Minutes of the Diagnostics Specialties Training Board meeting held at 9:30 am on Tuesday, 28th February 2022 via Teams

Present: Fiona Ewing (FE) Chair, Judith Anderson (JA), Ralph Bouhaidar (RBo), Bernie Croal (BC), Kevin Deans (KD), Alan Denison (ADe), Michael Digby (MD), Jennifer Duncan (JD), Clair Evans (CE), Raluca Felicia Grigorescu (RFG), Vicky Hayter (VH), Lee Jordan (LJ) (BMA Rep), John Kelly (JK), Jen Mackenzie (JM), Marie Mathers (MM), Lorna McKee (LMcK) (Lay Rep), Ewen Millar (EM), Dianne Morrison (DM), Sarah Mukhtar (SM), Leela Narayanan (LN), Karin Oien (KO), Shilpi Pal (SP), Surekha Reddy (SR), Gordon Reid (GR), Sami Syed (SS), Karen Shearer (KS), Divyanka Srivastava (DS) (SAS), Alan Stockman (AS), Magdalena Szewczyk-Bieda (MSB), Laura Thomson (LT), Rebecca Wilson (RW), Tricia Yeoh (TY)

Apologies: Ray Fox (RF), Sai Han (SH), Teresa Inkster (TI), Celia Jackson (CJ), Jeremy Jones (JJ), Chris Kelly (CK), Rosalind Mitchell-Hay (RMH), Lokesh Saraswat (LS), Colin Smith (CS), Louise Smith (LS), Naveena Thomas (NT), Struan Wilkie (SW)

In attendance (minutes): June Fraser (JF).

Item	Item name	Discussion	Agreed/Action
1.	Welcome, introductions and apologies	Apologies were noted. The group introduced themselves and the Chair welcomed all to the group. It was noted that VH will be taking over from KS at the end of March.	
2.	Minutes of meeting held on 7th December 2022	The minutes were confirmed as a correct record of the meeting.	**Agreed**
3.	Review of action points	Previous action points have been completed and the following updates noted: • Actions from 5.4 (7th March 2022 minutes) in relation to the STEP Programme and IMG Numbers. LN spoke with Nitin Gambhir, the Chair from the GP OM PH BBT STB and will attend an all-day STEP meeting on 14th March. Nitin Gambhir also to attend next Diagnostics STB to discuss STEP further. It is hoped to have STEP up and running for new recruits into Diagnostics in September along with any other established trainees who wish to attend. • Funding for ALS Training – disparity between what happening in the west for Combined Infection trainees who had their ALS funding not taken from study leave budget whilst those in the south east were. When this was discussed by the DMEs it was noted that vast majority of Healthboards/DiTs expected it to come from study leave budget so have requested a consistent approach in future to stop disparity. • Radiopaedia – Tender bid put in to get online educational resource for Radiology trainees. Likely to take a couple of months. Lesley Metcalf had sourced funding to	

		cover the period for the expired licences - Feb-Aug 23. It had been thought that this had been paid for (going by previous email trail) however it now looks like the monies paid may have been for a previous timeframe – currently awaiting clarification. If this is the case, there will not be monies to cover the current period. • SOP for home-working – once document available, bring back to next Diagnostics STB. • Dr Cindy Chew has kindly agreed to join the Diagnostic STB meetings to cover Equity, Diversity & Inclusion. • Combined Infection Training – one year catch up to be organised. David Marshall has stepped down as STB Chair for Medicine so this will be arranged with his successor, Stephen Glen. It is hoped to have a Combined Infection Deanery visit conducted in due course. Still some issues with regards to combined reports and this can be discussed at the Combined Infection meeting.	
4.	Main Items of business		
4.1	Expansion of Training Numbers in Histopathology and other lab specialties	Previously there was a reluctance to expand Radiology further partly because of capacity with training issues. The expansion being discussed in particular relates to Histo-pathology and other laboratory specialties such as Med Micro. There was an additional training number for Paediatric Pathology in the last round, however major problems with recruitment and many unfilled posts in a lot of specialties and expansion of training numbers so maybe one possible solution is to try and have a greater throughput of trainees to fill some of these jobs. Comments were requested from the group on this and the following were noted: • TPD from South East region noted that there is a considerable shortage of Consultant Pathologists in Scotland and that following a poll with heads of service, there is an appetite for additional trainees from the service perspective. • CE happy to share application used for applying for expansion funding. CE mentioned that need to think of support for the peripheral DGHs. • LJ noted that during his time working with SPAN there had been a historic update to numbers of histopathology consultants who had been misclassified as chemical pathologists, this had increased NTNs previously. SPAN is a good place for data to combine with information from CE. Work has recently been done on projections of difference in vacancies versus upcoming CCTs and retention of trainees, the deficit was quite severe. The work was initially conducted by NHS Lothian, but they have requested that SPAN do this across Scotland for the discipline.	

		• ADe noted that the route for requesting any expansion posts is via the Scottish Shape of Training Group (sometimes called the Transitions Group) which is chaired by John Colvin in Scottish Government. This group meets every Autumn and NES is invited to make a case for expansion in the specialties where there is a projected shortfall of consultant staff. After the initial case has been made, all of the regional workforce planning groups and BMA can input too. In the past couple of years, NES have also been successful in getting infrastructure funding for this i.e. additional sessions for TPDs, but the case has to be made. There is not a standardised template but have access to previous cases made within Diagnostics and other specialties. It was noted that cases should be made on a specialty by specialty basis as easier to make a case for smaller numbers. • BC noted that strong cases require data which tends to be manual and looks at retirements etc. Paediatric Pathology is a particular problem across the UK with high level discussions in London and difficult to see how it can be solved in a short space of time. Workload is approaching 90% of what it was before Covid in terms of specimen numbers, however the complexity is higher because seeing more advanced cancer cases due to not presenting during the Covid period. Workload getting to unmanageable levels and backlogs starting to build. Very strong case to make around histopathology expansion of trainee numbers, however need to consider that losing people at the top end who retire early and those leaving when they qualify to go to more attractive posts in England. • RW discussed issue of increase in number of trainees going OOP and LTFT. ADe noted that need to manage expectation of trainees as not realistic if a large number expect to go OOP at once. ADe also noted that currently making a case to Scottish Government that training numbers should be on a whole time equivalent basis rather than just a headcount basis – making good progress across a number of different specialties. Need to project flexibility. KS mentioned that if a trainee is going OOP for over 12 months then can recruit into that post.	**AS/CE/Other TPDs in Histopathology to get together and craft a paper for expansion numbers. Outline required for next STB.**
4.2	SMART Training Objectives for the Diagnostic Specialties	Email shared with the group for the new SMART objectives project which was introduced by Quality Management within NES and the document gives examples of outcomes for Medicine and Paediatrics. These give a minimum tariff for training that should be expected depending on grade of doctor. The ambition is, that for all the different specialties, something equivalent will be produced.	

		It was discussed how this information could be pulled together for Diagnostics. MM suggested that document should note what teaching is available on an average weekly basis as well as what trainees in Diagnostics do over and above the routine day job such as independent reporting at more senior level in histopathology, getting to participate in multi-disciplinary meetings etc. The curriculum would also need to be consulted also to see what is currently required. It was noted that this would be a challenging ask for Diagnostics specialties in comparison to other specialties due to the differences in ways of working. Further discussion with Quality may be required. Quality confirmed that it was never designed to be a "one size fits all project" and the document is a guide only. The general consensus was that the SMART objectives were not a good fit for Diagnostics and FE will discuss further with Prof. Alastair McLellan.	**FE to discuss SMART Objectives with Alastair McLellan and confirm Diagnostics not a good fit for this project.**
4.3	TPD Reps on STB	It was asked as to whether it was felt that all TPDs should be present at each STB or whether there should just be a representation which could be rotated, particularly due to current workloads. The Chair reiterated however that wants to ensure TPDs do not feel disenfranchised and similarly does not want them to feel obliged to attend. • It was noted that there are different issues in different geographical settings and therefore, if not going to attend then should have regular TPD /RSA meetings. • Some felt that it would be self-selecting given workloads and mix of dates (which are varied to allow all to attend.) • It was noted that new TPDs found an educational element to the meeting. • Ensure clear channels of communication to feed back into the meeting. • Some TPDs are going to rotate on a regular basis and feed back to a group.	
4.4	Trainee Changeover Dates Review Group	Due to challenges within the larger specialties in having one changeover date in August for trainees, a review group has been set up to see if there is potential to stagger the start dates so that all trainees are not rotating on the same day.	

		This is less of an issue for Diagnostics specialties - there are some out of synch trainees coming in at different times for various reasons however this is the minority and setting different changeover dates may actually adversely impact Diagnostics specialties. SS and FE will be joining the review group (first meeting not been held as yet) to represent Diagnostics and put across viewpoints. It was noted that due to getting some extra funding in England there was a set up for extra trainees in February as well as the main group in August and this caused issues for Diagnostics due to teaching start dates. The cohort which joined in February felt they had not bonded as well as the August cohort also.	
4.5	Radiopaedia Update	Discussed under actions.	
4.6	ARCP Training Day	Training day on Teams on 25th April – this will give an update on the changes in how ARCPs will run going forward.	
5.	Standing items of business		
5.1	• Deanery issues - Report from Lead Dean/STB Chair	• MDST (Medical Directorate Senior Team) Meeting – Postgraduate Deans Alastair McLellan (Medicine), Claire McKenzie (Foundation) and Amjad Khan (GP) will all be retiring over the next few months. This will give NES an opportunity to think about how the structure works and there may be some realignment of responsibilities amongst the senior team. There will be recruitment in the ongoing months and there will be enhanced regional strategic support for groups such as universities and employers. Also been discussing neuro-diversity and ramping up support for doctors who are neuro-diverse, which includes dyslexia and dyscalculia and other spectrums. • There has been discussion on the simulation strategy – the sim lead presented at the last MDST meeting and Medical Director Lindsay Donaldson will be getting more involved at high level and strategic direction of travel for sim across the deanery. • Also discussed a paper on postponement to the start of training (different to staggering). Reasons for this could be delay in getting visas, medical care etc. Working with DME colleagues to adopt principles for this.	

	• Training Management • Sim • ED&I	Recruitment – the Junior Doctors' strike in England on 13th, 14th & 15th March may have some impact on offers as interviews are being pushed back during those dates. Will know more shortly and will ensure everyone updated. Running CIT interviews w/c 20th which will be going ahead as planned. • Radacad was submitted for approval and also mannequins for autopsy training. • EVAR simulation course took place and second part of that due to be undertaken. • NOTSS (non-operative training skills for surgeons) – bespoke course for IR trainees is to run, top-sliced from trainee study leave budget. • CT guided simulation – SP has been in touch re VR headset and hands-on training which shows how different tissues will feel as you go through CT guided biopsies and drainages (features in undergraduate curriculum for general training, currently a significant gap in delivery of training). • Bootcamp for Medical Microbiology Combined Infection Training – bid was too late for this round but will be submitted for the next bid. The bootcamp has been run in the east for years but will require other trainers to be involved in future. • LT noted that were going to ask if their STC would like a trainee representative for EDI. • MM noted that there is a new EDI course on diversity with actors playing trainees. Email has been sent out.	
5.2	Service (MD/DME) report BMA Report	• No DME report available. • No report available.	
5.3 & 5.4	Royal Colleges report and Heads of School Report	• Junior Doctors Strikes – not confirmed in Scotland but may potentially put at risk some of the exams taking place in March and April. It would affect the RCPath Part 2 exams generally done in London. Message from BMA is that the exams should go ahead and trainees should attend but if cannot get examiners to London that will limit what can be offered. ADe asked that if any disruption, the Deanery be notified as soon as possible.	

		• Beginning to see significant expansion in all pathology disciplines with regards to access to online training resources. The European Federation Board and International Federation have both produced excellent online teaching resources through the teams at Harvard in Boston and across Europe. They are free and hugely valuable resources. Work being done through the ACB to help fill in the gaps for UK specific training needs. • There have been issues with trainee access to the booking system for FRCR as it was coming up as full. The RCR worked very quickly to resolve this however and there should be no further issues. • SRB2B reform project is a huge project currently taking place and will be a big change to the 2B exam. The rapid reporting will become short cases. The 2B exam will become standardised so all trainees fitting a particular time slot will all see the same cases. That reform is going in early next year. If the GMC agree to all the changes then all the new exam implementations will be in place for October sitting next year. Discussion also took place about increasing the number of 2B and 2A sittings that trainees can sit as it is a critical progression point. Hopefully, it will increase once the new reforms are accepted. • The strikes should not affect recruitment for Radiology due to dates. • RCR has submitted a paper to the GMC about the changes to implementation of doing practical procedures particularly for trainees with disabilities. It is hoped approval will be received in time for ARCP requirements in 2023. • Sim - next Heads of Training meeting – discussion re what minimum set should be so that all trainees can meet the derogation requirements on the curricula. • Not enough RSAs currently recruited within the RCR for every day to be represented for the ARCPs up and down the country so if you know you are going to be discussing ARCP 2s or Non ARCP 1 outcomes then that is the data request for an RSA. • ADe noted that the outcome 10s issues for Covid disruption will come to an end at the end of September 2023.	
5.5	Specialty and STC reports	**Radiology** • Nothing additional to add.	

		Nuclear Medicine • 1 ST final year trainee progressing well and projected to CCT in October and is going to be recruited to a combined radiology and nuclear medicine consultant post in GG&C. • ST recruitment for 2023 would be 2 after the current trainee completes in October and that would be for Feb 24 start. • Would like to put in for an additional ST post for expanding services in the UK including Scotland as snr consultants retiring who hold crucial RARSAC licences. England is increasing nuclear medicine ST posts. • Scottish Clinical Imaging Network PET-CT has also highlighted the need to expand NM training post to provide more PET CT reporters. • GGC is keen to accommodate/support additional ST post. Currently only 1 combined CR+NM post in NES every 6years. • Target: Current combined CR+NM post and Additional post (either similar post or one Y6 post after completing radionuclide radiology). • One local ST3 CR trainee with MRCP is interested in Y6 nuclear medicine training. **CIT/Med Micro/Virology** • No additional updates. **Chempath** • Full programme at the moment with recent trainees started this month and one post out for recruitment in August. Recent exam sittings went very well with sizeable number of passes and informal feedback from trainees was that it was fair. Thanks were given to BC in his role as interim lead examiner with support of several others. **Histopathology** • Post mortem training – problems primarily in the east of Scotland. RBo is aware of this issue and looking at solutions. • Core trainees – developed a Scotland-wide ST1/ST2 online training programme which is going well. Awaiting full feedback from trainees to develop it going forward. Have invited the Northern Ireland trainees to join.	**FE to discuss with SH about making a case for additional posts**.

		• Study Budget – welcomed the increase to £600 per trainee last year however keen to know if any additional uplift for coming financial year, particularly in the north which can occur expensive travel. ADe noted that not heard of any planned increase for next financial year, however NES take things on a case by case basis so if any particular trainees is experiencing difficulties in funding to attend a course which is required to meet curriculum needs NES has been open to finding money wherever possible. **Diagnostic Neuropath** • Colin Smith stepping down as TPD. • Changes to national recruitment for Neuropath and Paeds – trainees have to have part 1 before applying for a post. Need to ensure the trainees sit their part 1 on time. **Paediatric and perinatal path** • Awaiting to hear when current TPD is emigrating to New Zealand which is likely to be spring, depending on visa. **Forensic Histopath** • 2 consultants recruited to the SE – one is current trainee and the other is a locum.	**ADe to check if any increase to study budget in coming financial year.**
5.6	Trainee report	• No concerns currently to report other than worrying about exams if there are clashes with strikes.	
5.7	SAS report	• DS noted that currently 2 SAS posts in Raigmore Radiology department, both working towards CESR and well supported within the department. There was a local SAS development day on 6th December where there was a presentation on CESR. People had been hesitant to work towards CESR and now have more enthusiasm towards it once it had been explained. One open post for SAS doctor which should be filled soon.	
5.8	Academic report	• All of the year 3 exams for Medical students have taken place in Glasgow – around 400 students of whom many appear interested and doing well in Diagnostic specialties. • No issues with academic trainees currently in Glasgow and Aberdeen.	

5.9	Lay Rep Report	LMcK made the following observations: • Pleased to hear that capacity being debated and proactive management taking place in recruiting and filling gaps and the need for data and evidence to support that. • Reservations about the implementation of SMART objectives and pleased to hear nuanced and deep conversations re this as SMART objectives were introduced in 1954 and are quite dated and there is academic debate around them being fit for purpose. • EDI – recently sat on specialty training for ST1s interview panels – some trainees are totally coached and prepared for interviews and some IMGs have not grasped the shape of interviews and may be at a disadvantage initially. • Training capacity – need to make sure the trainers remain incentivized, supported and developed. • Meeting very well chaired.	
6.	AOB	• Cellular Pathology CSTC meeting being held at beginning of March and any pertinent points to be raised were requested by CE. CE will check and see what planning is in place regarding the strikes. • Transition from DISSG and IEB into the Diagnostics Strategic Network – lot of disquiet at the IEB about how this is being managed and the fact that the current structure ceased to exist around March and unsure who will be members of the new boards. There is another meeting in March for further updates and FE will update at the next STB. • LJ noted that the balloting for strike action for junior doctors in Scotland begins on 29th March and closes on 5th May. The content of the action planned has not been released as yet.	
7.	Date of next meeting	**Friday, 12th May 2023 @ 2:00 pm**	