

**Minutes of the Diagnostics Specialties Training Board meeting held at 10:30 Tuesday 29 January 2019 in Room 5, Forest Grove House, Foresterhill, Aberdeen (with videoconference links)**

**Present:** Peter Johnston (PJ) Chair, Albert Donald (AD).

**By videoconference:** *Dundee* –Raj Bhat (RB); *Edinburgh* - David Summers (DS); *Glasgow* - Michael Digby (MD), Frances Dorrian (FD), Clair Evans (CE), Peter Galloway (PG), Sai Han (SH), Wilma Kincaid (WK), Iain McGlinchey (IM), Jane Paxton (JP).

**By telephone:** Hannah Monaghan (HMo).

**Apologies:** Judith Anderson (JA), Ralph Bouhaidar (RBo), Matthew Brown (MB), Hilary Duffy (HD), Sharon Edwards (SE), Fiona Ewing (FE), Marie Mathers (MM), Clare McKenzie (CM), Alan Ogg (AO), Karin Oien (KO), Shona Olson (SO), Shilpi Pal (SP), Rowan Parks (RP), Louise Smart (LS), Colin Smith (CS).

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

- |   | <b>Action</b> |
|---|---------------|
| 1. <b>Welcome and apologies</b><br>The Chair welcomed all to the meeting and apologies were noted.  |               |
| 2. <b>Minutes of meeting held on 31 October 2018</b><br>The minutes were approved as a correct of the meeting.  |               |
| 3. <b>Matters arising/actions from previous meeting</b>   |               |
| 3.1 <b>Dr Grant Baxter</b><br>PJ confirmed that Dr Baxter will attend the face-to-face meeting in May.  | <b>Agenda</b> |
| 3.2 <b>Review of Mortuary Services in NHS Scotland</b><br>Item deferred to March meeting.   | <b>Agenda</b> |
| 3.2 <b>Decision making and consent: GMC questionnaire</b><br>No responses were received; item closed.   |               |
| 3.3 <b>Neuro IR post: update</b><br>The STB previously discussed the possibility of an additional training post. PJ had then spoken to Dr John Colvin at Scottish Government who did not oppose this being explored; PJ then took the proposal to RP and MDET which in turn took it to the Transitions Group where it was approved. Due to service issues in Edinburgh and Glasgow they were not able to recruit however the issues have been resolved. DS confirmed the staffing situation in Edinburgh allowed capacity for 2 IR trainees – one a replacement and one new post and they will discuss training capacity use in Glasgow with colleagues. As this is subspecialty recruitment and managed regionally, approval from SES was required. FD will ask CM to do this. | <b>FD</b>     |

PJ was a member of a short term working group chaired by George Youngston on behalf of NHS Lothian and GGC which looked at the future of Neuro IR in Edinburgh and Glasgow. The group has published a report which

he has not yet seen; he will seek sight of it. The review did not address how the subspecialty fitted with the establishment of a thrombectomy service. **PJ**

FD reported Paediatric Surgeons' concerns around the Neuro IR situation – they were keen to resolve the issue and were exerting pressure. DS felt there were grounds for slight optimism.

#### 4. **TRAINING MANAGEMENT**

##### 4.1 **Interventional Radiology (IR)**

RB noted staffing issues especially in the North and consequently little progress. He attended a short life working group established by the Scottish Government to look at workforce issues and attended meetings of the National Planning Programme. Both meetings discussed whether it was possible to change the way IR's were trained and staff the gaps. Since the STB's workshop and recommendations in 2011 there has been no increase in numbers. They have recruited 4 trainees into IR in Edinburgh and 4 in Dundee but without training numbers. Glasgow will fill its posts. He felt this would be a good time to hold another IR workshop.

PJ confirmed that numbers cannot increase where they did not fill, and this has been the case in IR, however there was interest coming forward. There has been resistance to converting posts to allow people to complete IR training and so he felt it was now necessary to extend training numbers. The 2011 workshop was attended by people with an interest/involvement in training and produced recommendations for MDET. He believes they have now reached the recommended training number and it was timely to hold another workshop/meeting - he will include Neuro IR in the invitation. The meeting will most likely take place in May or June. PJ and RB will consider dates and invitees. **PJ/RB**

##### 4.2 **Radiology**

RB confirmed that recruitment will take place soon with interviews at the end of February. He felt the process has not been well organised - an email was circulated inviting panellists and allocation was done on a first come/first taken basis resulting in under-representation from some areas eg this year only 2 or 3 were from Scotland. He would prefer if this was done on a proportion basis. DS proposed that they could agree in advance how many panellists per day they would submit.

PJ noted the MDRS review of UK national recruitment and selection highlighted poor general communication between central organisations and 3 of the 4 nations and the need for improvement. One recommendation from the MDRS review was for a lead recruitment contact in each specialty and he will seek further information from MDET. **PJ**

WK reported that in addition to a lack of workstations in GGC there were now insufficient numbers of chairs. WK agreed to write to HMo highlighting the issue and she will ensure a formal response is received from the DME. PJ will bring the issue to MDET's attention. **WK/HMo**  
**PJ**

WK noted that dates of post must be entered accurately in eportfolio and the trainee must nominate an ARCP panel member to have access to the eportfolio otherwise the panel cannot see it. MD has written to the College seeking a resolution. It was agreed the STB will keep a watching brief on this; it could be escalated via the STB if necessary.

**4.3 Recruitment update**

FD noted the circulated paper showed the current situation; there were vacancies in both rounds and numbers can still be added. PJ said that Histopathology recruitment took place in the first week of January. Overall in the UK the ratio of appointable candidates to posts was favourable so it was hoped they will fill all posts this year.

**4.4 ARCP Externality**

The email from Rosie Ballie confirmed that 10% externality is required however it was proving difficult and increased TPD's workload. DS considered it was important to be involved to enable information sharing and provided objectivity. PJ agreed the value however the process was not always well managed with people asked to attend at short notice and in difficult areas for travel and some Health Boards were reluctant to allow leave to attend. DS felt this could be resolved by providing sufficient notice; WK said her experience with the College has been positive.

The email from Rosie Baillie also sought updated information on ARCP requirements prior to 2019 ARCP round. PJ asked the group to ensure specialty TPDs are made aware of the need to update information on the Scotland Deanery website. He will check with Rosie Baillie 4 weeks before the next STB meeting that all TPDs have responded to her email.

**PJ**

**4.5 ARCP report 2017 – 18**

The report was noted.

**4.6 MDRS review**

STB Chairs were asked to complete 2 separate questionnaires and recommendations were produced. Histopathology and Plastic Surgery wanted to retain Scottish run selection centres – cost and viability will be checked before a decision made. Histopathology concerns were noted – communications/inability to change process.

SH said that trainees prefer one central system and better co-ordination was needed rather than changing the system. There was some discussion around trainee confusion regarding preferencing. FD said the process was clearly laid out in the Applicants Guide.

WK highlighted some errors in Appendix 2 – PJ will inform RP. All other issues should be sent directly to RP.

**PJ/All**

**4.7 Histopathology recruitment**

There was no Scottish representation at the HSTB meeting and the minutes have been delayed. The system has been tweaked to make it much less

pressurised which may be the reason why trainees have done better this year.

**4.8 Lab Hr-HPV Selection**

There were issues with training for Cytopathology and especially in gynaecology screening as there was now only one centre in Scotland. Information circulated will go to the Histopathology TPDs group.

**4.9 Letter to all NES Medical Directorate staff: admin and sessional**

PJ reported that the Medical Directorate was realigning all Lead Dean/Directors (LDDs) and Training Management staff to fit with the single Deanery model. The realignment of the LDDs has been accepted and Professor MacVicar's replacement as Dean will be attached to this STB.

The arrangements for Training Management staff were still to be finalised. The group expressed concern around support for ARCPs and the interface of new TPDs with Deanery and support from Administrators and although there will still be allocated administrative support it will not necessarily be in the same office. FD noted that the Glasgow and Edinburgh offices did not have TPDs working locally and communication was already by telephone or email. The biggest change would be interaction at formal meetings. The MDET decision to move forward to the next stage of the Scotland Deanery had been stalled by the GMC review but was always planned. Part of the exercise was to flag up issues and this is a re-distribution and not cost cutting exercise. Overall the STB agreed it valued the current support and was not keen to lose it. PJ will discuss the proposed changes further with CM. **PJ**

**4.10 Year 6 Nuclear Medicine training**

The post was vacant in 2014-17. The current trainee is in ST2 and due to CCT in August 2023. In the interim there have been some service changes, increased workload and upcoming retirements. In the light of this, WK proposed allowing a Radiology trainee to do a Year 6 in Nuclear Medicine, with the post starting in August 2020. To do this a post would have to be converted; WK said she would be happy to give up one post for a year or to look at one coming from somewhere else. SH felt this would be more relevant to Diagnostic Radiology which has capacity. WK said the issue was that Nuclear Medicine's curriculum required trainees to complete the programme to diploma and as the diploma is exam equivalent the trainee would have to meet the cost – around £6k. FD said there was a precedent in Psychotherapy where trainees were required to meet significant costs and there was an agreement that this cost was split between the Health Board/NES via Study Leave/trainee.

PJ confirmed the STB's support for the proposal and to establish the post on ad hoc basis. The detail was for Training Management and the Lead Dean.

**5. QUALITY**

**5.1 Quality Update**

The minutes of the SQMG meeting held on 17 October 2018 were received for information.

- 5.2 **Proposal for Medical Microbiology mono specialty pilot: update**  
PJ and CM recently met Medical Microbiology representatives and it has been agreed to introduce a single Medical Microbiology post as a pilot. PJ noted that curriculum concerns will be taken to the College and will also be discussed at a future meeting of the Scottish College. England has similar concerns to Scotland.
- 5.3 **Profile raising of Diagnostics specialties**  
The item was deferred to the face-to-face meeting in May.

**Agenda**

**Standing items**

6. **Update reports**
- 6.1 **Lead Dean/Director**  
From CM's written update, PJ noted simulation training – this was already embedded in Diagnostic specialties but not always recognised as such. A report was received from Angus Cooper last year on the potential for a virtual academy for Radiology training and the proposal will be put forward to a future MDET meeting.
- 6.2 **Histopathology**  
JP reported the situation has improved due to a returner from maternity leave.
- 6.2.1 **FRCPath exam results**  
Exam results were circulated for information.
- 6.3 **Diagnostic neuropathology**  
No update was received.
- 6.4 **Paediatric Pathology**  
CE reported they did not advertise a new post in this round of recruitment due to lack of capacity. They hoped to recruit next year. Two requests were received after the decision was made not to recruit.
- 6.5 **Forensic Histopathology**  
Two posts will be advertised and a new trainee will start in Glasgow in February. They were still pursuing funding of a fourth post with the Crown Office – and there may be additional posts.
- 6.6 **Radiology**
- 6.7 **Medical Microbiology**  
No updates were received.
- 6.8 **Virology**  
Noted: the TPD has resigned; PJ thanked EWD for her input to the STB and will write to her formally. The post will be advertised.
- 6.9 **Combined Infection Training**  
WK reported discussions within the CIT SAC on the structure of the programme. MDET has approved a CIT TPD for the national programme and

**PJ**

a Medical Microbiology TPD for higher training; the CIT post has been advertised.

- 6.10 **Nuclear Medicine**  
No additional update was received.
- 6.11 **Chemical Pathology and Metabolic Medicine**  
PG reported that posts have filled – there will be 4 consultant vacancies and one CCT in the next 2 years and a high proportion of trainees were out on maternity leave/OOP. He was keen to use the money for these posts for others. PJ agreed this was an issue for small programmes and felt that a review of these could be useful to adapt the processes. He will discuss this with CM. **PJ**
- 6.12 **Trainees Issues**  
PJ noted an email received from the Radiology Trainee Forum re STB representation; he will take this forward. **PJ**
- 6.13 **Academic issues**
- 6.14 **Service issues**
- 6.15 **DME**
- 6.16 **Lay representative**  
No update reports were received.
7. **Received for information**
- Papers re the Interventional Radiology workshop held in 2011.
  - National Laboratories Programmes Newsletter.
  - Scottish Referral Guidelines for Suspected Cancer: comments from the STB by the end of February to PJ. **All**
8. **AOCB**  
No other business was raised.
9. **Date and time of next meeting**  
The next meeting will take place at 10:30 on Tuesday 26 March 2019 in Room 5, Forest Grove House, Aberdeen (with videoconference links).

#### **Actions arising from the meeting**

<b>Item no</b>	<b>Item name</b>	<b>Action</b>	<b>Who</b>
3.	Matters arising/actions from previous meeting		
3.1	Dr Grant Baxter	Dr Baxter will attend the May meeting.	Agenda
3.2	Review of Mortuary Services in NHS Scotland	Deferred to March meeting.	Agenda
3.3	Neuro IR post: update	To ask CM to take forward subspecialty approval; to seek sight of short life working group's report.	FD/CM PJ
4.	TRAINING MANAGEMENT		
4.1	Interventional Radiology (IR)	To consider dates and invitees for workshop.	PJ/RB

4.2	Radiology	To seek information from MDET re lead recruitment contact; to write to HMo highlighting workstation issue to ensure a formal response is received from the DM; to bring the issue to MDET's attention.	PJ WK/HMo  PJ
4.4	ARCP Externality	To check with Rosie Baillie 4 weeks before the next STB meeting re TPD responses.	PJ
4.6	MDRS review	To highlight amendments to RP; to send any other amendments to RP.	PJ; All
4.9	Letter to all NES Medical Directorate staff: admin and sessional	To discuss proposed changes with CM.	PJ
5. 5.3	QUALITY Profile raising of Diagnostics specialties	Deferred to May meeting.	Agenda
6. 6.8	Update reports Virology	To write to EWD formally.	PJ
6.11	Chemical Pathology and Metabolic Medicine	To discuss review of small programmes with CM.	PJ
6.12	Trainee Issues	To take forward representation via Trainee Forum.	PJ
7.	Received for information <ul style="list-style-type: none"> <li>Scottish Referral Guidelines for Suspected Cancer:</li> </ul>	To send comments to PJ by end February.	All