

Minutes of the Diagnostics Specialties Training Board meeting held at 10:30 on Tuesday 1 December 2020 in via Teams

Present: Peter Johnston (PJ) Chair, Ralph Bouhaidar (RBo), Kevin Deans (KD), Alan Denison (ADe), Wilma Kincaid (WK), Sai Han (SH), Ewen Millar (EM), Dianne Morrison (DM), Katherine Quiohilag (KQ), Karen Shearer (KS), Jill Shepherd (JS) deputising for Ingolfur Johannessen (IJ), Jeremy Jones (JJ), Jen Mackenzie (JM), Hannah Monaghan (HMo), Sarah Mukhtar (SM), Leela Narayanan (LN), Karin Oien (KO), Marie Mathers (MMa), Surekha Reddy (SR), Louise Smith (LS), Marion Slater (MS), Larissa Spindler (LSp).

Apologies: Raj Bhat (RB), Michael Digby (MD), Clair Evans (CE), Graham Haddock (GH), Teresa Inkster (TI), Ingolfur Johannessen (IJ), John Kelly (JK), Morna MacNeill (MM), Iain McGlinchey (IM), David Murray (DM), Alan Ogg (AO), Shilpi Pal (SP), Jane Paxton (JP), Rhiannon Pugh (RP), Colin Smith (CS), 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 26 October 2020	Item 4.1 was re-ordered. With that amendment the minutes were confirmed as a correct record of the meeting.	
3.	Review of action points		
3.1	Recruitment paper: draft short paper for MDET	PJ will produce a short draft paper for ADe to take to MDET.	PJ
3.2	College examinations	RCPATH results show a 67% pass rate. Issues have either been or are being addressed with the provider of the exam platform. The College received supportive comments from trainees but also some almost abusive comments which was disappointing. Overall the STB felt the College had done well given the circumstances and some feedback from trainees indicated they had preferred the virtual exam. JJ said the process worked well in Radiology. He felt the College did well and he fed this back. Exam results were also very good, and they were likely to continue the same format from January after which they will review it. Overall those sitting in Autumn did better than generally. The Scottish Government is interested in whether there is enough capacity available for trainees to sit exams and people	

		<p>waiting for slots. JJ reported some Northern England trainees used Scottish slots but the College created more slots for Scottish trainees so there was no capacity issue. PJ noted RCPATH also ran extra slots. It is not possible to do the Part 2 exams in January digitally however some slots may be cancelled due to people from abroad unable to travel. SH reported good feedback from the Part 2A exam in Edinburgh. A number were taking Part 2B and as there was a short time between the two parts they are supporting trainees. Part 2A results were released late which could have been a factor in the short interval between parts.</p> <p>Overall the outcome has been relatively successful.</p>	
3.3	Training opportunities: difficulties in accessing	<p>STB members reported:</p> <ul style="list-style-type: none"> • Radiology (LN and JJ) <ul style="list-style-type: none"> ○ Sonography training is going well. ○ Almost back to full time outpatient and inpatient lists. ○ Slowly getting through backlog and training is almost back to normal. ○ Social distancing measures are still affecting numbers and training experience. They have looked at using eg shoulder models and are organising a demo of this after which they hope to introduce it. Cost is £3k and they were keen to know if they could topslice the Study Leave Budget, although most of this has been used, and whether other resources were available. ADe confirmed he has sourced extra money for some training and there are also initiatives via TELG that could be used. Requests for extra funding should be sent to ADe/APGD, copied to both. ○ Lothian is using anonymised cases for trainees to review and would consider widening this out to other parts of Scotland. • Histopathology (KQ and LS) <ul style="list-style-type: none"> ○ Volume and variety of cases in Pathology has reduced so potential impact on training. ○ Workload figures for Aberdeen increasing but not normal and lacking variety. As the service is concentrating on malignant cases there are fewer benign cases for new trainees and instead they will use archive material. ○ Monthly courses are running via Teams and have received good feedback. <p>ADe felt this was all very positive. There are many trainees with Covid ARCP outcomes so there was a need to maintain clinical learning. It is likely the Scottish Government will seek information on how many trainees will be held back and the STB may be asked to provide the</p>	

		information. There may also be College derogations. PJ reported that HEE is suggesting that programmes will be able to catch up and while he thought some elements could be foreshortened it may not be possible to catch up if trainees were very behind and he was concerned there will be an impact on trainees when they CCT and become consultants. SM raised her concern about the practicalities of trainees rotating within Scotland eg Dundee trainee rotating to Glasgow. PJ felt this could be possible if local supervision could be arranged.	
3.4	Recruitment: lead for Radiology	SP was confirmed as the lead. Arrangements are in place – they will use the MTAS test and the top 55 will be appointed and others interviewed, the lowest ranking candidates will not be interviewed. Interviews will be done on site and via Teams and trainees will not solely self score. Extra slots have been built in in the case of IT failure. 350 interviews will be conducted over a week.	
4.	Standing items of business		
4.1	Deanery issues - Report from Lead Dean/STB Chairs update	<p>ADe highlighted:</p> <ul style="list-style-type: none"> • The Deanery Covid mailbox has been reopened, so far it has been very quiet. • Redeployment – DMEs consulted. Scottish Government was reminded many retired returner doctors have not been used yet so there are other tools to use first before redeploying trainees. • Covid 19 FAQs updated. • Email migration – 18 November deadline for switch off has passed so still possible to update email addresses and encouraged to do this asap. • OOP backfill – posts can be backfilled by NTN if OOP for more than 12 months. • ARCP survey – results available plus recommendations and actions. 	
4.2	Quality	Dr Fiona Ewing has moved to support another group of specialties and MM has filled her place. The STB recorded its thanks to Dr Ewing for her work as Quality Lead and as Radiology representative on the STB over several years.	
4.3	Training Management	LS attended the Histopathology Training School meeting in November when information on recruitment for 2021 was shared. This will be virtual and run 8-10 February. Candidates will complete a self assessment questionnaire as part of the process, and this will be verified separately by interviewers in January. There will be a single 30-40 minute interview with 2 interviewers. There has been discussion on the use of breakout rooms to enable parallel interviews, but this has not been confirmed and is complex to arrange. PJ had concerns about the interview process and how they could measure the outcomes against potential 'hawks'	

		<p>and ‘doves’ interviewers and stressed the need for Scottish representation – it was noted that some specialities were using Workforce Psychology to undertake additional analysis. JM will send LS the join up link for interviewers. She confirmed the Round 2 timetable has been available for some time and at an earlier date than was usual, so trainees should be aware.</p> <p>The Recruitment update was noted for information.</p> <p>SR reported that Diagnostic Radiology is picking up Interventional Radiology work with a shift in training to ensure they can do standalone procedures and in line with the new curriculum.</p>	<p>JM to send interviewer join up link to LS.</p>
5.	Professional Development	No items were discussed.	
6.1	Updates		
6.1	MDET	<p>Noted the joint MDET/STB Chairs meeting on 16 November.</p> <p>There was discussion at the meeting of the ID/GIM SBAR written by the Medicine STB Chair and covering the governance of ID/GIM training. This has always sat within the Diagnostics STB however the Medicine STB has proposed this should come under the Medicine STB. The STB discussed the paper and its proposal. Trainees fall between those who do not come into labs but who do have oversight of lab based people. If changed this would be a challenge. There are 22 trainees in CIT with a lab component and who then progress into specialties – 45-50 across Scotland including Med Micro and others. There is always Medicine representation at ARCPs and this has worked well. The STB felt it was not advisable to separate the specialties for their long term development. The STB did not support the proposal and it was agreed ADe and PJ will provide a written response for the Medicine STB and for MDET.</p> <p>SH noted that Nuclear Medicine was previously with GIM before moving under Radiology. Trainees now CCT in Nuclear Medicine and get a CESR (CP) in Radiology and there have been issues around paperwork. The GMC has confirmed this process will be streamlined and there were perhaps parallels with the situation in ID and GIM.</p>	<p>ADe and PJ to provide written response.</p>
6.2	Service (MD/DME) report	<p>HMo highlighted:</p> <ul style="list-style-type: none"> Scottish DME meeting last week where it was agreed they will only redeploy trainees if necessary and for as short a time as possible. Diagnostics trainees were not best placed for redeployment and it was hoped there will not be the same impact on trainees as in 	

		<p>the first wave. WK noted requests for ST1/2 Radiology trainees in NHS Lanarkshire to be redeployed – this had not come via the DME and underlined the need for DMEs to be kept informed.</p> <ul style="list-style-type: none"> • Trainees suffering from anxiety can undertake risk assessments and the service can help with this. • This is HMO's last meeting as DME representative and she is seeking a replacement and may also be able to identify a Medical Director representative for the STB. PJ thanked HMO on behalf of the STB for her contribution to the STB over several years. 	
6.3	Specialty and STC reports		
	<ul style="list-style-type: none"> • Nuclear Medicine 	<p>SH highlighted:</p> <ul style="list-style-type: none"> • Thanked ADe and KS for enabling funding for the Diploma. • A new curriculum for next year which is available on the JRCPTB website. • Yr 3 to 4 change and change to Eportfolio – this caused some issues now resolved. 	
	<ul style="list-style-type: none"> • Med Micro/ Virology/ CIT 	<p>JS highlighted:</p> <ul style="list-style-type: none"> • Issues with training due to Covid pressures. • Two additional Med Micro and one additional Virology trainee this year – all agreed and appointed. 	
	<ul style="list-style-type: none"> • Chemical Pathology 	<p>KD reported:</p> <ul style="list-style-type: none"> • One post unfilled in SES so will go into 2021 recruitment under the new Chemical Pathology curriculum. • No trainees redeployed. 	
	<ul style="list-style-type: none"> • Forensic Histopathology 	<p>RB noted that trainees were back to routine work and thanked ADe for organising the finance for a Dundee trainee to travel to Aberdeen. ADe confirmed the principle had been agreed between NES and Dundee and Aberdeen Universities.</p>	
	<ul style="list-style-type: none"> • Paediatric Pathology 	<p>CE reported recruitment was open and interviews will take place on 19 January.</p>	
6.4	Lay representative report	<p>PJ noted that Albert Donald has been the lay representative on the STB for some time and has now come to the end of his tenure. A recruitment process for lay reps is ongoing and a replacement will be found. PJ thanked Mr Donald for his thoughtful and perceptive contributions to the STB and on ARCPs.</p>	
7.	Received for information	<p>No papers were received for information.</p>	
8.	AOCB	<p>No other business was discussed.</p>	

9.	Date of next meeting	The date of the next meeting was subsequently confirmed as 10:30 on Wednesday 17 February 2021 via Teams.	
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Actions arising from the meeting

Item no	Item name	Action	Who
3.	Review of action points		
3.1	Recruitment paper: draft short paper for MDET	To draft short paper for ADe to take to MDET.	PJ
4.	Standing items of business		
4.3	Training Management	To send interviewer join up link to LS.	JM
6.	Updates		
6.1	MDET	To provide written response to Medicine STB and MDET.	ADe and PJ