

Minutes of the Diagnostics Specialties Training Board meeting held at 10:30 on Tuesday 4 February 2020 in Room 4, Forest Grove House, Foresterhill, Aberdeen (with videoconference links)

Present: Peter Johnston (PJ) Chair, Alan Denison (ADe), Albert Donald (ADo), Dianne Morrison (DM), Leela Narayanan (LN), Karen Shearer (KS), Larissa Spindler (LSp), Becky Wilson (BW).

By videoconference: *Dundee* - Sarah Mukhtar (SM); *Edinburgh* - Fiona Ewing (FE), Morna MacNeill (MM), Rhiannon Pugh (RP); *Glasgow* - Michael Digby (MD), Clair Evans (CE), Wilma Kincaid (WK).

Apologies: Raj Bhat (RB); Ralph Bouhaidar (RBo), Sai Han (SH), Teresa Inkster (TI), Ingolfur Johannessen (IJ), Jeremy Jones (JJ), Jen Mackenzie (JM), Iain McGlinchey (IM), Hannah Monaghan (HMo), David Murray (DM), Alan Ogg (AO), Karin Oien (KO), Shilpi Pal (SP), Jane Paxton (JP), Surekha Reddy (SR), Marion Slater (MS), Colin Smith (CS), Louise Smith (LS), Susan Taylor (ST).

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

	Action
1. Welcome and apologies The Chair welcomed all to the meeting and in particular, Rhiannon Pugh attending her first meeting as APG Diagnostics SES. Apologies were noted.	
2. Minutes of meeting held on 17 December 2019 The minutes were accepted as a correct record of the meeting.	
3. Matters arising/actions from previous meeting	
3.1 CIT/ID: NTS survey FE confirmed NTS results were by programme only and it was not possible to break down the information further. The STS survey results can be broken down by post and so further analysis was possible. She will discuss with Professor Hill how to produce the breakdown and copy in BW to the discussion. There must be a minimum of 5 responses to produce RAG data.	FE
3.2 Forensic Histopathology: employer anomalies on Turas KS reported she is still working on this. She noted that trainees in the specialty will come under NES employment from 5 February. She is also seeking clarification on payment of expenses. She will keep the group updated.	KS
3.3 Nuclear Medicine: course costs A letter was received from SH confirming the STC was working on the new curriculum and once this is done it will be reviewed by the GMC. Progress was awaited. In terms of supporting trainees to meet course costs, while PJ felt there should be a way of supporting them, WK noted the course in question is considered exam equivalent and trainees pay their own exam costs. Meantime the situation was being managed.	
3.4 Quality: Neuropathology visit ADe reported ongoing discussion and clarity was sought. FE reported involvement in the Diagnostic Neuropathology visit has been confirmed.	

4. **TRAINING MANAGEMENT**

4.1 **Recruitment update**

No overall update was available.

- **Histopathology**

ST1 selection will take place on 17/18 and 19 February and all days will be full. 220 – 240 applications have been received for 90 posts. There are generally more candidates for ST1 posts this year, the reason for this was unclear although it could be people returning after a year spent in Fellowships and other posts and it is also now a shortage profession.

- **Interventional Radiology**

LN reported the IR post will be advertised this week. This had been delayed and the Edinburgh post was advertised first. PJ said these posts were recruited locally and there were often delays. He will raise this with the consultant sub committee at NHS Grampian and at Deanery level. WK said that after experiencing difficulties in the West, the Glasgow Deanery office had taken over organising recruitment and this had worked well. This was now returning to GGC. The difficulty with advertising in the North was with Grampian rather than Highland due to lack of consistent contacts. KS said she was happy to take the issue to the NHS HR Group via Anne Dickson and ADe will also seek to escalate this locally. It was agreed that LS will be included in comms in future and this should facilitate the process.

There are 2 posts to be recruited to in Interventional Radiology in Round 2. LS had contacted David Murray who confirmed there was no plan for national recruitment. The group discussed where to place the posts in the system with one proposal to remove them from the Clinical Radiology pool and put into ST4. LN was unwilling to affect Clinical Radiology posts and WK said that if this was done there was a danger this would not be a one off. PJ felt it was unlikely there would be any change until the workshop on 26 May where IR/Neuro IR will be discussed. Until that group provides a steer, he proposed filling posts at ST1 as it was preferable to have posts filled. WK said they have trainees in the West who could fill IR posts and if no posts were available at present, they could put the trainees onto the curriculum and then recruit them to posts when they do become available. She was concerned that if they remove Clinical Radiology posts it would appear they were not needed and there had been a considerable amount of work involved in establishing these posts in the first place. The group agreed to fill ST1 posts with Clinical Radiology at present and trainees would not be affected if they were put on the curriculum as proposed by WK and could apply when posts become available. LS will discuss with TPDs where the posts should be placed.

LS

4.2 **Report from COSLA event**

PJ attended the event and reported discussion on Molecular testing. It had been agreed to discuss genomic medicine beyond the sequence at a meeting in June. The College is aware of the need for expansion, but GMC does want to extend programmes. The Histopathology programme is the shortest in length and CAG does not want it to be lengthened. The outcome of the meeting was to increase educational component and prepare trainees across

all pathology disciplines to deliver diagnostic clinically. There is interest among trainees in Molecular Pathology. Another issue identified at the meeting was delivery at the clinical end and how results are viewed. The need for communication and interaction was also raised and to develop a development strategy. Minutes from the meeting will be provided and, if permissible, PJ will share these with the group.

4.3 **Recording discussion at STC meetings**

KS stressed the need to be mindful when recording discussion at meetings. An email has been circulated to all NES reminding staff of the need to comply with Data Protection.

4.4 **ARCPs in ID/GIM and Infection training**

ADe said there had been email exchange in November around whether ID/GIM trainees should be managed via Diagnostics or whether training requirements would be better fulfilled if managed by the Medicine STB. He had spoken to Professor McLellan and it was agreed it was for the STBs and STCs to take a view. Any decision to change this would have to be ratified by MDET.

BW's view was that the curriculum for CIT was the same and so there was not an issue and as there were no different requirements for ID/GIM she considered there should be no change. She agreed there may have been issues at previous ARCPs, but this related to how they were managed and not to where they sit. WK proposed including a GIM representative on the panel for trainees undertaking joint training with the process to remain under Diagnostics; BW agreed with the proposal. PJ stressed the need to ensure trainees have ARCPs that fit with governance and guidance and it was not for the STB to determine how to run them if they fit with these. It was agreed BW will produce a short paper summarising arrangements, working with colleagues on the content. She will send the paper to PJ who will discuss this with the Chair of the Medicine STB and professor McLellan.

BW
PJ

5. **QUALITY**

FE said there was little current activity – the next visit was arranged for 20 February to Neuropathology and will involve 3 trainees and trainers.

She noted recruitment to 7 or 8 Trainee Associate posts and encouraged the group make trainees aware. She and the current Trainee Associate would be happy to speak to anyone with an interest. Once the advert is agreed she will circulate it to the group. The role does not have a high time commitment and trainees who have taken on the role find it very useful.

FE

6. **Update reports**

6.1 **Lead Dean/Director**

ADe highlighted:

- Mr Graham Haddock appointed as Interim Deputy Medical Director and in post from 3 February.
- Stocktake of national way of working – letter to be circulated to TM staff to acknowledge their efforts.

- Royal College of Radiologists meeting with GMC next month – discussion on Interventional Radiology as a standalone specialty.
- Gold Guide Version 8 to be released 31 March and effective late Spring/Summer. Main changes – integration with Foundation Purple Guide – more flex on timelines for appeals. PJ felt the concentration on case law was not helpful. He considered a 2 tier system would be preferable. ADe confirmed this will be discussed at the next COPMeD meeting.
- OOP forms – large amount received and not all well completed. Need to ensure proper submission.
- OOPes – confusion around these. Approved for one year only unless exceptional circumstances. TPDs have been asked to engage with LDDs on processes.

6.2 **Histopathology**

MM noted positive talks on Cervical Cytology training and solution should be in place for ST1s in August. PJ also noted College recognition re numbers requirements.

6.2 **Diagnostic neuropathology**

Noted: one post will be recruited to.

6.3 **Paediatric Pathology**

CE reported advert now on Oriel. PJ added that CAG will consider Histopathology/Neuro/Paediatric Pathology/Forensic Pathology next week.

6.4 **Forensic Histopathology**

No other update was received.

6.5 **Interventional Radiology**

LN highlighted:

- New curriculum rolled out.
- Trainee and trainer champions – she is the trainer champion – established.
- Additional information highlighted – may not recruit to West Neuro IR post; West advert for Interventional Neuroradiology consultant - currently East consultants assisting 2 days a week. ADe and WK can help/advise if needed.

6.6 **Radiology**

No other update was received.

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

BW reported:

- Staff shortage imminent in Tayside and outside assistance requested. ID lead is supportive and this should put in place.
- Encouraging Consultant Clinical Scientist to assist with supervision.
- No Virology trained staff in Virology department.

6.8 **Chemical Pathology and Metabolic Medicine**

Noted: post advertised 20 February – Colleges to be made aware.

6.9 **Nuclear Medicine**

6.10 **Trainees Issues**

No other updates were received.

6.11 **Academic issues**

PJ reported the SCREDS review was ongoing under Professor Hill. The aim of the review was for better linking/how it fits with what is needed. SCREDS posts have been used flexibly in Scotland. Concerns have been expressed on lack of information on where trainees go afterwards and whether they go into academic posts. Opportunities for academic posts overall at lecturer level were much reduced in number and there are various issues with the SCREDS posts which were being considered. ADe was also looking at Integrated Pathways for trainees interested in academic posts and was discussing this with Medical Schools.

6.11 **DME**

6.12 **Service issues**

6.13 **Lay representative**

No other updates were received.

7. **Received for information**

Discussed earlier on the agenda.

8. **AOCB**

No other business was raised.

9, **Date and time of next meeting**

The next meeting will be held at 10:30 on Tuesday 24 March 2020 via videoconference.

Actions arising from the meeting

Item no	Item name	Action	Who
3.	Matters arising/actions from previous meeting		
3.1	CIT/ID: NTS survey	To discuss with Professor Hill how to produce the breakdown, copying BW into the discussion.	FE
3.2	Forensic Histopathology: employer anomalies on Turas	To keep group updated on this and on payment of expenses.	KS
4.	TRAINING MANAGEMENT		
4.1	Recruitment update <ul style="list-style-type: none">Interventional Radiology	To discuss with TPDs where the posts should be placed.	LS
4.4	ARCPs in ID/GIM and Infection training	To produce a short paper summarising arrangements, working with colleagues on the content; to send paper to PJ to discuss with Medicine STB Chair and Professor McLellan	BW BW, PJ

5.	QUALITY	To circulate Trainee Associate to the group.	FE
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