6.	Update reports		
6.5	Forensic Histopathology	To contact the Crown Office.	PJ
6.14	Service issues	To look at Mortuary report and send comments to PJ; to provide response based on comments.	Path reps PJ