

Minutes of the Diagnostics Specialties Training Board meeting held at 11:00 on Tuesday 17 December 2019 in Meeting Room 6, Forest Grove House, Aberdeen (with videoconference)

Present: Peter Johnston (PJ) Chair, Alan Denison (ADe), Albert Donald (ADo), Leela Narayanan (LN), Dianne Morrison (DM), Karen Shearer (KS), Louise Smith (LS), Larrisa Spindler (LSp).

By videoconference: *Dundee* - Sarah Mukhtar (SM); *Edinburgh* - Ralph Bouhaidar (RBo), Jeremy Jones (JJ), Fiona Ewing (FE); *Glasgow* - Peter Galloway (PG), Wilma Kincaid (WK), Jane Paxton (JP).

Apologies: Raj Bhat (RB); Michael Digby (MD), , Clair Evans (CE), Sai Han (SH), Teresa Inkster (TI), Ingolfur Johannessen (IJ), Jen Mackenzie (JM), Morna MacNeill (MM), Iain McGlinchey (IM), Hannah Monaghan (HMo), David Murray (DM), Alan Ogg (AO), Karin Oien (KO), Shilpi Pal (SP), Surekha Reddy (SR), Marion Slater (MS), Colin Smith (CS), Susan Taylor (ST), Becky Wilson (BW).

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

- | | Action |
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| 1. Welcome and apologies
The Chair welcomed all to the meeting and apologies were noted. | |
| 2. Minutes of meeting held on 15 November 2019
One amendment was noted:
Page 3, item 4.1, first paragraph, penultimate sentence to be deleted.

With this amendment the minutes were accepted as a correct record of the meeting. | |
| 3. Matters arising/actions from previous meeting | |
| 3.1 Trainee representation
Ongoing. | HM |
| 3.2 Neuro IR/IR workshop
Date confirmed as 28 May 2020, as part of the SIGMA meeting. | |
| 3.3 CIT/ID: NTS survey
BW had asked if it was possible to differentiate survey responses between CIT and ID programmes. FE said that in this and in the NTS, they are reliant on self identification by trainees and so this is not possible. She proposed asking trainees to complete the survey for the specialty they are in at the time they complete it. She will ask Professor Hill for the data group to consider this; the group was already looking at STS information and how it is used. ADe said that as the COPMeD representative for CIT, he will also explore this further. | FE
ADe |
| 3.4 Histopathology: relaxation of Cytology procedure numbers
JP reported productive discussion and she will go back to those providing training re practical arrangements for attending. An introductory and another course are envisaged. PJ said the College recommends indicative numbers rather than an absolute requirement. Trainees need to provide evidence that they have been involved and have a level of acceptable | |

competence. This is an interim phase. There are major issues around this in England.

- 3.5 **Forensic Histopathology: employer anomalies on Turas** KS
KS will pursue a resolution on identifying Forensic Histopathology trainees on Turas. RBo said this is not an issue for Edinburgh but is the case for Glasgow/Dundee/Aberdeen so it would be helpful to have this resolved.

- 3.6 **Nuclear Medicine: course costs** ADe
Ongoing work.

4. **TRAINING MANAGEMENT**

4.1 **Recruitment update**

Recruitment numbers are up significantly – competition rates are 2.5 applications to every post. The most up-to-date information for Round 1 is Radiology – 1308 (from 1095); Histopathology – 261 (194) overall a 30% increase. The increase is not across the board – over all specialties the increase is 20% (GP only a slight increase). Recruitment dates are – 21-25 February for Radiology; 17 – 19 February for Histopathology.

PG urged caution about the increase in applications; the quality could be variable. PJ commented that questions in the process do not always get the best out of all candidates and the College was beginning to consider updating and revamping these.

4.2 **ARCP for CIT**

ADe has spoken to Professor McLellan about this and how arrangements will be operationalised within Training Management for dual programmes. A paper on how it could be managed and if any changes were proposed will be drafted and taken to MDET. Until the paper is produced and discussed there will be no change

5. **QUALITY**

FE reported little activity since the last meeting. A visit to Neuropathology will take place in February 2020.

Additional visit panellists were required. The next training day is arranged for 18 March and she asked the group to encourage people to put themselves forward for training.

The group discussed the specialty input to the Neuropathology visit considering there are no trainees in GGC. FE said she will take advice but felt that if there are no trainees it was likely there would be no trainee input in any form. ADe felt it would not be the best use of staff time if the visit went ahead without trainee input. There are no Educational Supervisors in post there either, however, PJ felt they could run the visit with Educational Supervisor input from other specialties as this has happened before. FE felt it could be difficult to uncover any issues without trainee involvement although she hoped that those who do attend will provide information. JP will attend the visit as the external TPD as part of the trainer session and this would be helpful. WK/FE/ADe will discuss this further offline.

WK/FE/

6. Updates

6.1 Lead Dean/Director

Nothing further to report.

6.2 Histopathology

JP noted:

- Organising Cytology training opportunities in Lanarkshire/GGC where Cytology services will be delivered.
- Relaxation of autopsy numbers.
- Training going to Ayrshire so this will ease the situation to a degree.
- Formalin exposure – outcome awaited.

PJ thanked everyone involved for their input on the distribution of new posts. TPDs have now been involved in the discussion and so they now have an agreed post distribution which should be satisfactory. Backfill has been agreed for posts going to Diagnostic Neuropathology and Paediatric Pathology. LS added her thanks to JP for her work on the delivery of Cytology training and training requirements.

6.3 Paediatric Pathology

With a recent retiral in Edinburgh there is now only one consultant on 7 sessions there and Glasgow is also down 1.4. If current trainees progress satisfactorily through the programme this could be the solution to the staffing issue. There is one vacant training post and it was hoped to fill this in Round 2.

6.4 Forensic Histopathology

RBo noted an issue regarding travel expenses for a trainee to travel between training sites. Travel expenses were not available before but have been met by the University which will no longer be the case. ADe has escalated the case to senior management in NES and although there is no solution as yet this is a live issue. As soon as there is progress he will inform RBo.

ADe

6.5 Radiology

SP confirmed by email that NTN's are confirmed. Ten new posts have been allocated plus 2 Interventional Radiology posts. Radiology post distribution - 5 in West; 2 in SES; 2 in North; one in East. One each of the Interventional Radiology posts will go to West and East. The STB agreed distribution met the regional model.

In response to concern expressed about post numbers and modelling, PJ confirmed that numbers are determined by the Scottish Government. Previously they held back some posts from Interventional Radiology and filled these with another specialty and returned these once there was a suitable trainee. This has also been done with other Diagnostics specialties and in the short term was appropriate. If numbers allocated where they could not fill posts and no numbers where they could fill, it was possible to move numbers around or for trainees to access parts of training in other areas not available in their base area. The system however was rigid. Regional distribution was determined by the Scottish Government and posts

allocated to Health Boards; movement between Health Boards was not easy. A sensible national solution was required and this will be discussed further at the SIGMA meeting when it considers Neuro/IR training.

PJ agreed with SP that a model where Interventional Radiology posts were advertised and recruited nationally would solve the issue; however, JJ felt while a national process would be good trainees would still need to apply to an area of Scotland as otherwise this would affect who would apply. PJ felt that with increased competition a model of matching location with opportunity may improve. LN felt there had to be a balance between what the trainee wants to do and what can be offered. She considered a national programme would be helpful as it would protect Interventional Radiology posts in smaller centres while advertising posts nationally.

It was agreed to keep this item on the agenda. PJ asked for the STB to be kept informed of developments.

Agenda

LN noted some progress in service configuration in NHS Highland via discussion with trainees and others. On call is part of training and RCR guidelines say experience can be in normal hours provided it is similar to OOH experience. Raigmore will retain some OOH over the weekend and public holidays and produce a formula for trainee experience as if on call. workable solution has been reached and PJ felt it was good to keep trainees in Highland. If it works, it may be possible to expand trainee numbers there.

Ade noted the Scottish Government's recently published 'Integrated Workforce Plan' which contained the pledge to work in partnership with NHS Tayside on Thrombectomy procedures.

6.6 **Chemical Pathology and Metabolic Medicine**

PG reported that NES has agreed to fund 2 Clinical Scientist with MSc training posts next year. However he felt it was necessary to link Biomedical Scientists and Clinical Scientists. PJ agreed the need to invest in Clinical Scientists – there are 30 to 200 applications each time a post is advertised. The CMO is eager to do something quickly and while there would not be a quick result it was an opportunity to involve lots of interested people. A governance structure was needed, and the STB would be interested in involvement. PG said there was a big difference between Biomedical and Clinical Scientists and their backgrounds were not the same.

6.7 **Nuclear Medicine**

SH noted by email:

- Potential risk of disruption of radio isotope resulting from Brexit decision. UK and Regional steering groups are working with suppliers. PJ said this was also noted at RCPATH Council. A paper has been sent to all Managed clinical Networks detailing a national process for this and other risks. He will send the paper to Radiology leads. Ade also noted the risk for Radiology re Medical Devices.
- UK SAC is working on a new ST curriculum. discussion ongoing including options on KBA.

PJ

- 6.8 **Trainees Issues**
- 6.9 **Academic issues**
- 6.10 **Service issues**
- 6.11 **DME**
- 6.12 **Lay representative**
No updates received.

7. **Received for information**

- 7.1 **Histopathology STC**
PJ and JP attended the UK wide meeting last week – feedback already noted.

8. **AOCB**

- 8.1 **Dr Peter Galloway**
Dr Galloway is resigning his TPD post and attending his last STB meeting today. The Chair thanked him for his huge amount of helpful input for almost 6 years. He recorded the STB's thanks for his work on the board and on national programmes and his good communications and problem solving during that time.

9. **Dates of meetings in 2020**

Meeting dates will be confirmed and circulated to the group.

HM

Matters arising from the meeting

Item no	Item name	Action	Who
3.	Matters arising/actions from previous meeting	Ongoing work.	HM
3.1	Trainee representation		
3.3	CIT/ID: NTS survey	To ask Professor Hill for the data group to consider capturing specialty differentiation in the STS; to explore further as COPMeD representative for CIT.	FE ADe
3.5	Forensic Histopathology: employer anomalies on Turas	To pursue resolution on identifying Forensic Histopathology trainees on Turas.	KS
3.6	Nuclear Medicine: course costs	Ongoing work.	ADe
4.	TRAINING MANAGEMENT		
4.2	ARCP for CIT	To draft a paper on managing dual specialties.	ADe
5.	QUALITY	To discuss Neuropathology visit offline.	WK/FE/ADe
6.	Updates		
6.4	Forensic Histopathology	To inform RBo on any developments on trainee travel expenses.	ADe
6.5	Radiology	Neuro/IR programmes	Standing item
6.7	Nuclear Medicine	To send risk paper to Radiology representatives.	PJ
9.	Dates of meetings in 2020	To confirm and circulate to the STB.	HM

