

**Minutes of the Diagnostics Specialties Training Board meeting held at 11:00 on Friday 15
November 2019 in Meeting Rooms 1 and 2, Forest Grove House, Aberdeen**

Present: Peter Johnston (PJ) Chair, Alan Denison (ADe), Michael Digby (MD), Albert Donald (ADo), Clair Evans (CE), Peter Galloway (PG), Ingolfur Johannessen (IJ), Jeremy Jones (JJ), Wilma Kincaid (WK), Leela Narayanan (LN), Morna MacNeill (MM), Dianne Morrison (DM), Sarah Mukhtar (SM), Jane Paxton (JP), Surekha Reddy (SR), Karen Shearer (KS), Marion Slater (MS), Larrisa Spindler (LSp), Becky Wilson (BW).

Apologies: Raj Bhat (RB); Ralph Bouhaidar (RBo), Fiona Ewing (FE), Sai Han (SH), Teresa Inkster (TI), Jen Mackenzie (JM), Iain McGlinchey (IM), Hannah Monaghan (HMo), David Murray (DM), Alan Ogg (AO), Karin Oien (KO), Shilpi Pal (SP), Colin Smith (CS), Louise Smith (LS), Susan Taylor (ST).

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

Action

1. **Welcome and apologies**

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

2. **Presentation – Radiology workforce: *Colin Tilley***

Colin Tilley presented to the group and highlighted:

- Greater role for NES in workforce planning.
- Aim to develop a clearer picture and improve workforce plans
- NES will be the repository of information and will make data available.
- Data from various sources.
- Information used for various areas including Shape of Training and Scottish Government planning.
- UK Med, led by GMC, brings together information from GMC and users allocated unique identifier.
- Information provided for PMQs in Scotland by domicile – shows that those who do F1 in Scotland stay for F2. After F2 there is a body of people not accounted for/not clear what they go on to do. Most likely they remain in Scotland but not in training posts/go to Australia etc but return rate to Scotland after a few years is 93%.
- Information from Oriel on filled and empty training posts.
- NTS has high response rate.
- Information on consultant recruitment/appointment panels received every quarter. Most come from Scotland and most previously in ST training.
- Information from ISD previously but now transferring to NES.
- Variation between Health Boards – Lothian fine – Ayrshire and Forth Valley not as good.
- Information used for long term scenario planning – requested by Audit Scotland.

Discussion

- Difficulty in introducing flexibility into process of appointment as this is a national process eg people coming from/having trained overseas.

- Laboratory specialties in Scotland report due out on 25/11. This shows there are not enough scientists/BMS to take over role and lack of admin support. Report looks at whole system.
- Chemical Pathology has carried out work on demand management, but this made little difference – noted move into personalised medicine.
- Importance of keeping people where the services are and keeping services open. Need for more collective working.
- Turas data intelligence – access requests via Colin Tilley.

2. **Minutes of meeting held on 30 July 2019**

The minutes were approved as a correct record of the meeting.

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

3.1 **To confirm trainee representation**

Ongoing work.

HM

3.2 **Training Management: Recruitment Leads**

SP has agreed to take the lead for her specialty.

3.3 **Histopathology: Pathological Society proposal**

PJ has contacted the Society; confirmed keen to distribute funds.

4. **TRAINING MANAGEMENT**

4.1 **Recruitment update**

PJ reported Scottish Government has approved 70 extra training posts in Scotland. This includes 2 extra in Histopathology and 2 IR posts. He stressed the need to make regions/areas attractive as they are in competition with all other specialties.

Radiology posts have always filled and has excess demand and trainees unsuccessful in getting posts will apply the next year. There is a small attrition rate and these go to GP. There are an additional 10 Radiology trainees from 2018 for 5 years: totalling 183 trainees. This is likely to be reviewed. In 2008 the view was there were too many Radiologists and although the STB opposed this view, numbers were cut. The STB has now managed to get these numbers back and with an increase. Part of the issue was ISD data which was inaccurate due to mis-classification of posts. PJ was happy that NES will assume responsibility and data should improve. He also felt that service needs to be challenged in its view and priorities and should invest in staff. SPA time was being cut among other things which made it difficult to provide good quality training. PJ will take forward the lack of engagement from service to MDET via ADe and noted the lack of representation on the STB.

Increased use of videoconference facilities to allow multiple site training was one way forward and this is the model followed by MMV/CIT/Chemical Pathology and Physicians. NES is supportive of the development of virtual training environments /platforms for Radiologists, but this would have to be endorsed and run by the specialty. This has been discussed with RCR and there is a considerable of material available. PJ will send JJ the proposal and circulate to anyone else who is interested. The proposal has gone to Scottish

Government and a response is awaited. MD felt this would help but people were still needed on the ground. WK said the biggest challenge was the lack of facilities for trainees eg desks/chairs on site. It was felt using virtual training facilities in the North, Dumfries and Galloway and Borders could encourage more people to put roots down there and to stay. PJ will discuss this further with JJ offline.

4.2 **Neuro IR/IR workshop: update**

The last strategy workshop was held in 2011 when it discussed what was feasible/desirable for IR training and from which a template was produced and used since then. This was now a good time to look again at what is required and to include Neuro IR and to review current progress. PJ is seeking to set up a workshop to look at this and to consider who/where/how people are trained but it has proven difficult to organise. SR reported that she and SP were planning a training day for trainees with talks/presentations in Dundee with the aim of attracting more people to the specialty. She felt the proposed review/strategy workshop could feed in via the BSIR conference and to its regular meetings. PJ said the STB could facilitate the workshop but it was for the specialty to deliver and to let the STB know what it saw as its direction. SR proposed tagging the workshop on to the SIGMA meeting in May which will be attended by most Radiologists and they could also invite Neuro IRs. She will send PJ the details of who is organising the event along with their contact details.

SR

4.3 **TM changes: update and workshop**

TM administration is being centralised and Diagnostics will be supported by staff in the Aberdeen office. The workshop arranged for after today's meeting will provide detail on the arrangements.

5. **PROFESSIONAL DEVELOPMENT**

No information was received.

6. **QUALITY**

6.1 **Quality Update**

The Quality update was circulated for information.

BW noted the NTS survey findings do not distinguish CIT/ID. PJ will ask FE to discuss this with BW and to take this forward.

PJ/FE

7. **Update reports**

7.1 **Lead Dean/Director**

ADe reported that due to Professor Irvine's appointment as Acting Chief Executive from 1 December, there will be some further changes to responsibilities; RP will be Acting Medical Director in his place and there will be changes to the responsibilities of other senior staff.

The Professional Development workstream will also be reviewed and there will be changes in the TM workstream and a scoping needs analysis involving TPDs. He asked the group to feed into this work and it was likely there will be a session at SMEC on this. PJ noted he will take the lead on organising the

SMEC and noted the deadline for workshop submissions was 24 November. This is a good event and provides good networking opportunities.

7.2 **Histopathology**

JP noted the developments around the provision of Cervical Cytology. There will be communication with TPDs on how this will be done. It was not clear if Monklands will contribute. PJ said the College has written to GMC seeking a reduction in the numbers required for ARCPs. This has not been confirmed and meantime there must be general agreement that this number cannot be insisted on at ARCP as they cannot be delivered. The ongoing issue was the decline in numbers as this was a good experience for Cellular Pathology. The group agreed the numbers required for ARCPs should be relaxed for ST1s and ST2s.

JP highlighted the challenge in the West in autopsy training. While it would not solve the entire issue, she proposed a similar relaxation in the numbers required. PJ said that whatever was decided would have to be on an all Scotland basis and therefore the proposal would have to be made to all TPDs for their agreement before being brought back to the STB. JP will take this forward. **JP**

MM said there was good support from the Forensic Team and would support relaxation of numbers. The group discussed issues relating to pregnant trainees undertaking autopsies due to Formalin exposure.

7.3 **Diagnostic neuropathology**

WK reported that all trainees are based in Edinburgh due to issues in Glasgow. This will continue until the situation is resolved.

7.4 **Paediatric Pathology**

CE highlighted:

- Trainees based in Aberdeen were training one day a week in Edinburgh.
- Exam results were awaited for trainee based in Glasgow.
- Consultant absence in West and Edinburgh so the situation is difficult.
- They hoped to recruit to a third post next year and will seek to encourage interest.

7.5 **Forensic Histopathology**

All posts have filled. WK noted one issue re employer status; KS said there were several anomalies and discussion is ongoing with NES and the Universities. She will check and let WK know. DM noted that Turas does not reflect where trainees are employed by the University and lists them as employed by NHS Lothian. **KS**

7.6 **Radiology**

JJ confirmed the new curriculum has been approved by GMC for 2020 with the addition of critical progression points. It may involve a rapid reporting test at the end of Year 1. ADe noted Thrombectomy is currently going through the GMC Credentials Group.

LN reported that Raigmore will cease on call from January. They have found a solution for one trainee but not the second. LN and MS will discuss this with the Deanery team. **LN/MS**

The group discussed where to place the 2 additional IR jobs and confirmed it was possible for people to receive elements of training in other areas when their base was not able to provide this.

7.7 Medical Microbiology/Virology/Combined Infection Training

BW noted an issue in the West in CIT re on call which she felt may be a wider issue. WK has spoken to Medical Directors in the West and it has been agreed to organise workshops in the New Year to look at all issues. PJ said they tried to deliver a post in Medical Microbiology only, but this did not fill although fill in CIT is improving. It was difficult to know what is needed – they should develop thinking of what the service looks like in terms of Infection and the College is keen to progress this but it was not clear how this could be done. It is an important area in terms of public health.

7.8 Chemical Pathology and Metabolic Medicine

The new curriculum has been submitted proposing only ST3 from 2021. They were not able to support Clinical Scientist training for MSc. PJ noted a meeting to discuss Clinical Scientist training in Scotland has been arranged and PG will provide information on the detail. PJ added that input to Clinical Scientists has been offered and they will continue to support the Educational Governance structure of scientific training locally via TPDs. The STB supported this initiative. **PG**

7.9 Nuclear Medicine

WK noted the curriculum requirement for trainees to study for a higher diploma offered by Kings College in London. The cost of this was £6,000 and they needed to know how this would be funded. It was accepted as the equivalent of an exam and trainees normally pay their own exam costs, although this was particularly costly. PJ said this will be reviewed by CAG. The STB was supportive and ADe will discuss this further outwith the meeting. **ADe**

7.10 Trainees Issues

7.11 Academic issues

7.12 Service issues

7.13 DME

7.14 Lay representative

No updates were received.

8. Received for information

No other information was received.

9. AOCB

9.1 Scottish Clinical Leadership Fellowships

ADe asked the group to encourage applications to the posts from any interested trainees.

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

The next meeting will take place at 10:30 on Tuesday 17 December 2019 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		
3.1	To confirm trainee representation	Ongoing work.	HM
4.	TRAINING MANAGEMENT		
4.2	Neuro IR/IR workshop: update	To send PJ details of who is organising the SIGMA meeting.	SR
6.	QUALITY		
6.1	Quality Update	To ask FE to discuss distinguishing CIT/ID in NTS survey findings with BW and take this forward.	PJ/FE
7.	Update reports		
7.2	Histopathology	To seek TPD view re relaxation of number of procedures.	JP
7.5	Forensic Histopathology	To check employer anomalies on Turas and confirm detail with WK.	KS
7.6	Radiology	To discuss solution for trainee re on call with the Deanery team.	LN/MS
7.8	Chemical Pathology and Metabolic Medicine	To provide PJ with information on Clinical Scientist training in Scotland.	PG
7.9	Nuclear Medicine	To consider costs for course outwith meeting.	ADe