

Minutes of the Diagnostics Specialties Training Board meeting held at 2pm on Tuesday, 20th February 2024 via Teams

Present: Fiona Ewing (FE) **[Chair]**, Cindy Chew (CC), Clair Evans (CE), Kevin Deans (KD), Lindsay Donaldson (LD), Hazel Halbert (HH), Sai Han (SH), Peter Johnston (PJ), Jeremy Jones (JJ), Anna Jarchow-MacDonald (AJM), Marie Mathers (MM), Rosalind Mitchell-Hay (RMH), Dianne Morrison (DM), Leela Narayanan (LN), Jen MacKenzie (JMack), Sarah Mukhtar (SM), Alan Ogg (AO), Sue Reddy (SR), Marion Slater (MS), Gudi Sureshkumar (GS) (SAS Rep), Louise Smith (LS), Alan Stockman (AS), Laura Thomson (LT), Antonia Torgerson (AT), Tricia Yeoh (TY)

Apologies: Alan Denison (ADe), Jennifer Duncan (JD), Vicky Hayter (VH), Celia Jackson (CJ), Chris Kelly (CK), Lorna McKee (LMck), Scott McKinnon (SMck), Ewen Millar (EM), Shilpi Pal (SP), Gordon Reid (GR), Kerryanne Shearer (KS), Colin Smith (CS)

In attendance (minutes): Zoe Park (ZP)

Item	Item name	Discussion	Agreed/Action
1.	Welcome, introductions and apologies	Apologies were noted and the group introduced themselves.	
2.	Minutes of meeting held on 13th December 2023	Paper 1 was circulated before the meeting and the minutes were confirmed as a correct record of the meeting.	Agreed
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	Expansion posts and head count vs training nos	FE welcomed LD to the meeting and gave thanks to her for attending to discuss this agenda item. It has come from concerns raised around expansion posts and what this means for the Diagnostics specialties, as well as how this contributes to the head count vs training numbers, which seems to be the way in which the deanery is moving. LD gave brief overview of her background to date and the work that is currently being carried out by the Scottish Government (SG) regarding expansion posts.	

		<p>LD highlighted the following to the group:</p> <ul style="list-style-type: none"> • It was recognised that there is a need to look at WTE when looking at expansion posts. • The process of expansion is an annual event; therefore, we can learn from this year and expand going forward. • The process for this year was data driven as well as STB informed. • The team were working towards the assumption that we are generating a workforce that will replace retiring consultants in the future, which involves looking at data 7 or 8 years in advance. • Individulaised participation ratios were looked at for each specialty. • Workforce was also looked at from a WTE perspective and acknowledged that LTFT training differs within specialty and region. These variations were considered when looking at the establishment, although LTFT training is encouraged this does produce a gap in the establishment. • Seeking to understand the reasons if a request hadn't come in from an STB, and if this was down to the new methodology and WTE approach. • The numbers originally produced were rejected by SG, and the team were asked to go back and review using the prioritisation from the government and review where they wanted additional posts. • The final number for expansion was 153, which was submitted by utilising the methodology described, information from the STB and SG funding. • Attrition may be utilised this year, as only one area could utilise it this year due to it being unfavourable to others. <p>LD finished off by giving thanks to the STB for their help with the allocation of posts.</p> <p>Discussion arose around Radiology and the situation around trainees completing training but not being able to get consultant posts. JJ highlighted that currently there are lots of trainees within the training programme who are being, but ultimately seek employment elsewhere. This is causing burnout amongst trainers and the number of trainers within Radiology is reducing. LT showed agreement with JJ and highlighted that the WoS training scheme has</p>	
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		<p>increased training numbers by 5 every year for the last 5 years and there are very few consultant posts being advertised. Radiology seems to be different from other specialties in that they may need to shrink rather than expand, partly due to job numbers and partly due to trainer fatigue. LT shared data with the group which showed CCT rates for the next few years in WoS, which showed that come 2027 there is a large cohort of 27 finishing training and no jobs for them to go to. RMH concurred that the scenario in the NoS is the same, currently there are 31 consultants and 28 trainees which makes it difficult to provide the higher specialist training they would expect. The need for recurring consultant posts is now greater than the need for recurring training posts.</p> <p>FE clarified that a few years ago John Colvin had the foresight to see that Radiology was low in numbers, which resulted in an additional 50 numbers which are recurring. That's why Radiology have never applied for any additional expansion posts. FE reiterated that this is a real concern, as a lot of additional effort and work goes into training these extra trainees, who will then be left dissatisfied at the end of training due to having no jobs to go to, especially when there is a need for them. PJ added that when it was agreed to increase the number of radiology trainees, the assumption was that this would be reviewed at some point and funding transferred to the health boards for staffing if the need for training posts decreased.</p> <p>Additionally, FE highlighted that there is a disconnect with SG, which may come back to the disbandment of various boards and working groups, where SG representatives sat on, for a new diagnostics strategic network which does seem to have faltered.</p> <p>LD gave thanks to the STB for raising these issues and summarised by noting that the same issue seems to be across health boards, posts aren't being advertised even though the work is there and there is the right number of trainees and trainers in the system, which differs from having empty vacancies. LD noted that this will come back to the STB for next year in the spring, as the detail behind this is extremely important and differs from the usual narrative of more is always what's needed, and radiology may need to be considered differently from labs.</p>	<p>LD agreed to take this forward with the workforce team.</p>
4.2	Managing peaks and troughs of training numbers	Item discussed above.	
4.3	EDI CPD for trainees	Paper 2 was circulated before the meeting. All STBs were asked to review how we evidence trainees have had training in EDI and how do we want to address any issues.	

		<p>The following comments were made by the group:</p> <ul style="list-style-type: none"> • In Lothian, there was active bystander training which was offered to both trainers and trainees which was extremely useful. • Trainees already have a lot to evidence at ARCP, which may result in this training becoming a tick box exercise. • Sessions could potentially be delivered at induction or at generic training that already exists. • Could also be delivered as a Learn-Pro/TURAS learn module, however, difficult to measure if trainees are reflecting on it rather than just completing it. • Trainees may get more out of something if it was more interactive. • Generally covered within the RCR curriculum under one of the first CIPs. • Would be beneficial to get everyone together in the one place to discuss a topic like this. • Important to get the balance right so that trainees feel engaged with it and not overwhelmed by a lot of repetitive information. <p>The group agreed on the importance of trainees getting this training, but the main concern being around the mechanism and how it could be done to make it meaningful and reflective.</p>	<p>FE will collate the opinions and feedback to Al Murray.</p>
4.4	Healthcare scientists – strategic approach	This item will be discussed at the next STB meeting in May.	
4.5	STEP update	<p>FE highlighted the following to the members:</p> <ul style="list-style-type: none"> • RB and LN agreed to set up a faculty for Diagnostics, but in the end, there weren't enough trainees to take part. • NES is still keen to encourage activity around this and Nitin Gambhir (NG) is holding another meeting to discuss further. • Feedback has generally been that running this specialty specific will not work and therefore a more generic, region-based induction is going to be investigated. • Going to be rebranded from STEP to WINS (Welcoming IMGs). • RB and LN have also agreed to be the faculty for this new system, as they have invested a lot in setting up a programme already. 	

4.6	RCPATH HoS representation	FE noted that she had recently attended a STB Chairs meeting with NES, and one of the things that came up was how the STB Chair fits in with other aspects in the UK. Since becoming STB Chair, has also become the equivalent RCPATH Head of School for Scotland, which requires attending their meetings twice a year. Discussion arose at the meeting as to who is the best person to do this role, FE put it out to the STB to see if anyone is better suited for this role who works within the specialties discussed at the meetings. CE volunteered to take on this role from FE as she has attended Head of School meetings in the past.	
5.	Main Items of business		
5.1	Deanery update	MS highlighted that there has been a realignment of specialty groups within the quality management group, with Diagnostics, O&G and Paediatrics being aligned together. Further communication regarding this will be sent in due course. The perceived advantages of this are improved learning and consistency across Scotland, as well as improving resilience and cross cover for different groups.	
5.2	Recruitment update	Paper 3 was circulated to the group before the meeting. JMack gave the following update: <ul style="list-style-type: none"> • Recruitment is currently underway. • Industrial action in England will not affect the interviews for this specialty grouping. • Offers will be made by the 26th March. Currently no delays to timeline. • Forensic Histopathology interviews running on Tuesday 26th February. 8 candidates for 2 posts. • NES will be the lead recruiter for the CIT interviews at the end of March. • Applications have closed for a new ST7 nuclear medicine post. Interviews expected to take place in April. 	
5.3	Quality update	Paper 4 was circulated to the group before the meeting. MM noted the following:	

		<ul style="list-style-type: none"> As mentioned at the previous STB, a complex visit had taken place to Infectious Diseases, which incorporates infectious diseases, medical microbiology, medical virology, and general medicine, as well as multiple different career training pathways. The visit also included looking at different curricula, health boards and royal colleges. There were four straightforward requirements detailed in the report that need to be addressed by the health boards. One of the main issues that was raised was to do with the study leave budget and this is working alongside the complexity of these different specialties. As well as the issues around different career trajectories and the consultant posts which are available at the end of training. Discussions around curriculum issues are ongoing. Action plan review meeting is scheduled for April, and as these are national issues the TPDs from each specialty will be involved and be the first point of contact. <p>FE gave thanks to MM and the quality team for the work that has been carried out around this visit.</p>	<p>MS and MM will take this forward with the quality team.</p>
5.4	TPM update	VH not in attendance. Item not discussed.	
5.5	Professional Development	No update.	
5.6	ED&I	Nothing further discussed under this item.	
5.7	MDRG update	No update.	
5.8	DME update	CK not in attendance. Item not discussed.	
5.9	Royal College update	<p>PJ gave the following update to the group:</p> <ul style="list-style-type: none"> Workforce is considered the highest priority for RCPATH across the Diagnostics specialties. Work is being carried out to try and manage the exam workload, as the number of trainees sitting exams has increased so the number of places where they are running are going up in accord. Scheme has been introduced to encourage more people into more professional activities, including examining roles. This is an initiative through the Academy of Medical Royal Colleges and has received four nation support as well as support from BMA and GMC. 	

5.10	Heads of Schools report	<p>FE attended the RCR Heads of School meeting in December highlighted the following to the members:</p> <ul style="list-style-type: none"> • Issues raised around exams at the last STB were highlighted. • Financial implications of exams for trainees were raised and it seemed to be taken on board, with some staged payment being introduced for the first year. • New technology for exams is currently being trialled. • There is confidence that as things are rolled out the exam experience will improve. 	
5.11	Specialty and STC reports	<ul style="list-style-type: none"> • Radiology All issues discussed earlier in the meeting. • Nuclear Medicine SH - Numbers have been readjusted and nuclear medicine have received an extra training post, so there will be two ST3 training numbers for next year. • Combined Infection Training AJM – Raised the potential issue locally of trainers going on strike and still not having a TPD in place for CIT. Issues have been reported directly to the DMEs rather than TPDs. E-mail has been sent to DMEs to enquire about the best way to support trainers, but still awaiting a response. CE noted that there are upcoming meetings arranged to discuss what has been presented in the quality report. Hopefully the specifics of the situation becomes clearer in the next few months. • Medical Microbiology Nothing discussed under this item. 	<p>FE agreed to communicate to MM about AJM being involved in follow up visits/action review meetings.</p>

		<ul style="list-style-type: none"> • Virology Nothing discussed. No representative in attendance. • Chemical Pathology KD- Hopeful that by the next STB a predecessor will be in place as TPD. Additionally, there seems to be a solution in relation to trainees having to train at other centres for subspecialty areas. Process for getting expenses for this has been put in place. • Histopathology LS- With being LTFT SM has agreed to deputise at future STBs for the Histopathology update. SM- Gordon Reid has stepped now as TPD in WoS and the post is still vacant, RB has been covering the role in the interim. Still ongoing issues with PMs in the EoS, support fell through and now the NoS is also losing forensic support. FE noted that in the most recent simulation minutes, RB noted that he will be carrying out some work with PMs in the Middle East as well as the mannequin that he is developing for Aberdeen University for simulated PM training. However, nothing seems to be coming imminently. AS- Queried whether the study leave budget could be used to pay for online access to various learning tools, as the study leave team have noted that this isn't the case anymore, even though the cost is a relatively low amount. • Diagnostic Neuropathology AT- Recruitment is complete, feedback was positive and offers should be issued soon. • Paediatric Pathology AT- Training numbers are currently full. 	<p>FE agreed to seek clarification.</p>
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5.12	Academic update	No Update.	
5.13	Trainee update	Nothing discussed under this item.	
5.14	Lay Member update	Lay representative was not in attendance. LMacK sent her thanks to the STB as she has now been appointed to a different training board.	ZP will enquire about new Lay Rep with Quality Team.
5.15	SAS update	No update.	
5.16	BMA update	<p>AO gave the following update to the members:</p> <ul style="list-style-type: none"> Has taken note of the discussions earlier in the meeting and will be feeding the information back to BMA. Relating to the workforce conversations this seems to purely come down to financial reasons, from a management point of view it is cheaper to outsource rather than spend on a consultant salary and the additional extras. No update on renegotiation of junior doctor contracts. 	
6.	AOB	<p>ARCPs- Generic training for ARCP panel members will be run by Prof Adam Hill on Thursday, 21st March at 11.30 am. Open to everyone who wishes to take part in the ARCP process.</p> <p>Consultation has come out regarding specialty specific training for Diagnostics and if this would be required. The group agreed to have a think about how this would work and Feedback</p>	<p>ZP will circulate teams link to the members to be cascaded amongst colleagues.</p> <p>Feedback to MS/FE via e-mail.</p>
7.	Dates for 2024 meetings	<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 	