

Minutes of the Diagnostics Specialties Training Board meeting held at 10:45 on Wednesday 22 May 2019 in Meeting Room 1, Deanery Offices, Ninewells, Dundee

Present: Peter Johnston (PJ) Chair, Hilary Duffy (HD), Sharon Edwards (SE), Clair Evans (CE), Fiona Ewing (FE), Wilma Kincaid (WK), Marie Mathers (MM), Clare McKenzie (CM), Dianne Morrison (DM), Karen Shearer (KS), Becky Wilson (BW).

Apologies: Judith Anderson (JA), Raj Bhat (RB); Ralph Bouhaidar (RBo), Matthew Brown (MB), Michael Digby (MD), Albert Donald (AD), Frances Dorrian (FD), Peter Galloway (PG), Sai Han (SH), Iain McGlinchey (IM), Hannah Monaghan (HMo), Alan Ogg (AO), Karin Oien (KO), Shona Olson (SO), Shilpi Pal (SP), Rowan Parks (RP), Jane Paxton (JP), Colin Smith (CS), Louise Smith (LS), David Summers (DS).

By invitation: Grant Baxter, Chair Scottish Standing Committee Royal College of Radiologists (GB).

In attendance: Helen McIntosh (HM).

Action

1. **Welcome and apologies**

The Chair welcomed all to the meeting and apologies were noted. The Chair recorded his and the STB's thanks to Judith Anderson, who is demitting her TPD post.

2. **Minutes of meeting held on 26 March 2019**

The following amendments were noted:

Page 2, Item 4.1, second paragraph, final sentence to read 'There will be a shadowing process.'

Page 3, Item 6.1, first bulletpoint to read '...staffing/consultant numbers/liaison with ID.'

Page 4, Item 7.1, first bulletpoint, third sentence to read '...priority was in Psychiatry and GP.'

Page 5, Item 7.7, first bulletpoint, second and third sentences to read '...Ray Fox was ID TPD' ...'The TPDs will share chairmanship of STCs...'

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

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

3.1 **Recruitment lead contacts**

The STB was asked to confirm recruitment leads to act as first point of contact for the Deanery. Information received:

- Paediatric Pathology – DE.
- Medical Microbiology/CIT – BW.
- Diagnostic Neuropathology – CS.
- Chemical Pathology/Metabolic Medicine – PG.
- Histopathology – to be confirmed.
- Nuclear Medicine – SH.
- Radiology – to be confirmed.

3.2 **Trainee representation**

HM will confirm representation on the STB.

HM

- 3.3 **Data sharing**
To be discussed at MDET meeting in June. HM
- 3.4 **Cervical Cytology services**
The plan to have single centres – one in Scotland and 9 in England – remained a real concern. A report was due to be published in England to which RCPATH contributed. Meantime the 2015 curriculum requirements for trainees to have access to 150 specimens stood, but with no clear plan on how to do this. This will change in the new curriculum, numbers will decline anyway over time and Pathology trainees were unlikely to be required to do this in the future. MM noted they run a week long teaching course which counts towards experience for all Year 1 trainees. It was agreed clarity was required and CM will seek a policy change via College to state that up to 150 specimens would be required. She will also ask the Lead Dean to take this to the SAC and will recommend that trainees should either follow curriculum requirements or satisfactorily complete MM's course. The amended wording should be in place for 2020 ARCPs.
4. **TRAINING MANAGEMENT**
- 4.1 **Recruitment update**
Apart from CIT, all posts have filled. However, the highest number of CIT posts ever were recruited to this year and it is doing well in comparison to other physicianly specialties. A standalone CIT was included in the total but did not fill and CM confirmed this will be piloted again next year. PJ felt the College should address the disquiet in Medical Microbiology/Virology. Many consultants feel there are enough CIT places; most who enter the specialty do not have laboratory experience or want to do laboratory work. BW confirmed that people train in CMT then CIT and do not want to continue with laboratory work. People of her age/generation do not have MRCP.
- BW reported an issue with the CIT recruitment question set. CM confirmed this belongs to the College however the Quality and Standards Group is looking at this. Meantime it was important to be involved in the recruitment group to effect change. She will raise this issue at the next College meeting. CM
- 4.2 **Neuro IR/IR workshop: update**
HM was working to arrange the workshop, hopefully for September/October. The current strategy was put in place for IR recruitment in 2011 and since then there has been a rise in numbers; there was also an increasing need for Neuro IR eg Thrombectomy initiative. GB considered it would take 5-10 years to get this process running. HM
- 4.3 **TM changes: update**
KS reported that Diagnostics specialties will be supported by the North team from 1 November and they were working through the process and procedures to put all detail in place. The North has also been allocated Mental Health and OGP specialties. She and DM will attend all planning meetings and communicate details to the STB. They will produce guidance for TPDs and Associate Deans, including when to minute meetings with trainees. The names of administrators looking after all programmes will be confirmed the handover period and in person or skype meetings will be

encouraged to put names to faces. PJ felt it would be helpful to hold a future STB meeting in Aberdeen to incorporate a TM workshop to which administrators and TPDS and Associate Deans would be invited.

PJ

5. **SSC update**

Dr Grant Baxter, The Chair of the Standing Scottish Committee of the Royal College of Radiologists, presented to the group. He reported:

- They were looking to increase training numbers and he would like the SSC and the STB to align their approach.
- Much media interest and very high demand for service and increasing eg increase of 35% in main imaging.
- Radiology consultant numbers have increased a little, however a recent workforce census recorded 49 posts unfilled and the number of retirements per year was 20% over 5 years.
- No department can fulfil imaging requirements in working hours and so were not providing a full and safe service.
- Waiting times were increasing and delays in treatment occurring.
- Scotland is the only UK country where the number of IRs has fallen – currently down 4.
- Patients were getting surgery without Radiology treatment.
- Scotland's Radiologists were some of the best trained in the world and so this was frustrating.
- Solutions were – to grow our own trainees; although there has been an increase in numbers +10 per year this did not address retirements. They need to retain people at CCT level and those who have been working for some time. They have the advantage of being one of the few specialties with surplus applications, however although they had the people they did not have training capacity.

FE confirmed workload in SES was very high and there were difficulties in filling consultant posts. More time was being taken to report – the IT system is inadequate and there are moves to improve this. GB noted the Scottish Radiology Transformation Programme has been tasked with putting a Scottish reporting system in place which should be ready by Autumn. However as there will be no support for the system this may not address the productivity issue. Outsourcing was an interim answer and will continue eg waiting times will go to outsourcing.

WK noted that consultant working patterns have changed with fewer working more than 10 sessions. GB felt this was difficult to evidence as the average number of sessions is shown as 11. Previously retirement age was 61 but this was no longer the case with many leaving earlier due to tax/pension considerations.

The STB has discussed establishing a Scottish Virtual Centre for Simulated Clinical Radiology Training and proposed this to MDET earlier in the week as a way of sharing learning resources. MDET agreed the specialty, with the STB's support, should produce a business case for shared simulation learning which would be Scotland wide/regional for didactic teaching and cross programme. Establishing such a centre could result in trainees being based in training places that may be currently under utilised. Whatever the final

decision, NES must evaluate and consider the cost involved for admin support/storing images etc.

FE said that Jeremy Jones (who will replace Judith Anderson) has experience of various models of clinical radiology training and consultant trainer input will still be required; they were also getting trainees in programme with less experience and there was a risk they could feel isolated if they were trained virtually. The group felt that adopting a Virtual Centre for Simulated Clinical Radiology Training model could reduce costs; they already had experience in virtual teaching sessions and use webinars.

The group agreed Radiology colleagues should provide information on numbers/figures and evaluation costs to be co-ordinated by the STB/NES. PJ suggested that TPDs to lead on this work with College input. GB cautioned on the need to start small – the virtual facility may not happen because of lack of finance/staff although they have the best IT system in UK. FE felt resource is there and to reduce duplication they could consider a pan Scotland model. CM added that sessions could be made available on podcasts and training material judged remotely. There was already a high standard of training in Radiology and trainee satisfaction. It was agreed PJ will contact Colin Tilley for Radiology workforce information. **PJ**

PJ will request increased Radiology training numbers with support from GB.

6. **Specialty intake numbers for 2020**

PJ reported he attends a short life working group which is looking at workforce. A report will be sent to the Diagnostics Steering Group and he is due to meet Scottish Government in June to represent RCPATH and will raise Diagnostics issues there.

The group discussed and agreed:

- Radiology – increase to be requested – details tbc.
- Histopathology – one more in each centre based on planned consultant retirements, increase in LTFT working and backfill.
- Paediatric Pathology/Neuropathology/Forensic Pathology/Medical Microbiology/CIT/Virology/Nuclear Medicine – no increase required.
- Chemical Pathology – PJ will ask PG. **PJ**

CE reported she and MM have discussed Histopathology trainees who rotate through Paediatric Pathology. The trainer situation is dependent on the situation in Glasgow. She attends the Paediatric Pathology SAC and is now President so hopes she can influence the situation. They have 2 trainees who both plan to stay in Scotland – one is due to CCT next year and the second one the year after.

PJ will produce a bid for numbers and submit it to Professor Parks. **PJ**

7. **QUALITY**

FE highlighted:

- Visit to Radiology in SES attended by CM. Both Lothian sites were visited and overall this was positive apart from one issue which the department was already aware of.
- Programme visit to Virology on 6 June – cancelled as trainees were not able to attend and as no TPD was in post no prior information was received. The vacant TPD post has been advertised, including Clinical Scientists in the candidate pool. CM said this likely result in the withdrawal of February recruitment. This will affect Virology rotations but was unavoidable. In the short-term she and WK were looking at how to ensure the supervision of current trainees and engaging with Virology consultants on whether they can help run the programme. They have arranged a compromise for the current trainee. The vacancy will be readvertised.
- Fact finding meeting following targeted Medical Microbiology visit to West of Scotland on 10 October.
- Question sets were being reviewed and reduced.
- Twelve Trainee Associates appointed, one from Histopathology. No applications from East or North which was disappointing.

8. **Update reports**

8.1 **Lead Dean/Director**

PJ reported that Professor Alan Denison, PG Dean North takes up appointment on 3 June, will assume the LDD role for the STB. PJ thanked CM for her input to the STB; it had been good to have someone from outwith Diagnostics and who has championed the specialties and provided a huge amount of support work. This has been a useful relationship and quality has been improved through CM's input. CM said this had been a steep learning curve for her, but she has enjoyed the role. She will speak to Professor Denison to brief him.

8.2 **Histopathology**

MM reported she was leaving her TPD role and a replacement was being sought.

8.3 **Diagnostic neuropathology**

8.4 **Paediatric Pathology**

8.5 **Forensic Histopathology**

No further update information was received.

8.6 **Radiology**

WK noted new workstations have been delivered.

8.7 **Medical Microbiology**

8.8 **Virology**

No further update information was received.

8.9 **Combined Infection Training**

WK will discuss a local issue with the Grampian DME.

WK

8.10 **Chemical Pathology and Metabolic Medicine**

8.11 **Nuclear Medicine**

- 8.12 **Trainees Issues**
- 8.13 **Academic issues**
- 8.14 **Service issues**
- 8.15 **DME**
- 8.16 **Lay representative**

9. **Received for information**
No additional information was received.

10. **AOCB**
No other business was raised.

11. **Date and time of next meeting**
The next meeting will take place at 10:30 on Tuesday 30 July 2019 in Room 5, Forest Grove House (with videoconference links).

Actions arising from the meeting

Item no	Item name	Action	Who
3.	Matters arising/actions from previous meeting		
3.2	Trainee representation	To confirm representation on STB.	HM
3.3	Data sharing	To discuss at June MDET.	HM
4.	TRAINING MANAGEMENT		
4.1	Recruitment update	To raise CIT question set at next College meeting.	CM
4.2	Neuro IR/IR workshop: update	To arrange workshop for September/October.	HM
4.3	TM changes: update	To hold workshop after October meeting in Aberdeen and invite admin/TPDs/Associate Deans.	PJ
5.	SSC update	To contact Colin Tilley for Radiology workforce information.	PJ
6.	Specialty intake numbers for 2020	To ask PG for Chem Path info; to produce a bid and submit to Professor Parks.	PJ, PJ
8.	Update reports		
8.9	CIT	To discuss local issue with DME.	WK