

**Minutes of the Diagnostics Specialties Training Board meeting held at 10:30 on Wednesday 31 October 2018 in Room 6, Forest Grove House, Foresterhill, Aberdeen (with videoconference links)**

**Present:** Peter Johnston (PJ) Chair, Albert Donald (AD), Shona Olson (SO), Louise Smart (LS).

**By videoconference:** *Dundee* – Judith Anderson (JA), Sharon Edwards (SE), Clair Evans (CE), Clare McKenzie (CM), Tom Taylor (TT) deputising for Shilpi Pal and Raj Bhat; *Edinburgh* - Hannah Monaghan (HM), Rowan Parks (RP), David Summers (DS); *Glasgow* - Matthew Brown (MB), Frances Dorrian (FD), Peter Galloway (PG), Wilma Kincaid (WK), Iain McGlinchey (IM), Jane Paxton (JP).

**Apologies:** Raj Bhat (RB), Ralph Bouhaidar (RBo), Angus Cooper (AC), Michael Digby (MD), Hilary Duffy (HD), Fiona Ewing (FE), Sai Han (SH), Pota Kalima (PK); Marie Mathers (MM), Alan Ogg (AO). Karin Oien (KO), Shilpi Pal (SP); Colin Smith (CS).

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

		<b>Action</b>
1.	<p><b>Welcome and apologies</b> The Chair welcomed all to the meeting and apologies were noted.</p> <p>The Chair noted an email received from Dr Grant Baxter, the Chair of the Standing Scottish Committee, Royal College of Pathology, proposing that Dr Judith Anderson represent the Committee on the STB. This was agreed. He also proposed attending an STB meeting early in the New Year – the group agreed PJ will invite him to attend on an identified date.</p>	<b>PJ</b>
2.	<p><b>Minutes of meeting held on 7 August 2018</b> The minutes were approved as a correct of the meeting.</p>	
3.	<p><b>Matters arising/actions from previous meeting</b></p>	
3.1	<p><b>Profile raising of Diagnostics specialties</b> Item deferred to next meeting.</p>	<b>Agenda</b>
3.2	<p><b>Radiology: access to workstations</b> Item closed.</p>	
3.3	<p><b>Update reports: Forensic Histopathology</b> PJ reported he contacted the Crown Office and NES and confirmed the continuation of 3 posts. Funding was provided by the Crown Office. If additional posts were sought funding would have to come from ST1 numbers.</p>	
3.4	<p><b>Review of Mortuary Services in NHS Scotland: to receive comments and views</b> PJ asked the group to consider the future of these services given the changes in the Histopathology curriculum and the fact that only 40-50% of trainees want to continue beyond Stage 2 training. The result has been a declining number of doctors qualified to undertake post mortems and while the numbers of post mortems were stable they were growing in the context of Forensic Services and a third are carried out by DGHs. With potential retirements among the workforce, expertise is declining, apart from the Forensic Service</p>	

so they may need to consider increasing this area. He asked the group to consider how to raise awareness of the issue and any potential difficulties.

The picture across Scotland was mixed:

- SE said a third of their trainees do post mortems however they were mostly international graduates who return home. They were considering asking the University of Dundee to take over the hospital post mortem service. A recent College survey indicates there are difficulties in England too and it was noted there has been some movement to Radiology based post mortems there.
- CE said this was a common issue across the UK and discussed by the College in its curriculum review. There was strong support for re-introducing post mortems to the curriculum however the issue was deliverability and whether to maintain a hospital service or do something different. It was likely there will be more Medical Examiners in the future reviewing causes of death.
- HMo said that in Edinburgh Forensic trainees have always done hospital post mortems and they have also trained Glasgow trainees. Some trainees do half a session as SES only do this 2 days a week and hospital people fill in too and there are insufficient numbers to maintain expertise
- PJ said that cases coming to post mortem increasingly have elements of contention and these were not suitable for trainees with little experience. He felt the best model was delivery by Forensic Pathology.
- JP noted that Forensic consultants in Glasgow have been reluctant to take early years trainees – they do hospital post mortems 2 days a week and were hoping to increase sustainability.
- PJ said that all programmes in Scotland have sent trainees to Inverness for experience however with upcoming retirals they may not have this facility in the future.
- JP said the College was considering moving core training to 2.5 years and if this happens they would have to deliver 50 post mortem training sessions - PJ said the requirement to do a set number will likely disappear and people will instead have to demonstrate they met criteria.

It was agreed to inform MDET of the concerns raised and to make the issues known to the Curriculum Development Group.

CM/PJ

#### 4. TRAINING MANAGEMENT

##### 4.1 Recruitment update

FD reported on Round 1 (estimated numbers at present):

- Radiology –10 W/7 SE/2 N/3 E – including expansion posts.
- Pathology – 4 W/2 SE/2 N/2 E.
- Chemical Pathology – 2 posts.
- 34 posts in total.

Round 2 – will go forward for next year:

- Histopathology – may have one post depending on ARCP and may have expansion posts.
- Forensic and Radiology – numbers will be available in the New Year. FD confirmed she will provide TT with the number of Radiology funded posts (some posts are held for remediation etc). This was a substantial increase

FD

over the last few years eg 114 posts in 2012. Identifying establishment numbers was challenging and there may be more in the system than were funded by Scottish Government and Training Managers can only sign off posts with funding in place. Although there was no agreed funding from Scottish Government for expansion posts this year they were being added to the establishment total. These were allocated using the regional percentage model and while this was not an ideal solution it was an attempt to maximise the training potential of every site and ensure trainees were placed where they were needed. Fill was not equitable throughout Scotland but it was hoped this will work in the longer term.

- Neuro IR post – PJ raised possible expansion at the recent meeting with other STB Chairs and John Colvin. At present only Edinburgh can provide training. JA said that while they wanted to train a 3<sup>rd</sup> person the service was not able to do so - the 3 consultants were also covering the Glasgow service which was not currently able to provide training. They wanted to defer the 3<sup>rd</sup> post and use it for a General IR post for a year and then recycle it next year for Neuro IR. CM raised concern that approval for this post was for Neuro IR not as proposed and using a ‘feeder’ system to retain the post was inconsistent with what was done elsewhere. JA confirmed that they have trainees who will CCT and would be available for Neuro IR next year; PJ and WK supported the view that issues with Neuro IR delivery in Glasgow should be resolved next year.

RP said that while this was a good suggestion it would not increase Neuro IR output. CM considered they would bypass governance if this was done. The Transitions Group has already given its approval for what was a very good proposal and she did not approve today’s proposal without at least alerting the Transitions Group. It was agreed that RP will take the proposed recommendation to the Transitions Group as supported by the STB.

RP

#### 4.2 **Availability of trainee data for TPDs**

FD noted that previously TPDs could access detail via Vacancy Manager. From this year information will be available on TURAS in advance of trainees starting in programmes.

### 5. **QUALITY**

#### 5.1 **Quality Update**

The update from FE was circulated to the group in advance of the meeting.

WK noted that in the Virology programme of 5 trainees, 2 posts were vacant and 2 were going out of programme. All MM/CIT trainees will have access Virology experience.

Noted reference in document to deferred visit due to maternity leave in Paediatric and Peri Natal Pathology was incorrect.

Any issues arising from FE’s update should be raised with her.

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

CM reported there were concerns around Medical Microbiology training in Scotland with several red flags. Both sites in Glasgow will be visited and several visits have been done in Lothian. Service and recruitment difficulties were causing issues and she noted the change in programme in 2015. This resulted in MM/ID/Virology trainees training in CIT for 2 years and then moving into higher training in dual. As yet no-one has completed programme and dual programme rates for MM/ID were not good whereas ID/GIM dual does fill. This resulted in pressure on all units with a knock-on effect to service delivery. It was felt a different service model was required. Glasgow was experiencing many problems due to ongoing recruitment issues. She and PJ and others met earlier in the week to discuss the issues including recruitment and retention and the curriculum. There was a desire for mono specialty training however the change to dual was the result of the need for laboratory and clinical to work closely together and reverting to mono training would be to reverse this. It offered it would only be for part of training and other issues eg workforce needed to be highlighted. Medical Microbiology did not have a high profile and an alternative staffing model was needed. It was agreed to develop an action plan from the meeting and to take the proposal for a mono specialty pilot to MDET.

CM/PJ

Only Core Medicine trainees were recruited into Medical Microbiology and the introduction of IMT will have an impact. PJ has suggested bringing the issues to the Scottish Government's attention via the Scottish Council of Scottish Pathology and the curriculum review.

### **Standing Items**

#### **6. Update reports**

##### **6.1 Lead Dean/Director**

CM highlighted:

- Professor Adam Hill has been appointed as PG Dean – East and will take up post in mid December.
- Pota Kalima will step down as TPD. The STB recorded its thanks for the very good job he has done and his calmness during a time of major change. PJ will write to him to formally to record the STB's thanks.

PJ

##### **6.2 Histopathology**

LS noted:

- Louise Smith will return from maternity leave and resume her post as TPD North.
- some issues with training in Inverness and ongoing discussion to ensure experience was provided there.
- collaborative training was continuing, and Neuropathology in Tayside and Grampian were going ahead with block training etc.

##### **6.3 Diagnostic neuropathology**

No concerns were reported.

##### **6.4 Paediatric Pathology**

CE reported that both trainees were doing well. There were issues around consultant staffing and perinatal services and a workload backlog which was putting pressure on colleagues. They will consider how they train ST1s/2s.

She noted feedback from the GMC survey which was unexpected given their small numbers. She and SE both felt it would be helpful for greater clarity in the way survey information is presented. PJ will ask FE to take this forward.

**PJ, FE**

**6.5 Forensic Histopathology**

No update report was received.

**6.6 Radiology**

Representatives highlighted:

- An increasing number of scans of which a high percentage are normal.
- Some trainers being too busy to train.
- NHS Highland was maintaining the status quo with 2 trainees and although they had planned to take a third in August this will not happen as the consultant in Inverness does not have the capacity. JA noted this was a wider problem as DGHs were very limited in what they will take hence there was an issue with ongoing expansion and to date there was no output from previous expansion. It was agreed to discuss this with Dr Baxter when he attends the STB.

**6.7 Medical Microbiology**

**6.8 Virology**

**6.9 Combined Infection Training**

**6.10 Chemical Pathology and Metabolic Medicine**

No update reports were received.

**6.11 Nuclear Medicine**

SH reported there were no issues.

**6.12 Trainees Issues**

**6.13 Academic issues**

**6.14 Service issues**

No update reports were received.

**6.15 DME**

HMo reported that next year was the Year of the Trainer. This will involve combined working with NES re ROT/Appraisal and feedback via STBs. She will keep the STB informed.

**6.16 Lay representative**

AD reported there were no issues.

**7. Received for information**

**7.1 Decision making and consent: GMC questionnaire**

The STB agreed to send comments to PJ. He will collate these and send an STB response to the GMC by mid November. **All, PJ**

**7.2 Letter from Professor Stewart Irvine re NHS Scotland International Recruitment Unit**

PJ noted the Cabinet Secretary has approved the establishment of the unit for one year. This will cover Psychiatry/Anaesthesia/General Surgery and Paediatrics.

8. **AOCB**

8.1 **MDRS Task and Finish Group – national recruitment**

Views on national recruitment were sought from each of the STBs – most wanted to retain. PJ will produce a response before the next meeting with the STB Chairs on 6 November – he will circulate a draft response to the STB for its agreement. **PJ**

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

The next meeting will take place at 10:30 on Monday 3 December 2018 in Room 6, Forest Grove House, Aberdeen (with videoconference links).

**Actions arising from the meeting**

Item no	Item name	Action	Who
1.	Welcome and apologies	To invite Dr Grant Baxter to attend a future meeting.	PJ
3.	Matters arising/actions from previous meeting		
3.1	Profile raising of Diagnostics specialties	Item deferred to next meeting.	Agenda
3.4	Review of Mortuary Services in NHS Scotland: to receive comments and views	To inform MDET of the concerns raised and to make the issues known to the Curriculum Development Group.	CM/PJ
4.	TRAINING MANAGEMENT		
4.1	Recruitment update	To send TT the number of Radiology funded posts; to take the proposed recommendation re 3 <sup>rd</sup> Neuro IR post to the Transitions Group.	FD RP
5.	QUALITY		
5.2	Medical Microbiology RIE Visit: 20 June 2018	To take the proposal for a mono specialty pilot to MDET.	CM/PJ
6.	Update reports		
6.1	Lead Dean/Director	To write to Pota Kalima to record STB thanks.	PJ
6.4	Paediatric Pathology	To ask FE to seek greater clarity in survey reports.	PJ/FE
7.	Received for information		
7.1	Decision making and consent: GMC questionnaire	To send comments to PJ; to collate send STB response to the GMC by mid November.	All; PJ
8.	AOCB		
8.1	MDRS Task and Finish Group – national recruitment	To produce a response before the meeting on 6 November; to circulate draft response to the STB for its agreement.	PJ