

Minutes of the Diagnostics Specialties Training Board meeting held at 2pm on Wednesday, 13th December 2023 via Teams

Present: Fiona Ewing (FE) **Chair**, Judith Anderson (JA), Ralph Bouhaidar (RBo), Cindy Chew (CC), Jennifer Duncan (JD), Clair Evans (CE), Hazel Halbert (HH), Sai Han (SH), Celia Jackson (CJ), Peter Johnston (PJ), Jeremy Jones (JJ), Anna Jarchow-MacDonald (AJM), Stephen Lally (SL), Lorna McKee (LMcK) (Lay Rep), Scott McKinnon (SMcK), Ewen Millar (EM), Rosalind Mitchell-Hay (RMH), Dianne Morrison (DM), Leela Narayanan (LN), Alan Ogg (AO), Sue Reddy (SR), Marion Slater (MS), Kerryanne Shearer (KS), Gudi Sureshkumar (GS) (SAS Rep), Alan Stockman (AS), Antonia Torgerson (AT), Struan Wilkie (SW), Tricia Yeoh (TY)

Apologies: Siobhan Connolly (SC), Kevin Deans (KD), Alan Denison (ADe), Vicky Hayter (VH), Jen MacKenzie (J Mack), Sarah Mukhtar (SM), Gordon Reid (GR), Louise Smith (LS), Naveena Thomas (NT), Laura Thomson (LT).

In attendance (minutes): Zoe Park (ZP)

Item	Item name	Discussion	Agreed/Action
1.	Welcome, introductions and apologies	<p>Apologies were noted. The group introduced themselves and the Chair welcomed all the new members to the committee:</p> <ul style="list-style-type: none"> • Hazel Halbert – Co-TPD Radiology West • Gudi Sureshkumar – SAS Representative • Peter Johnson – Royal College of Pathologists 	
2.	Minutes of meeting held on 12th May 2023	<p>Paper 1 was circulated before the meeting and the minutes were confirmed as a correct record of the meeting apart from one update below:</p> <p style="text-align: center;">Roof Replacement Pathology Department, Aberdeen (Item 5.10)</p> <ul style="list-style-type: none"> • LS noted that they were told that the physical distancing of trainees and consultants may have an impact on training, which they are keen to recognise and minimise. However, 16 consultants and 2 trainees have now been moved to temporary offices at the opposite end of the hospital site to the Pathology Department, an 8–10-minute walk away. It’s expected to be here for 12 months. All other trainees and a small number of consultants remain based in the Pathology Department and are working across the two locations. 	<p>Agreed</p> <p>ZP will update previous minutes</p>

3.	Review of action points	All action points from the meeting were completed or were included on the agenda.	
4.	Matters arising not on the agenda		
4.1	ARCP EDI Indicators	<p>Paper 2 was circulated to the members before the meeting (not for wider circulation) and CC gave a short presentation from an EDI perspective, which discussed the findings around ARCP equality, diversity, and inclusivity indicators included in the report. (Please see slides attached)</p> <p>CC noted the following:</p> <ul style="list-style-type: none"> • Due to large gaps in the data - missing data could be due to many reasons - included in the report statistical analysis is not possible. • Trainees cannot be compelled to complete this information and close the gaps. • Devolving some work to the local TPDs regarding this may be beneficial as they are the experts in their region in delivering education. <p>FE opened the discussion up to the trainee reps and the following was noted:</p> <p>SS</p> <ul style="list-style-type: none"> • Agreed with CC that this is not something that you can compel and noted that it may not necessarily be because certain trainees feel targeted but that some people just do not want to complete this kind of information in a survey. • FE was curious if trainees don't complete this information because they feel that it won't be acted upon and whether it would make a difference if they knew may help education processes going forward. SS noted that personally he doesn't think that this would make a difference and that ethnicity shouldn't necessarily be taken into consideration in data like this. <p>TY</p> <ul style="list-style-type: none"> • Understands SS perspective but noted that personally coming from a background where race matters a lot – i.e. further education and the area in which you live – filling out aspects of these surveys is normal. 	

		<ul style="list-style-type: none"> • However, highlighted that anonymity is important to some people and if it is explained what exactly the data is being used for then people will be more willing to complete this information. • In terms of surveys, people are more willing to complete it if they know it is going to be beneficial. <p>EM</p> <ul style="list-style-type: none"> • Highlighted that there may be an element of survey or audit fatigue, and this may be a factor in missing data. • Noted the importance of the work being carried out in these areas. <p>SMcK</p> <ul style="list-style-type: none"> • Referred to how the data is acquired via TURAS and wondered how this would compare to other boards, such as Foundation who must interact with TURAS on a more regular basis. <p>Discussions arose amongst the TPDs about how they would feel about trying to collate this kind of data and the following was noted:</p> <ul style="list-style-type: none"> • HH noted that TPDs could encourage trainees to submit the information but reiterated that this cannot be mandatory. • RMH agreed and highlighted that issues surrounding why people don't volunteer is so vast and may be hard to manage. Also, if there were a tangible output from why this data is required then people may be more willing to give this information up for a purpose. • SR noted there may be reluctance due to information submitted on these surveys being potentially subdivided and then particular groups targeted. • AT and KS highlighted that it may be difficult for TPDs to collate this kind of information if people want to remain anonymous, especially for smaller specialties. • FE noted that surveys such as GMC and Scottish Training Survey, which have tangible benefits to training, can still have issues getting trainees to complete. 	<p>FE will feedback discussion to Lesley Metcalf.</p>
--	--	---	--

		<p>PJ shared the below link to the members which includes published data form UKMED around EDI:</p> <p>https://www.ukmed.ac.uk/published_research</p> <p>LMcK followed on by stating that even if we currently had accurate data, we may be too focused on getting that data straight and that perhaps the introduction of some inclusive events where EDI is the focus for everyone may raise more awareness.</p>	
4.2	Expansion and WTE Posts	<p>At the end of November, the Scottish Government (SG) confirmed the expansion posts for August 2024 as follows:</p> <ul style="list-style-type: none"> • Histopathology – 2 posts • Medical Microbiology and Virology – 2 posts • Chemical Pathology – 2 posts <p>FE noted that the Chemical Pathology posts were unexpected as they hadn't been applied for, Additionally, disappointed to not to get any additional Nuclear Medicine posts as SH had presented a strong case. Plans for expansion posts must be fed back to Lindsay Donaldson by December 19th.</p> <p>Furthermore, FE has contacted Lindsay Donaldson for some clarification around the move from WTE post to head count posts and whether this was part of the expansion bid, for example if expansions posts weren't applied for then you couldn't bid for this. MS noted that the WTE hasn't been approved across all specialities and is still something that is being worked towards.</p> <p>Discussion arose how transparent the information around expansions posts is and how decisions are made, for example why posts were not approved or why numbers were lower within the Diagnostics specialty grouping. MS highlighted that there was disappointment amongst other specialty groupings but agreed that there may be information lost in translation and that this is an evolving piece of work.</p>	<p>TPDs to get in touch with FE regarding this.</p> <p>FE agreed to investigate this further.</p>
4.3	Delivery of CIT	<p>FE and MS have been involved in an ongoing piece of work which looks at the infection curriculum, and how the needs of the curriculum being met and are there any challenges to providing this. Meeting took place last week where all of this was discussed and what this looks</p>	

		<p>like for trainees in Scotland, who can be laboratory based, infection based, or general medicine based.</p> <p>MS highlighted that the main challenge for trainees is around two curricula, two portfolios and two exams, ARCPs and study budgets. Additionally, the mismatch between what people are being trained for and consultant jobs which are available at the end of training as there is a discrepancy across the whole of the UK.</p> <p>Discussions took place at the recent Quality Management meeting and a report is being produced regarding a recent visit to CIT. This will be a recurring item at future STBs.</p>	
4.4	Leeds Radiology National Teaching	<p>FE noted that this item was for information and that a colleague from Leeds, who is delivering online Radiology teaching, is keen to extend this to Scotland and the Scottish trainees. It's delivered via teams and would require input from the teachers and trainers in Scotland.</p> <p>JJ noted that he has already been in contact with TPDs regarding this and some of the trainees have already started attending the sessions, which it seems to be half an hour on a particular topic. So far, has been receiving positive feedback.</p>	
4.5	Bootcamps for Procedural Skills	<p>CC presented a short presentation. (Please see slides attached)</p> <p>The following was noted by the group:</p> <ul style="list-style-type: none"> • FE thought this was a good idea, and a way of addressing an issue in certain parts of the county where there is a struggle to provide certain things on the Radiology curriculum. • SR noted that it is a good way for trainees to get together from different areas and that there are ongoing conversations with Argon Medical Devices who are willing to provide help with individual training days and will provide equipment and representatives. Currently, within Lothian there's ongoing discussions around arranging a weekend or weeknight session. • TY added that this would be extremely beneficial, particularly due to the curriculum change in Radiology and the competition amongst trainees to complete procedures. • From a NOS perspective, SW noted the importance of doing something collectively as a country on rotational regional basis, as logistics can be a challenge. Conversation 	

		arose around Dundee being a central place for most regions which has worked for other sessions.	
4.6	FRCR Exam	<p>As discussed at the last STB meeting, there has been several issues surrounding the FRCR exam, particularly the last sitting, i.e., noise control, invigilator issues and trainees not receiving additional time where necessary. FE highlighted that the TPDs in Scotland produced a letter for the Royal College of Radiologists detailing the concerns of how the situation was handled. Results were received late and trainees who were unsuccessful have been issued a full refund and their attempt nullified, however, this may have a negative effect on training as they will have to retake the exam.</p> <p>The trainee reps had agreed to survey the trainees and gather information regarding this. TY presented a short presentation which included the results. (Please see slides attached)</p> <p>FE thanked TY for the valuable data provided and highlighted that she would be attending a meeting on Friday 15th December at the college in London where she will raise this issue and present the findings.</p> <p>The members discussed the negative impact this has had on trainees and training leads and discussed ways in which trainees could be better supported in the future in sitting exams virtually.</p> <p>LMcK acknowledge the work that TY had done and thanked her for the insightful summary of this situation. Highlighted that perhaps some cases studies or examples to support the hard data may be helpful. Congratulated the members for their work in raising this so effectively.</p>	
4.7	TPD Recruitment	<p>FE highlighted that there have been some ongoing issues with recruiting to TPD posts in some specialty groupings, for example Histopathology in WOS and Chemical Pathology as well as some cross covering in our smaller specialties.</p> <p>FE opened discussion what can be done to support the TPD role and what are some of the barriers that are being faced. The following was noted by the group:</p> <ul style="list-style-type: none"> • SH noted that historically, for smaller specialties the role is carried out on top or work with sometimes no official recognition or funding from NES. 	

		<ul style="list-style-type: none"> • CE added that there has been a shift with Educational Supervisors (ES) wanting to progress within education. This is due to several factors such as, job plans are extremely tight, not enough sessional time for the TPD role and people who are working in pressurised smaller departments don't feel they can take on a bigger role within education. • PJ acknowledged that things have changed over the years and that the support for people within TPD roles is not as present as it used to be, and the opportunity for these roles is not as well presented. • AJM suggested that for the smaller specialties it may be beneficial to arrange a trainers meeting, where ES can receive additional support but that it is important to set expectations for those who want to be involved and get them involved in processes. FE agreed that these meetings are beneficial. • JJ added that is important to view training to make a difference and showing good practice as TPD and talk about the positive aspects and may encourage other colleagues to get involved. • Additionally, CE noted that peer support for trainers is not as readily available on the deanery website as it is for example for trainees, and it may to affective to arrange to support individuals within the TPD role. <p>MS confirmed that there is now an additional session for CIT gave thanks to AJM for the work that she has already been carrying out. Regarding the specifics of the Histopathology WOS role, MS noted concerns about the situation and if a solution is not found it may need to be looked at collectively. Currently, exploring the idea of a sessional uplift for the role and asked the STB for support in the interim to support the programme.</p>	FE will arrange meeting with Histopathology TPDs to discuss how to support.
5.	Main Items of business		
5.1	Deanery update	MS noted that all updates have been covered elsewhere in the meeting.	
5.2	Recruitment update	<p>Paper 4a/b was circulated to the group before the meeting.</p> <p>SL noted that fill rates were good- for Diagnostics and applications for round 1 and round 2 recruitment has now closed.</p>	
5.3	Quality update	JD gave the following update to the members:	

		<ul style="list-style-type: none"> • CIT infection visit took place recently and the report is currently going through the final stages and will hopefully be released before Christmas. • There is a new engagement structure and separate smart objective meetings, and action plan reviews will take place within each of the Health Boards. 	
5.4	TPM update	DM noted that there was no further update from TPM.	
5.5	Professional Development	Nothing discussed under this item.	
5.6	ED&I	Nothing further to update. Discussed elsewhere in the meeting.	
5.7	MDRG update	Nothing discussed under this item.	
5.8	DME update	No update. No representative in attendance.	
5.9	Royal College update	<p>PJ gave the following update to the group:</p> <ul style="list-style-type: none"> • New President, Dr Bernie Croal has been appointed and a new trustee board has been elected. • Noa El Sakka is now a Vice President of the College, along with Lesley Galley and Marta Cohen. • Following on from previous discussion, there has been a lot of work carried out to increase the ability of pathologists in general to participate in things like education and training, research, and college activities. • Collective responsibility for every college member to achieve education and training. 	
5.10	Heads of Schools report	<p>FE attended the RCPATH meeting in November and gave the following update:</p> <ul style="list-style-type: none"> • Pathology portal has been a massive success and has been award winning. 	
5.11	Specialty and STC reports	<p>Radiology</p> <p>No further update. Everything discussed earlier in the meeting.</p> <p>Nuclear Medicine</p> <p>SH expressed disappointment in not receiving an expansion post for August 2024.</p> <p>CIT</p>	

		<p>AJM noted that the main issues are surrounding consultant posts.</p> <p>Additionally, OOPR applications have increased which will have an impact on recruitment for August 2024.</p> <p>Medical Microbiology</p> <p>No further update.</p> <p>Virology</p> <p>No further update.</p> <p>Chemical Pathology</p> <ul style="list-style-type: none"> • EM highlighted the issues around travel expenses for trainees going out of region and having to retrospectively claim this on TURAS. <p>Histopathology</p> <p>AS gave the following update:</p> <ul style="list-style-type: none"> • Notes of interest for a trainee representative for the STB and will hopefully have in place for the February meeting. • In Dundee, AS noted on behalf of SM that there are still issues surrounding post-mortem and training. <p>Diagnostic Neuropathology</p> <p>No further update.</p> <p>Paediatric and Perinatal Pathology</p>	<p>FE will feedback to TPM.</p>
--	--	---	--

		<p>No further update.</p> <p>Forensic Histopathology</p> <ul style="list-style-type: none"> • Interviewing for two trainees in the next round of recruitment. <p>Infectious Diseases</p> <p>No further update.</p>	
5.12	Academic update	Nothing discussed under this item. No Representative in attendance.	
5.13	Trainee update	No further update. All issues covered earlier in the meeting.	
5.14	Lay Member update	Nothing discussed under this item. LMCK took part in discussions elsewhere in the meeting.	
5.15	SAS update	No update. Representative had to leave earlier in the meeting.	
5.16	BMA update	<p>AO gave the following update to the group:</p> <ul style="list-style-type: none"> • Not much change from last meeting regarding industrial action. • Negotiations around contracts are ongoing. • BMA has released results of survey carried out regarding PAs and the impact they have of training and patient care. <p>SMCK shared the following articles with the group regarding PAs and recruitment:</p> <ol style="list-style-type: none"> 1) New survey shows “shocking scale” of concern from doctors over use of physician associates - BMA media centre - BMA 2) BMA Scotland: Scottish doctors express “serious concerns” over deployment of Physician and Anaesthesia Associates in the NHS. - BMA media centre - BMA 3) NHS Scotland staffing – we need your views. (home.blog) 	
6.	AOB	No other AOB was noted.	
7.	Dates for 2024 meetings	<ul style="list-style-type: none"> • Monday, 12th February 14:00-16:00 	

		<ul style="list-style-type: none">• Wednesday, 15th May 10:00-12:00• Wednesday, 25th September 14:00-16:00• Friday, 13th December 10:00-12:00	
--	--	---	--