**Minutes of the Diagnostics Specialties Training Board meeting held at 10:00 on Monday 28 September 2020 in via Teams**

**Present**: Peter Johnston (PJ) Chair, Kevin Deans (KD), Alan Denison (ADe), Clair Evans (CE), Sai Han (SH), Jeremy Jones (JJ), Morna MacNeill (MM), Hannah Monaghan (HMo), Dianne Morrison (DM), Sarah Mukhtar (SM), Shilpi Pal (SP), Jane Paxton (JP), Katherine Quiohilag (KQ), Surekha Reddy (SR), Karen Shearer (KS), Jill Shepherd (JS) deputising for Ingolfur Johannessen (IJ), Larissa Spindler (LSp).

**Apologies**: Raj Bhat (RB), Ralph Bouhaidar (RBo), Michael Digby (MD), Albert Donald (ADo), Fiona Ewing (FE), Teresa Inkster (TI), Graham Haddock (GH), Ingolfur Johannessen (IJ), Wilma Kincaid (WK), Jen Mackenzie (JM), Iain McGlinchey (IM), Ewen Millar (EM), David Murray (DM), Leela Narayanan (LN), Alan Ogg (AO), Karin Oien (KO), Rhiannon Pugh (RP), Marion Slater (MS), Colin Smith (CS), Louise Smith (LS), Susan Taylor (ST). Becky Wilson (BW).

**In attendance:** Helen McIntosh (HM), Rachel Brand-Smith (RBS).

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| **Item** | **Item name** | **Discussion** | **Agreed/Action** |
| 1. | Welcome, introductions and apologies | The Chair welcomed all to the meeting and especially Jill Shepherd (JS) deputising for Ingolfur Johannessen (IJ) and Katherine Quiohilag (KQ), STB pathology trainee representative, attending her first meeting. Apologies were noted. |  |
| 2. | Minutes of meeting held on 13 July 2020 | The minutes were confirmed as a correct record of the meeting. |  |
| 3. | Review of action points |  |  |
| 3.1 | Specialty recruitment leads | JS reported that IJ is seeking to confirm arrangements. |  |
| 3.2 | CIT/ND: NTS Survey | ADe noted:* Only triggered visits will take place.
* The need for visits every 5 years was being reviewed but these will continue where required.
* NTS survey information is not yet available.
* The list of intended visits will be circulated on 2 November. Enquiries information will also be circulated at around that time and will highlight good practice.
* The Quality team will host a workshop later in the year to look at using the self assessment process but it seems clear that evidence gathering can cause issues and in the current situation and with the potential for a pandemic second wave this was not a good idea. Diagnostics departments have been at the forefront of dealing with the pandemic. However ADe did feel that the self-assessment tool would allow good local practice to be highlighted.
* HMo noted that TIQME will meet on 29 September to discuss redeployment and repatriation. She stressed that TPDs should speak to Associate Deans/ADe if there were issues and ADe would let her know. ADe agreed the need to share information on challenges and good practice as early as possible.
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| 3.3 | Forensic Histopathology: employer anomalies on Turas | This has been a complex issue to resolve and KS and ADe will take it forward by arranging a meeting with Anne Dickson, NES General Manager, PJ and Lindsay Miller from the Crown Office. | **KS/ADe/PJ** to take forward issue. |
| 4. | Deanery issues - Report from Lead Dean/STB Chairs update | ADe highlighted:* Increased activity due to increasing Covid cases.
* In process of educational recovery.
* Information on NES Medical Awards will be circulated in the next Newsletter.
* Reviewing ARCP outcomes over last 12 months to check impact of Covid Outcome 10s. The picture looks similar across the UK with some areas more affected than others and within Scotland variation across specialties reflecting the variation in involvement in redeployment eg fewer Diagnostics trainees were redeployed in Scotland. A report has been sent to the Scottish Government and emphasised the need to resume as near normal training as possible. The report is not yet ready to be shared but will be when appropriate. HMo stressed redeployment is only permitted once Scottish Government, Deanery and GMC agree it is required and is not an answer to normal service pressures. If anyone was still being redeployed they should inform their DME and TPD so they are aware.
* The Technology Enhanced Learning Group (TELG) is exploring cross regional approaches to training.
* TPD event is planned to share learning and experience in Scotland.
* Projected underspend in NES this year and potential for bids to be invited for PG infrastructure or development work and suggestions were welcome. Money must be used this year and proposals to be outlined in a short paragraph with costs.
 | **All –** underspend proposals. |
| 4.1 | Quality | From the report circulated by FE noted:* CIT information already discussed.
* QRP has been held.
* Workshop planned – Quality team working on detail. ADe asked PJ to ensure Diagnostics was included the planning.
* Self assessment questionnaire – consider this only provides answers to questions posed – visits provide better feedback.
* Recruitment of Trainee Associates – PJ asked trainee reps and TPDs to encourage trainees in Diagnostics specialties to undertake these roles. HM will circulate information on the role to the board.
* PJ noted that Dr Marie Mathers has been appointed to the Quality team to represent Foundation and noted his and the board’s congratulations.
 | **PJ** to ensure Diagnostics representation.**HM** to circulate information to the board. |
| 4.2 | Training Management – Recruitment, ARCPs, Rotations, Subspecialty, Redeployment update, examination strategies | *Recruitment*The board discussed the 4 Nation Specialty Recruitment 2021 Proposal. This was produced following a Specialty Recruitment Methodology Workshop hosted by Health Education England on 27 August 2020 and attended by over 60 stakeholder representatives from the Royal Colleges, devolved nations, lead recruitment offices and trainee representatives to consult on delivery of specialty recruitment in 2021.Various concerns were expressed around the self assessment part of process and potential broadband and online difficulties. There was also concern that local control of recruitment has been lost with the move to centralisation. The timing of the workshop itself was of concern as the impact of trainees’ self assessments on the process is now becoming clear with the view that there would be a need to interview 10% of these in future to enable benchmarking. Specialties have also experienced issues in getting shortlisters and panellists for interviews. It was felt the recruitment process is not clearly outlined in the document and discrepancies between specialties around self assessment were noted. Some specialties provided trainees with shorter programmes to enable them to check progress –this would not be possible in Radiology due the number of applications received.The board also highlighted:* Sense that Scotland was not always included in UK discussion
* Self-assessment system was unsafe.
* Preference for the flexibility of home grown trainees and the ability to train in more than one centre.
* Noted no appetite in other specialties for local recruitment - Diagnostics STB is an outlier – and only Forensic Pathology has local recruitment. National/local recruitment will be further reviewed but PJ was unsure there would be a different outcome. JJ said he would not be happy with Scotland only recruitment as he felt there was a risk fewer people would apply and they would receive lower quality applications.
* ADe said they all want good committed trainees and it would be helpful to review what would serve workforce needs best and the perception of Scotland as a place to train.

The paper was a proposal only but there was not a clear invitation to respond to it. It was agreed PJ will draft a short paper outlining today’s discussion and send it to ADe to take to MDET.*Examination strategies*Noted:* Additional diet of exams set by RCPath in January.
* Radiology – all exams digital and in Edinburgh. Other parts of the exam to be done via Teams – examiners in London in pairs who will share screens with trainees. An additional diet arranged for December. Some concern among trainees that exams might be cancelled; unlikely the situation will change before the next sitting in January and SP has contacted the College for confirmation.
* GMC has launched conversation with Colleges and statutory bodies about potential derogations for next year. Noted derogation for OSCE has already been agreed.

*Recruitment** Unlikely that HEE will take account of prolongation of programmes or allow expansion of posts to accommodate. Likely to result in shortfall in programmes in a few years’ time. This was raised at the Academy meeting when NES sought extension which would only involve a small number of double running trainees – ADe confirmed NES submitted papers on numbers and trainee progression to Scottish Government and a response was awaited. Double running would be an issue in Radiology given the lack of physical space in the department.
* Ministerial commitment to Radiology expansion numbers and this is unlikely to change.
* One indicative post must be posted on the website if specialties planned to recruit and numbers can be added later however additional numbers once added cannot be removed. CCTs will be considered as indicative at outset and numbers can be added if admin informed. 12 March is the holding date but realistically numbers will have to confirmed and signed off by admin and added to Vacancy Manager by end of February 2021.
* STB agreed to keep its options open re double running.
* ADe agreed to take view expressed by SR for flexibility within IDT and IRT process back to both processes.
 | **PJ** to draft short paper for ADe; **ADe** to take paper to MDET.**ADe** to inform IDT and IRT processes. |
| 4.3 | Professional Development | Noted: information on TPD training event has been circulated. |  |
| 4.4 | DME report | HMo noted:* Meeting arranged for 29 September to discuss trainee deployment.
* SPA all cancelled – she will seek to preserve this time for TPDs.
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| 4.5 | College reports | *RCPath*PJ noted:* Much work on exams to facilitate necessary changes and educational colleagues working closely with GMC resulting in pause on some curricular changes.
* Some working changes in College.
* Scottish Symposium to take place this week – open to all members and Fellows.
* No candidates for Scottish Region Chair post received to date.
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| 4.6 | Specialty and STC reports | *Nuclear Medicine*SH highlighted:* All trainees doing well.
* Exam held in Edinburgh.
* New curriculum from August 2021 and draft on JRCPTB website.
* Recruitment – difficult to do locally as it is a small specialty and happy to continue nationally. Recently appointed 2 trainees from England.
* One trainee received an Outcome 10.1.
* Issue noted – new curriculum with little change apart from case numbers and trainees will still need FRCR and Diploma from London and funding will be required for this. LS and ADe will discuss funding of Diploma and SJT.

*CIT and Virology*JS noted:* Challenges of pandemic with direct impact on Infection Training.
* Two posts filled in Lothian – redeployed and returned to normal post – disruptive but working to mitigate this.
* Trainees sat exam last week.
* *Chemical Pathology*

KD noted:* Weekly national online training established and facilitated by consultant – all going well.
* Exams held last week – issue with one trainee re firewall.
* P2 Module 1 delivered in local centres – in Glasgow for Scotland.
* Issues with project proposals – still awaiting College approval.
* Recruitment – new curriculum next year – to ST3 only and UK national.

*Histopathology*JP noted – West:* All regional teaching now online via Teams and scanned slides provided.
* National courses running remotely.
* Trainees now back in mortuary and positive working with Forensics.
* Anxiety among trainees around exams not taking place remotely and implications if have to self-isolate/further lockdown restrictions.

MM noted – SES:* Histopathology Symposium to run this year and trainees have adapted this to Teams.
* Regional teaching online and some positives re travel expenses and keen to retain some.
* Autopsies continuing with good support from Forensics but trainees having limited experience and hopes this will normalise.

SM noted - East:* Teaching running again.
* Autopsies for first years next month and should get required numbers.

PJ noted LS report - North:* Similar situation and issues in North – good working across programmes.
* Neuropathology going well.

*Paediatric Pathology*CE noted:* One trainee moved to GP and gained a new trainee.
* Online journal club for all UK trainees via Teams.
* One trainee sitting P2 exam in the next few weeks – advised to take own PPE to exam centre in Manchester. Trainee concerns re possible impact of lockdown on exams and travel to centre as some trains and flights have already been cancelled – have asked trainees to be flexible around using own transport.
* ST1 placements will start in November and developing links to roll out raining to other centres although consultant numbers impact on this.
 | **LS and ADe** to discuss funding. |
| 4.7 | Trainee report | KQ noted trainee concerns re effect on training and opportunities but all aware of challenges. |  |
| 5. | Received for information | * Study Leave guidance
* Educational update 2020 RCPath.
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| 6.6.1 | AOBClinical Academic Report | ADe will share the report with the board for its information. | **ADe** to share report with STB. |
| 7. | Date of next meeting | 10:30 am on Monday 26 October 2020 via Teams. |  |

**Summary of actions**

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| **Item no** | **Item name** | **Action** | **Who** |
| 3.3.3 | Review of action pointsForensic Histopathology: employer anomalies on Turas | To take forward issue. | KS/ADe/PJ |
| 4. | Deanery issues - Report from Lead Dean/STB Chairs update | To send underspend proposals. | All |
| 4.1 | Quality | To ensure Diagnostics representation on workshop; to circulate Trainee Associate information to the board. | PJ; HM |
| 4.2 | Training Management – Recruitment, ARCPs, Rotations, Subspecialty, Redeployment update, examination strategies | Recruitment paper: to draft short paper for ADe to take to MDET. ADe to take view re IDT/IRT to those processes. | PJ, ADeADe |
| 4.6 | Specialty and STC reports | Nuclear Medicine: to discuss funding of Diploma. | LS and ADe |
| 6.6.1 | AOBClinical Academic Report | To share report with board. | ADe |