

**Minutes of the Diagnostics Specialties Training Board meeting held at 10:30 on Tuesday 30 July 2019
in Meeting Room 5, Forest Grove House, Aberdeen**

Present: Peter Johnston (PJ) Chair, Alan Denison (ADe), Albert Donald (ADo), Dianne Morrison (DM), Karen Shearer (KS).

By videoconference: *Dundee* - Raj Bhat (RB); *Edinburgh* - Hannah Monaghan (HMo); *Glasgow* - Michael Digby (MD), Frances Dorrian (FD), Peter Galloway (PG), Sai Han (SH), David Murray (DM), Jane Paxton (JP).

Apologies: Ralph Bouhaidar (RBo), Hilary Duffy (HD), Sharon Edwards (SE), Clair Evans (CE), Fiona Ewing (FE), Wilma Kincaid (WK), Marie Mathers (MM), Iain McGlinchey (IM), Alan Ogg (AO), Karin Oien (KO), Shona Olson (SO), Shilpi Pal (SP), Rowan Parks (RP), Colin Smith (CS), Louise Smith (LS), David Summers (DS). Becky Wilson (BW).

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

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| 1. Welcome and apologies
The Chair welcomed all to the meeting and apologies were noted. Professor Denison was attending his first meeting as Lead Dean/Director. | |
| 2. Minutes of meeting held on 22 May 2019
The minutes were approved as a correct record of the meeting. | |
| 3. Matters arising/actions from previous meeting | |
| 3.1 Trainee representation
HM will confirm representation as soon as it is known. | HM |
| 3.2 Data sharing
Item deferred. | |
| 3.3 Recruitment update: CIT question set
Subsequent to the meeting, Professor McKenzie reported she was not able to raise the issue at the last meeting as the recruitment process was not discussed in detail although a comment was made that the process did attempt to identify those with lab and clinical skills. Professor McKenzie's suggestion was that those TPDs who are involved in the recruitment should contact the College Recruitment Lead directly to raise their detailed concerns. | |
| 3.4 Neuro IR/IR workshop: update
The workshop is likely to take place in October. Date to be confirmed. | HM |
| FD reported she recently attended Surgery meetings where concerns around Neuroradiology were raised. She suggested Neurology could be involved in the workshop discussion. PJ noted a working party convened last year by | |

George Youngson on behalf of the Medical Directors at Greater Glasgow and Lothian and which he was invited to attend. The meeting had looked at the provision of Neuro IR for those boards only and its full report was awaited. He suggested inviting George Youngson or a deputy to attend the IR workshop. MD noted reciprocal arrangements with Edinburgh for some procedures. RB said that in the last 6 months the College has been appointed lead for Stroke Thrombectomy in the North via credentialing – the GMC was working on a credential for this although PJ said this may not happen for 3-4 years.

PJ reported that RP had asked him to consider an additional 2 IR trainees as part of the Scottish Government's annual training numbers exercise. He agreed these and the outcome was awaited.

4. **TRAINING MANAGEMENT**

4.1 **Recruitment update**

The circulated paper was noted.

4.2 **Recruitment leads**

All leads were confirmed apart from Radiology. PJ reported that Judith Anderson has a role as a recruitment lead in Scotland via RCR and not NES. Until other representation is confirmed, he has asked JA to take on the NES role – her response was awaited. There are new TPDs appointed in Radiology and MD said they will discuss representation on the STB at their TPD meeting in September. Recruitment leads will be a contact for NES recruitment to ensure information is disseminated around colleagues and to regularise communications. RB felt this was a good idea as communications from the London Deanery were not always satisfactory. MD will confirm after the September meeting and let PJ and HM know the outcome and contact details of the nominated lead.

MD

4.3 **Specialty Intake Numbers for 2020**

Information was produced as requested and discussed and confirmed at the MDET meeting on 15 June (apart from the additional 2 IR numbers). Numbers information has been sent to Scottish Government for its approval – Radiology 10 posts; Histopathology 6 posts; Paediatric Pathology has small numbers in programme only; Forensic Pathology – discussion with Department of Justice has been requested; Chemical Pathology suggested expansion via Clinical Scientists; Nuclear Medicine has one post for time being to be reviewed over time.

Dr John Colvin at Scottish Government has requested a meeting with PJ at which he will present information as outlined. The Transitions Group will make the final approval at its next meeting.

In his report to MDET, PJ highlighted the financial situation and the impact of focusing on recruitment to one specialty on others eg GP. ADe said the number of trainees was stable across all specialties while trainee numbers

were increasing. This was bound to have an effect on other programmes, and he agreed with HMo that programmes need to be attractive to trainees and people should be in the programmes they want.

4.4 **TM changes: update and workshop**

The first two dates proposed were not suitable and this has now been arranged for 15 November in Forest Grove House. The STB meeting will take place in the morning from 11:00 followed by lunch and then the workshop in the afternoon. The workshop will provide an opportunity for TPDs and administrators to discuss how to work together/establish relationships. ADe noted the TM team was working on arranging a generic event/information and this would complement this workshop. KS said the TM sub groups were working through all information to ensure it is aligned with the vision by 1 November.

4.5 **Recruitment update**

The recruitment timetable was circulated with the papers. Selection dates are being set and PJ will check Histopathology details and confirm with colleagues.

RP has also asked PJ to seek the view of Radiology colleagues on whether they would like to run a selection centre in Scotland. PJ has written to TPDs and APDs and to Hamish McRitchie for SCIN and Grant Baxter for the RCR SSC view. The selection centre would not be a separate process but a selection centre in Scotland only. The Scottish Government is keen to improve Scotland's profile and there are also capacity issues in the London Deanery.

RB felt a separate system for Scotland rather than a selection only centre would be beneficial. HMo noted the DME group was supportive of Scottish centres as a way of lessening the impact on service and to increase Scotland's attractiveness. MD favoured a Scottish centre but not a separate process. He felt the London process works well but it would be good to have more ownership and greater Scottish representation. ADe reported that Inverness colleagues favoured a Scottish centre but not a separate recruitment process.

In summary PJ said it was clear there was some enthusiasm for a Scottish centre however unless there was more control on the process it would not really make a significant difference. He was awaiting some responses to his email and once received he will confirm the STB view by 1 August.

5. **PROFESSIONAL DEVELOPMENT**

No items were discussed.

6. **QUALITY**

6.1 **Quality Update**

No update was received.

Standing items

7. Update reports

7.1 Lead Dean/Director

No additional information was received.

7.2 Histopathology

JP noted the situation regarding Cervical Cytology and issues relating to financial support for trainees' travel. PJ confirmed this was discussed at the last HSTB meeting where the College was asked to confirm arrangements and believes there is now a consensus UK view. The issue in England is worse than Scotland as this work is contracted out and often not part of the NHS/not linking to trainee doctors. Scotland does have this link. Funding will come from Health Boards employing the trainees and they will have the responsibility for making sure trainees go to where they will get training. JP said local trainees will have exposure at the centre in Glasgow however there will be a financial impact on trainees from elsewhere – she also noted that ongoing training was an issue. PJ said the HSTB expressed the same concerns. He said that while there will be fewer people undertaking the procedure they will still need awareness and it provided good experience and a training tool for new people.

An email from KO was noted, highlighting the Pathology Society was keen to develop academic training opportunities. England offers trainees 50/50 posts with Scotland offering 80/20. The Society was proposing to offer Scottish trainees 50/50 – the question was whether the Deanery would approve it. JP confirmed if the Deanery identified suitable posts the Society would fund – however she felt a 50/50 split was not workable. HMo said that backfilling 50% of time would be difficult for the service and there could be an issue with continuing funding. PJ will explore the proposal further with the Pathology Society and discuss with Professor Hill and the other PG Deans once he has more clarity. The STB agreed its support in principle.

PJ

7.3 Diagnostic neuropathology

No update was received.

7.4 Paediatric Pathology

FD reported the post in the West was not yet converted from Histopathology and a decision was required for 2020. The specialty was not currently using its full establishment (3). PJ will discuss this with CE. JP will also seek information from TPDs as to whether there is any likely interest.

PJ

JP

7.5 Forensic Histopathology

Noted: all 3 posts filled and continued pressure for more.

7.6 Radiology

MD reported the TPD meeting in September will discuss ARCP requirements on a national basis, to ensure consistency and appropriateness. He also reported the pan Scotland teaching session on distance learning held in

March was well received with a videoconference link for those in the East. This could be extended. ADe will be invited to future meetings.

7.7 **Medical Microbiology/Virology/Combined Infection Training**

ADe has discussed some outstanding issues with Professor McKenzie. FD noted there will be 3 posts recruited to the February round, all in the West – one Med Micro, one ID/Med Micro and one CIT post. No Virology posts will be advertised as there is no TPD in post. There are 2 vacancies in Med Micro – these were not advertised as it was planned to appoint locally to LAT posts - information on the outcome was awaited. PJ confirmed interviews for the Virology TPD will be held soon. FD added that 3 of the 5 trainees are OOP – however this will be an issue next year. There were many recruitment decisions to be made before the next TPD is in post – KS and her team will take this work over during the handover and afterwards.

7.8 **Chemical Pathology and Metabolic Medicine**

PG reported the curriculum has been re-written and was out for consultation with feedback awaited. The proposal was for entry at ST3. He noted all posts have recruited.

7.9 **Nuclear Medicine**

SH reported the new curriculum was being written. He said training was going well and there were no additional posts.

7.10 **Trainees Issues**

7.11 **Academic issues**

No update reports were received.

7.12 **Service issues/DME**

No update report was received.

7.13 **Lay representative**

No update report was received.

8. **Received for information**

No additional items were received.

9. **AOCB**

9.1 **Frances Dorrian - retiral**

PJ said that FD has been a member of the STB from the outset and during that time has provided a huge amount of helpful support and much work behind the scenes on selection and recruitment. He thanked FD for her input to the STB; he has enjoyed working with her and for her many valid and helpful and thoughtful suggestions during that time.

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

The next meeting will take place on Friday 15 November 2019 in Forest Grove House, Aberdeen – to be followed by a training management workshop. Full details to be circulated.

Actions arising from the meeting

Item no	Item name	Action	Who
3.	Matters arising/actions from previous meeting		
3.1	Trainee representation	To confirm representation.	HM
3.4	Neuro IR/IR workshop: update	Date to be confirmed.	HM
4.	TRAINING MANAGEMENT		
4.2	Recruitment Leads	To confirm after the September meeting and let PJ and HM know the outcome and contact details of the nominated lead.	MD
7.	Update reports		
7.2	Histopathology	To explore the Pathology Society proposal further and discuss with Professor Hill and the other PG Deans.	PJ
7.4	Paediatric Pathology	To discuss post re-conversion with CE; to seek information from TPDs as to whether there is any likely interest.	PJ JP