

Minutes of the Diagnostics Specialties Training Board meeting held at 10:30 on Monday 13 July 2020 in via Teams

Present: Peter Johnston (PJ) Chair, Raj Bhat (RB), Alan Denison (ADe), Albert Donald (ADo), Fiona Ewing (FE), Sai Han (SH), Wilma Kincaid (WK), Hannah Monaghan (HMo), Sarah Mukhtar (SM), Leela Narayanan (LN), Karin Oien (KO), Jane Paxton (JP), Rhiannon Pugh (RP), Surekha Reddy (SR), Karen Shearer (KS), Larissa Spindler (LSp).

Apologies: Ralph Bouhaidar (RBo), Michael Digby (MD), Clair Evans (CE), Teresa Inkster (TI), Ingolfur Johannessen (IJ), Jeremy Jones (JJ), Jen Mackenzie (JM), Iain McGlinchey (IM), Morna MacNeill (MM), Dianne Morrison (DM), David Murray (DM), Alan Ogg (AO), Shilpi Pal (SP), Marion Slater (MS), Colin Smith (CS), Louise Smith (LS), Susan Taylor (ST). Becky Wilson (BW).

In attendance: Helen McIntosh (HM).

Item	Item name	Discussion	Agreed/Action
1.	Welcome, introductions and apologies	The Chair welcomed all to the meeting and apologies were noted.	
2.	Minutes of meeting held on 4 February 2020	The minutes were confirmed as a correct record of the meeting.	
3.	Review of action points		
3.1	CIT/ID: NTS survey	FE reported the NTS will not take place this year; the STS and a Covid survey will both run. She will contact Professor Hill re breakdown of information by specialty; the item will be discussed again at the next meeting.	FE to contact Professor Hill re specialty breakdown; agenda item September meeting.
3.2	Forensic Histopathology: employer anomalies on Turas	KS was working on this information; agenda item for September meeting.	Agenda item for September meeting.
3.3	Quality: Trainee Associates	FE confirmed it was still planned to recruit Trainee Associates and the process will be reviewed.	
4.	Matters arising not elsewhere on the agenda	No other items were noted.	
5.	Main items of business		

5.1	Redeployment of trainees, its effects and repatriation	The board discussed which trainees were redeployed in their sites/areas and noted a mixed picture. In some areas senior people were redeployed for blocks; there are some concerns around ST2s in some areas who have been out of training for the longest time and how they will catch up with their peers who were not redeployed. Some trainees also lost out on rotations and efforts were now being made to get them back on schedule. In other areas more junior trainees were redeployed and there are now concerns about the potential for inequity of experience. There have been some difficulties experienced in repatriating trainees and HMo confirmed DMEs were aware and were working to resolve this. However she felt this would not create inequity among trainees as they will have a year to catch up with the disruption caused for 3 months. She confirmed that all trainees will return by 4 August. ADe acknowledged the challenge for Health Boards and noted he is a member of the Educational Recovery Group and NES' continuing close working with DMEs.	
5.2	Examination disruption, rescheduling and format changes	All College exams suffered disruption. RCPATH has decided to run Part 1 online in Autumn for all specialties with Part 2 largely online and January sittings from some specialties. RCR will run its exam in September and the normal sitting in October; it plans to run and invigilate these locally with some parts via Teams and details were being worked on. Costs will be met by RCR for equipment etc and a decision will be taken on whether to run local centres or 2 centres only in Scotland. LS noted that NES was asked to accommodate candidates in its buildings however this was not possible. It was agreed it was the College's responsibility to source suitable venue/s. SR will seek further information.	SR to seek information from College re exam centres.
5.3	ARCP processes	Most ARCPs have been completed. Educational catch up will be prolonged so the no fault Outcome 10s due to the disruption will continue into next year. It was likely some CCT extensions will be required and it was hoped this would not affect future recruitment.	
5.4.	MDET redrafting of STB Terms of Reference	A further amended version has been produced; HM will circulate it to the STB. ADe confirmed the Terms of Reference will be reviewed again next year. He emphasised the critical advisory role of the STB and its multiple reporting routes.	HM to circulate amended version.
6.	Standing items of business		

6.1	Deanery issues - Report from Lead Dean/STB Chairs update	The board noted the SBAR presented by PJ to the recent MDET meeting. ADe thanked everyone for their support to trainees and to one another. He reported that NES was now moving to a business recovery phase with a cautious re-opening of offices at a future date. All rotations will happen at the August changeover date although there will be some issues with those who are shielding and support will be ongoing. The Scotland Deanery website contains considerable relevant Covid 19 information. He acknowledged the need to support trainers as well as trainees. HMo noted that all appraiser courses have been cancelled until next year however a large quantity of online material is available and can be accessed via DMEs. She confirmed there was now a fastrack process for both Educational and Clinical Supervisors – this can be actioned via DMEs.	
6.2	Quality	Planned visits were cancelled and the Quality team was now working on how these will take place and how to re-start its programme. The QRP will be different – no NTS data will be available but other survey data will be. TPDs were encouraged to fill out their reports to enable local intelligence. HMo noted the reports have been revamped and only the top and bottom 2% will be commented on resulting in shorter reports. DMEs can be contacted if any other information is required.	
6.3	Training Management – Recruitment, ARCPs, Rotations, Subspecialty, Redeployment update, examination strategies	ADe confirmed the annual process to bid for recruitment numbers will be different this year and there have been no formal communications re STB submissions. PJ noted the need to continue with the planned expansion of Clinical Radiology posts. The board agreed there will be a number of challenges this year in providing training eg social distancing/new curricula. Diagnostics trainees particularly require physical space and they were already working in cramped surroundings. PJ noted Interventional Radiology support for the creation of a national training platform; this has been approved in principle by NES. A business case would be required for a virtual platform and various other platforms are available and suitable. In terms of sharing teaching across all Scotland, HMo said that Glasgow Histopathology has developed a very good induction and she hoped this would be available online. Any commitment for extra training numbers would have to be alongside an agreement for more equipment; any issues around equipment could be raised with DMEs. The board agreed the issues was not solely that of equipment and expansion but also adapting to the new training world. SH noted the London Deanery has started remote teaching via consultants to Nuclear Medicine trainees for up to 100 people at a time	

		<p>and at no cost. The board acknowledged the need to ensure people have access to practical skills and pastoral care. If teaching is done via Teams etc there was a risk they could lose contact with trainees. PJ confirmed SMEC 2021, the NACT Conference in January and AMEE in August will all go ahead and these could be good opportunities to consider blending training and pastoral care. ADe confirmed there is still an obligation to support a healthy educational culture. The simulation centre in Larbert would be able to deliver some training and a mixed model would be helpful.</p> <p>PJ noted he has asked John Colvin at Scottish Government if would be possible to extend double running for 6 or 9 months. He reported that he and ADe will attend a meeting with Interventional Radiology colleagues later in the week; HM will circulate the minutes of the recent IR training meeting to the STB. A good way forward has been planned and there is agreement to collaborate using all training methods.</p> <p>Also noted:</p> <ul style="list-style-type: none"> • recruitment fill rates information circulated – all filled. • Changes to Chemical Pathology programme and information circulated. Single training programme entry. • Specialty recruitment leads – KD for Chemical Pathology; PJ will seek a lead for Virology. • Letter from Professor Parks circulated to all trainees. 	<p>HM to circulate IR training meeting minutes to STB.</p> <p>PJ to seek recruitment lead for Virology</p>
6.4 6.5	Professional Development MDET	No other business was noted.	
6.6	Service (MD/DME) report	HMo noted that Ian Hunter and Helen Freeman have joined Friday MDET meetings; this has been very helpful and ensured close collaborative working.	
6.7	Royal Colleges reports	RCPath has appointed a new President, starting in November. All colleges will have suffered a major loss of revenue due to exam cancellations.	
6.8	Specialty and STC reports	<ul style="list-style-type: none"> • <i>Nuclear Medicine</i> Discussion in the specialty around the need for succession planning in GGC; diploma still required and funded by NHS England and all trainees will have to do in future. • <i>Chemical Pathology</i> 	

		<p>Scottish-wide weekly tutorials established via Teams and available to all Scottish trainees and trainers.</p> <ul style="list-style-type: none"> • <i>Histopathology</i> JP felt that delivery of training post Covid and with no expansion would be challenging; they are restructuring courses for August starts and there is a lack of opportunities for people to catch up. She felt that redeployment of junior trainees affected their confidence. They have re-instated PM training using PPE but this would be difficult to organise for ST1s. SM noted their Forensic Unit will be taking trainees again for PMs from October. College guidance was to allow trainees to perform Covid PMs with PPE however Scotland had banned this to preserve PPE stocks. This situation was now relaxed however if there were any issues locally they should contact their DME. SR reported that trainees have been doing procedures using PPE and she felt it would be helpful for departments to provide individuals with a small supply of PPE for their own use. She also noted the RCR support service for trainees returning from redeployment/sick and maternity leave – which could be a helpful initiative for others. PJ reported the Scottish Symposium will take place online on 30 September. The programme is being finalised and trainees were encouraged to attend. • <i>Paediatric Pathology</i> Noted: one trainee leaving at end of July and new trainee starting in Glasgow so 2 of 3 posts will be filled. • <i>Diagnostic Neuropathology</i> Learning has been put online and tutorials were being offered twice weekly and can be made accessible to other trainees on request. 	
6.9	Academic report	<p>KO highlighted: Universities would be able to provide access to online training to colleagues; SCREDS trainee about to complete training and keen to recruit another. ADe noted that Professor Hill is leading a review on SCREDS posts with the Universities to consider extending these to Medical Education. International Conference in Glasgow will now be held online – costs will be less and a good opportunity for CPD training.</p>	
7.	AOCB	No other business was raised.	
8.	Date of next meeting	10:30 am on Monday 28 September 2020 via Teams.	