

## Minutes of the Diagnostics Specialties Training Board meeting held at 2:00pm on Friday, 12<sup>th</sup> May 2023 via Teams

**Present:** Fiona Ewing (FE) Chair, Leah Barnsley (LB) (Guest), Ralph Bouhaidar (RBo), Cindy Chew (CC), Bernie Croal (BC), Kevin Deans (KD), Alan Denison (ADe), Michael Digby (MD), Clair Evans (CE), Ray Fox (RF), Nitin Gambhir (NG) (Guest), Raluca Felicia Grigorescu (RFG), Sai Han (SH), Lee Jordan (LJ) (BMA Rep), Jeremy Jones (JJ), Stephen Lally (SL), Jen Mackenzie (JM ), Lorna McKee (LMcK) (Lay Rep), Ewen Millar (EM), Dianne Morrison (DM), Sarah Mukhtar (SM), Leela Narayanan (LN), Louise Smith (LS), Sami Syed (SS), Divyanka Srivastava (DS) (SAS), Alan Stockman (AS), Rebecca Wilson (RW), Tricia Yeoh (TY)

**Apologies:** Judith Anderson (JA), Jennifer Duncan (JD), Vicky Hayter (VH), Teresa Inkster (TI), Celia Jackson (CJ), Chris Kelly (CK), John Kelly (JK), Marie Mathers (MM), Rosalind Mitchell-Hay (RMH), Karin Oien (KO), Shilpi Pal (SP), Lokesh Saraswat (LS), Surekha Reddy (SR), Gordon Reid (GR), Colin Smith (CS), Magdalena Szewczyk-Bieda (MSB), Laura Thomson (LT), 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.	
2.	Minutes of meeting held on 28 <sup>th</sup> February 2023	The minutes were confirmed as a correct record of the meeting.	<b>Agreed</b>
3.	Review of action points	<p>All action points had been completed from the previous meeting and the following were noted:</p> <ul style="list-style-type: none"> <li>SBAR put together for Histopathology expansion numbers. Considerable consultant shortages within Histopath in Scotland – 25 consultants WTE posts unfilled. Situation projected to worsen to 56 posts within 5 years. Vacancies are having impact on cancer diagnostic time. Workload decreased during Covid but has returned to pre-pandemic levels and there is an increasing complexity with cases. Existing trainee workforce – 18% are LTFT and any LTFT for consultants in the future will have an impact. Capacity – each of the 4 centres have confirmed they could accommodate 1-3 additional trainees. Existing training complement is 65 and figures would indicate could accommodate up to an additional 7 posts.</li> </ul>	

		<ul style="list-style-type: none"> <li>• SH sent in an SBAR regarding additional Nuclear Medicine trainees. The posts are 6 years in duration. There is a current risk due to consultants retiring and ongoing gaps, hence the request.</li> <li>• SMART Objectives – Alastair McLellan agreed that this is not a fit for Diagnostics.</li> </ul>	
4.	Main Items of business		
4.1	STEP in Diagnostics	<p>STEP was discussed at the last STB in February and is being introduced across all the specialty groupings. NG was asked to speak at the meeting about the background to STEP and his experiences and learning from being involved in GP STEP since inception.</p> <p>STEP started in 2014 – GP were exposed to a judicial review re differential attainment and one of the outcomes was that GP needed to do more to help IMGs. This led to the creation of a pilot of GP STEP. The pilot was highly successful and started to roll out to the rest of the country in 2015. Since then more than 300 trainees and 200 trainers have been through the process. ESs are involved from day one and the idea is to foster a productive, supportive and insightful trainee and trainer relationship. It is a holistic intervention giving an early insight to the challenges for IMG trainees – what lies ahead of them, what tools they can rely on and what are the success stories in the past. Topics such as culture, cultural competence, communication, success factors, reflection, e-portfolio and trainer focussed activities are discussed. It is not merely a tool to bring up the pass rates – it is meant to improve the experience for the trainees.</p> <p>The induction takes place over two days. The first day is face to face and the second day is online. One of the crucial parts of day one is trainees sharing their journeys and experiences – this can be one of the most powerful parts of the course and would encourage everyone to use this session. There is a team of 16-18 educators covering the course for GP. Examiners are encouraged to be part of the facilitator team as there is a session on learning assessment and exam support. There was no specific training required for the facilitator team – previous examiners, trainers etc. New members shadow the longer term team members.</p> <p>GP STEP is now being embraced in Ireland and Wales and GMC have mentioned it in many of their publications.</p>	

		<p>There is a proper evaluation methodology for the induction. A qualitative research on the trainee experience has taken place which has been published and one for trainer experience has also been carried out and will be published shortly. Medical Education Fellows have been used to support the programme as well.</p> <p>Day one is generic and day two is specialty specific. Day one can therefore be roughly similar for all specialties (as it is for Psychiatry).</p> <p>Some IMGs were reluctant to be classed as “at risk” so now have very clear cut off to make sure to exclude graduates from UK universities and also filter out graduates from Australia, New Zealand and Ireland. Need to be careful with Canada however.</p> <p>In terms of budget – any locations for the Day 1 training need to go through the NES process to identify a suitable location.</p> <p>There are readily available resources available on a Teams channel. These have already been shared with Psychiatry and Medicine and can be shared with Diagnostics.</p> <p>Paper 2 was distributed to the group and gives a draft overview of how LN sees STEP working within Diagnostics and LN talked this through with the group.</p> <p>LN noted that the numbers attending STEP within Diagnostics would be quite small and one day could potentially cover everything. It would need to be tailored to the different specialties within Diagnostics. Somewhere central (Dundee/Perth) would be ideal as a location and face to face would be helpful.</p> <p>CC asked if possible to also look at those with “at risk” characteristics as well as IMGs.</p> <p>In the first year it is thought that all IMGs in all the specialties across the years could be asked. This would create larger numbers in the first year but lessening in future years and could potentially create a peer network for IMGs. IMGs with success stories could be asked to speak at the day.</p>	<p><b>Looking for volunteers to join the facilitating team from Diagnostics (around 6 trainers plus trainees). Please contact FE if interested. A meeting will be set up once faculty agreed.</b></p>
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		NG asked that all be mindful not to have a homogenous view of IMGs and to treat them individually.	
4.2	Simulation faculty development course	<p>Paper 3 was circulated to the group from SP with an update on simulation within Diagnostics.</p> <p>There were some questions posed to the STB on the Ultrasound course which is being held in Inverclyde:</p> <ul style="list-style-type: none"> <li>- Is there an unmet need within the regions?</li> <li>- why is this the case and would any local intervention suffice?</li> <li>- do you think this will help in the short term?</li> </ul> <p>MD noted that he would be interested in it locally - there is an ultrasound shortfall and ultrasounds are currently being delivered by sonographers. Location also suitable.</p> <p>No real requirement in the North as training is robust.</p> <p>Duty room scenarios – hoping to make this more standardised and looking for faculty who would be trained at Forth Valley. Each of regions to request volunteers to attend the training and become faculty.</p>	<p><b>FE to contact TPDs to see if any appetite from others (as well as the west) re ultrasound.</b></p> <p><b>Anyone interested in becoming faculty for duty room scenario training to contact FE or SP.</b></p>
4.3	Radiology online learning tender process	<p>Submission has gone live and meeting in July for scoring process. Successful bidder will be given contract and start at end of July ready for next training year.</p> <p>In the meantime, a group discount has been negotiated by some trainees in Lothian to purchase log ins from their study budget. This is a decision for trainees and their supervisors if it is a good use of their study budget.</p>	

4.4	ID/GM Meeting Update	Meeting was held in May with Stephen Glen (new Medicine STB Chair) and a number of people from ID/GM. Things continue to go well with the new format. It was noted that DM has been doing a sterling job. RF is stepping down as TPD in September and a new TPD for ID has been appointed – Daire O’Shea, an infectious diseases consultant in Lothian.	
5.	Standing items of business		
5.1	<ul style="list-style-type: none"> <li>• Deanery issues - Report from Lead Dean/STB Chair</li>   <li>• Recruitment</li>           <li>• Training Management</li>   <li>• ED&amp;I</li> </ul>	<ul style="list-style-type: none"> <li>• BMA Scottish Junior Doctors Committee are in discussion with Scottish Government and employers following the result of the recent ballot. NES acknowledge concern and uncertainty and continue to support trainees and trainers in the period ahead.</li> <li>• Nitin Gambhir has been appointed as the new Lead Dean Director and will take up post in due course to oversee GP and another number of specialties and roles. There will be further advertisements and appointments soon.</li>   <li>• Ordinarily the report would be sent prior to the meeting but recruitment processes have been delayed due to junior doctor strikes in England. A written report will be sent out shortly to the group.</li>   <li>• Clinical Radiology – 2 posts remaining which are being recycled.</li> <li>• CIT3 – has filled.</li> <li>• Level 4 – one of the posts unfilled (Combined infection).</li> <li>• Diagnostic neuropathology has not filled or paediatric perinatal pathology.</li> <li>• Histopathology has 100% fill rate.</li> <li>• Lead recruiter for CIT this time around and it went well so will continue to be the lead recruiter in the UK. There will be interviews in October.</li>   <li>• Organisation well under way for ARCPs. DM thanked all those who had agreed to sit on panels and for confirming training requirements.</li>   <li>• Not much actionable output so far however college has appointed 6 Fairer Outcome Fellows (3 from Oncology, 3 from Radiology).</li> </ul>	

		<ul style="list-style-type: none"> <li>They have surveyed the registrars to find out what they want and what is missing. Data from UK med is also being looked at and the College is looking at whole process in terms of selection, ARCP processes etc. CC has shared STEP information with the college. CC will update the group further on progress at forthcoming meetings.</li> </ul>	
5.2	Service (MD/DME) report  BMA Report	<ul style="list-style-type: none"> <li>No DME report available.</li> <li>No report available.</li> </ul>	
5.3 & 5.4	Royal Colleges report and Heads of School Report	<ul style="list-style-type: none"> <li>Growing concerns around workforce particularly peri-natal and paediatric pathology. Likely to be a shortfall in future. Being able to attract and retain consultants difficult as NHS England can provide incentives to attract staff whereas this is not available in Scotland.</li> <li>BC has been elected as President of RCPATH and will take up role in November. The group congratulated BC and thanked him for his contributions.</li> </ul>	
5.5	Specialty and STC reports	<p><b>Radiology</b></p> <ul style="list-style-type: none"> <li>Nothing additional to add.</li> </ul> <p><b>Nuclear Medicine</b></p> <ul style="list-style-type: none"> <li>Nothing additional to add.</li> </ul> <p><b>CIT/Med Micro/Virology</b></p> <ul style="list-style-type: none"> <li>LJ noted there is a failure to recruit in Microbiology in Lothian and there is a retirement bulge and concern on capacity to train in the future. Issue around the attractiveness of Microbiology and trainees preferring to go to ID. May be a good idea to look at trainee intentions for the future and also make Microbiology more attractive as a career. FE/RF noted that the jobs in Healthboards do not match the training in combined infection curricula. ADe noted that there is a planned programme visit to Infectious Diseases later on in 2023. A key part of that will be to engage with clinical service, medical directors and strategic planners and to raise further awareness of what the training is and how can flex and bend within the parameters of the curriculum so that can recruit, train and retain as many doctors as possible.</li> </ul>	

		<ul style="list-style-type: none"> <li>• There will be a meeting in early June to discuss whether there should be an expansion of academic posts (SCREDS posts).</li> <li>• This is RF's last meeting as TPD (due to retirement) and the Chair thanked him for all his helpful contributions and hard work over the years at the STB.</li> </ul> <p><b>Chemical Pathology</b></p> <ul style="list-style-type: none"> <li>• 100% fill rate for recruitment.</li> <li>• Exams – BC is currently chair of the panel of examiners for clinical biochemistry – everything went well. Candidates will receive results shortly.</li> <li>• Preparing for ARCPs. Been more difficult getting everyone on to the LEPT system that the college uses but hopefully all should be on now.</li> </ul> <p><b>Histopathology</b></p> <ul style="list-style-type: none"> <li>• There are still issues with delivering post-mortem experience in the east (this has been reported previously). It was proposed that perhaps the hospital consultants could do forensic PMs like in other areas but this is not feasible unfortunately due to several factors including job plans.</li> <li>• The TPD for the west is stepping down and there is no replacement currently.</li> </ul> <p><b>Diagnostic Neuropath</b></p> <ul style="list-style-type: none"> <li>• No issues currently. A new TPD has been appointed and will be in place soon.</li> </ul> <p><b>Paediatric and perinatal path</b></p> <ul style="list-style-type: none"> <li>• TPD post out for advert. Trainee recruitment for one post in next round of recruitment. Dual training with Histopath and other smaller specialties might potentially help with some of the service issues and recruitment.</li> </ul> <p><b>Forensic Histopath</b></p> <ul style="list-style-type: none"> <li>• Recent recruitment for replacement for RBo – new TPD appointed and will start in June.</li> </ul>	
5.6	Trainee report	<ul style="list-style-type: none"> <li>• No issues to report.</li> </ul>	

5.7	SAS report	<ul style="list-style-type: none"> <li>No issues to report</li> </ul>	
5.8	Academic report	<ul style="list-style-type: none"> <li>No report available.</li> </ul>	
5.9	Lay Rep Report	LMcK had no additional comments to make.	
6.	AOB	There was no AOB.	
7.	Date of next meeting	<ul style="list-style-type: none"> <li><b>Thursday, 28<sup>th</sup> September 2023 @ 9:30 am</b></li> <li><b>Wednesday, 13<sup>th</sup> December 2023 @ 2:00 pm</b></li> </ul>	

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