

Minutes of the Diagnostics Specialties Training Board meeting held at 10:30 on Monday 26 October 2020 in via Teams

Present: Peter Johnston (PJ) Chair, Raj Bhat (RB), Kevin Deans (KD), Alan Denison (ADe), Albert Donald (ADo), Clair Evans (CE), Teresa Inkster (TI), John Kelly (JK), Wilma Kincaid (WK), Ewen Millar (EM), Dianne Morrison (DM), Leela Narayanan (LN), Shilpi Pal (SP), Jane Paxton (JP), Katherine Quiohilag (KQ), Karen Shearer (KS), Jill Shepherd (JS) deputising for Ingolfur Johannessen (IJ), Louise Smith (LS), Larissa Spindler (LSp), Becky Wilson (BW).

Apologies: Ralph Bouhaidar (RBo), Michael Digby (MD), Fiona Ewing (FE), Sai Han (SH), Jeremy Jones (JJ), Graham Haddock (GH), Ingolfur Johannessen (IJ), Jen Mackenzie (JM), Morna MacNeill (MM), Iain McGlinchey (IM), Hannah Monaghan (HMo), Sarah Mukhtar (SM), David Murray (DM), Alan Ogg (AO), Karin Oien (KO), Rhiannon Pugh (RP), Surekha Reddy (SR), Marion Slater (MS), Colin Smith (CS), Susan Taylor (ST).

In attendance: Helen McIntosh (HM).

Item	Item name	Discussion	Agreed/Action
1.	Welcome, introductions and apologies	The Chair welcomed all to the meeting and in particular, Ewen Millar (EW) RCPATH trainee rep, attending his first meeting. Apologies were noted.	
2.	Minutes of meeting held on 28 September 2020	The minutes were confirmed as a correct record of the meeting.	
3.	Review of action points		
3.1	Forensic Histopathology: employer anomalies on Turas	ADe, KS and PJ met, and this is being taken forward.	
3.2	Deanery issues - Report from Lead Dean/STB Chairs update: underspend proposals	All proposals received and being considered by Finance Director – output expected soon.	
3.3	Quality: Trainee Associates	Information circulated to the board.	
3.4	Recruitment paper: to draft short paper for ADe to take to MDET	PJ to take forward action.	PJ to take forward.
3.5	Nuclear Medicine: to discuss funding of Diploma.	ADe reported funding has been agreed within the TM budget and SH has been informed.	
4.	Main items of business		

4.1	College examinations	<p>Colleges have changed the format of exams to largely on-line. The board discussed their experiences:</p> <ul style="list-style-type: none"> • Radiology – Part 1 resit and Part 2a resits were done remotely and worked well – 2b was also done remotely with all Scottish trainees attending in Edinburgh. Some trainees had expressed anxiety about travelling and accessibility of train services, but all were given documents/letters explaining the need for their travel and the exam centre was in central Edinburgh. All went well but trainees would still prefer something closer to home. Some trainees felt sitting the exam online had resulted in a more relaxed experience. Noted College has amended the January sitting and more spaces are available. • Med Micro – Feedback from Part 1 and 2 exams was that that trainees liked the platform but there had been little advance opportunity to familiarise themselves with it. Part 1 – noted some questions seemed to have been written in a hurry and issues with proof reading resulting in typos. Part 2 – fewer issues with proof reading but felt there was a huge ID bias in questions. Trainees liked the use of Teams but this had not worked as well for OSCEs. • Histopathology – Not all candidates were alerted to the word limit in software. 3 candidates for Part 1 in North – they would normally travel to Edinburgh but this time it was conducted online. This had been a positive and more relaxing experience. Sufficient time was allocated and although image quality was variable overall the process was good. Part 2 had 2 North candidates attending in Edinburgh. The CHAT OSCE was online and no feedback was available yet. 2 West candidates sat Part 1, and this went well with the same comments regarding image quality. • Paediatric Pathology – One candidate sat the exam in Manchester and only issues reported were around transport. No formal feedback received yet. • Chemical Pathology – Main issue for candidate in Dundee in Part 1 was the firewall and so they were late starting the exam but were given extra time. Typos in Part 1 noted and in Part 2, but these were corrected on the day. Some minor venue issues but trainees did not feel disadvantaged and pleased they did not have to travel to Nottingham. • KH reported trainees felt that Part 1 run virtually had worked well and those who attended Part 2 in Edinburgh were happy with the process and had isolated in advance. PJ confirmed that RCPATH has produced a statement re access to the platform, acknowledging the process had not been as smooth as it should have been. The company engaged had not delivered everything it had promised and the College was in ongoing discussion with it. It was 	
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		<p>agreed board members will provide PJ with feedback on trainee experience and he will produce a collated response from the STB.</p> <p>PJ confirmed that most Colleges have agreed that this sitting will not count as an attempt if trainees fail. Some face-to-face elements will be included in the January sittings which will aim to address the backlog of those who had been unable to sit the exam. These were mostly overseas doctors who had not been able to come to the UK due to travel restrictions. Standards will be the same as before.</p>	<p>All to send feedback to PJ; PJ to produce collated STB response.</p>
4.2	Training opportunities	<p>The STB noted:</p> <ul style="list-style-type: none"> • Some trainees received adverse outcomes due to lack of training beds. • Some North trainees were not able to rotate to Raigmore however they will go in January. Trainees still rotated to Dr Gray's Hospital without interruption. Much elective work in Aberdeen was put on hold and this did affect trainee opportunities however they will get this opportunity in a later part of training. • Feeling that people tended to 'get on with it'. • Ultrasound training issues – in Aberdeen sonographers were able to assist and able to use sonar trainer. Outpatient clinics were cancelled but inpatient work continued and all was back to normal now. • Scottish Government has confirmed that medical students and Radiology trainees will have key worker status. • In the East sonographers initially would not train trainees. East does not have a sonar trainer but hoped to purchase one. They have ST1 trainees who need access to training and a backlog of trainees to get through their subspecialty blocks in NHS Lothian. ADe said that while there may be a limited amount of money in NES to buy equipment, it is the service responsibility to deliver training and if staff are refusing to do it, DMEs should take this forward. It is critical that Health Boards work in partnership to ensure training is continued. The STB agreed it is a management function to ensure appropriate places are available with suitable physical distancing. • In the West all training ceased for sonographers and specialty trainees as rooms were very small. This has now re-started and returned to near normal. Disruption to rotas has been a major issue and they are playing catch up to ensure all trainees receive suitable training. 	

		<ul style="list-style-type: none"> • Aberdeen included sonographers in trainee induction to ensure a sense of being part of a team. LN reported some reservations around the sonar trainer as it has its limitations. It is dependent on online access and if it breaks down it is virtually unusable and it has been difficult to get people onsite to repair meaning they have not had maximum usage. She stressed the need to ensure adequate backup and support is in place if purchasing. • Agreed to produce paper for MDET on difficulties affecting access to training – space, social distancing, ease of access etc. • Histopathology training in Aberdeen – not yet back to normal. Trainees contact with consultants variable and some had none. This is being addressed locally. • Post-mortems are back towards normal and this month Forensic post-mortems are being re-established. Formal training is via teams and those who were redeployed are all back working apart from one trainee who is working from home. It has been difficult to find suitable work to be done at home which is OH advice for trainees in third trimester of pregnancy. Trainees have not been able to rotate to Raigmore Hospital. Overall things are getting back to normal with some aspects being worked on. • KQ reported that although trainee workload decreased it was not generally at a level that affected access to experience apart from those in IR who could be disadvantaged. Otherwise access to post mortems was catching up and online training has worked well. • Infection Training – Covid has provided learning opportunities for senior STs however there have been challenges for those at lower ST levels with caps on capacity at benches and in rooms etc. There are some concerns around the level of fatigue among trainers in Med Micro due to the pandemic and this may impact on trainees coming through in the next couple of years. Trainer fatigue is an acknowledged widespread issue among many specialties. PJ noted a research paper on wellbeing evidences this and will be an issue for some time. • Chemical Pathology’s workload is now recovering and inpatient numbers are mostly back to normal – outpatient clinics are taking place mainly virtually and time is set aside before and after clinics to go through patients seen with trainees. National online tutorials are working very well. <p>Overall the picture is generally similar with changes in working patterns and concerns around catching up. As Diagnostics departments have always tended to be cramped the situation has impacted more on them.</p>	<p>PJ/ADe to produce paper for MDET.</p>
5.	Standing items of business		

5.1	Deanery issues: Training Management and Recruitment and Selection process	<p>Discussion highlighted:</p> <ul style="list-style-type: none"> • HEE East Midlands running Chem Path recruitment and selection process. • Forensic Histopathology had no posts last year and there will be none this year – there is one post in Diagnostics Neuropathology which did not fill last year but there will be some posts this year; there will be no vacancy in Nuclear Medicine for the next 3 years. PJ asked LS and DM to ensure that posts that have lapsed are recorded with JM. • The timeline for recruitment in 2021 has been circulated to the STB for information. There will be no face to recruitment. • PJ has written to John Colvin at Scottish Government to record his hope of recruiting to numbers based on ARCP outcomes in 2019 and this has also been raised with the Scottish Council. The paper submitted to the Transitions Group included 10 Radiology numbers and the College has asked for an increase of 2 in Med Micro and one in Virology. It was hoped these requests would be approved. Expansion to some specialties eg IMT is Scottish Government policy and will be prioritised. While numbers are not yet confirmed the NES submission makes clear its commitment to 10 Radiology posts. There is no commitment to 2 additional IR posts. Output from the Transitions Group is expected soon. • Recruitment and selection arrangements – JM and David Murray are the NES leads and LS will contact them for Radiology recruitment information and report back at the next meeting. 	<p>LS and DM to liaise with JM</p> <p>LS to contact recruitment leads and report back to STB.</p>
5.2	Deanery Issues: Report from Lead Dean/STB Chairs update	<p>ADe reported that as Covid cases are rising this is likely to lead to some redeployment. At the MDET and DME meeting last week it was agreed to set principles aligned with those in the rest of the 4 nations. Scotland will take a more nuanced approach than before with a clearer expectation of what is necessary and appropriate. Trainee webinars are being arranged and comms will be going out very soon. The trainee Covid 19 section on the website will be refreshed and the mailbox re-opened. He acknowledged the difficulties experienced by trainees and the potential for some trainees to repeat a year if they are redeployed again and stressed the Principles document will evolve with the situation. This will be done in consultation with local DMEs and the training team and training needs will be considered before anyone is redeployed and after discussion with local TPDs. There is now a large cohort of returnees and this will ensure all resources are considered and factored in so that trainees are not seen as the only resource. Planned rotations will continue as arranged and any</p>	

		disruption to these would be by exception only and tailored to the local response to the pandemic.	
5.3	Service (MD/DME) report	Noted that HMO will demit as DME representative on the STB and a replacement sought.	
5.4	Chemical Pathology	KD noted the project proposal was delayed and was now being taken forward. The outcome of Round 2 recruitment is awaited and if the post accepted the programme will be filled.	
5.5	Histopathology	JR reported a downturn in specimen numbers due to redeployment which they were able to work around. If they had to redeploy again it would be better to redeploy ST1s to mortuary services. PPE is now in place and this would help with body storage issues.	
5.6	Paediatric Pathology	CE confirmed she had written to Scottish Government regarding recruitment as flagged at the previous meeting. She noted that jds/person specs were written by the lead recruiting Deanery. JM provided the names of those volunteering for the recruitment process. She has also spoken to the lead recruiter in London and explained the difficulties in the recruitment process and hoped these issues will be resolved.	
5.7	Trainee report	KQ reported no new concerns have been raised but agreed with the difficulties around specimen numbers in non Gynae Cytology as flagged by JR in her update.	
6.	AOB	No other items were discussed.	
7.	Date of next meeting	10:30 am on Tuesday 1 December 2020 via Teams.	

Actions arising from the meeting

Item no	Item name	Action	Who
3.	Review of action points		
3.4	Recruitment paper: to draft short paper for ADe to take to MDET	To take forward action.	PJ
4.	Main items of business		
4.1	College examinations	To send feedback to PJ; to produce collated STB response.	All; PJ
4.2	Training opportunities: difficulties in accessing	To produce paper for MDET.	PJ/ADe
5.	Standing items of business		
5.1	Deanery issues: Training Management and Recruitment and Selection process	To liaise with JM re lapsed posts; to contact recruitment leads re Radiology recruitment and selection and report back to STB.	LS/DM; LS