

Minutes of the Diagnostics Specialties Training Board meeting held at 10am on Wednesday, 15th May 2024 via Teams

Present: Fiona Ewing (FE) **[Chair]**, Judith Anderson (JA), Cindy Chew (CC), Clair Evans (CE), Kevin Deans (KD), Brian Harrison (BH) (Lay Rep), Celia Jackson (CJ), Peter Johnston (PJ), Jeremy Jones (JJ), Anna Jarchow-MacDonald (AJM), Marie Mathers (MM), Jen MacKenzie (JMack), Scott McKinnon (SMck), Ewen Millar (EM), Rosalind Mitchell-Hay (RMH), Dianne Morrison (DM), Leela Narayanan (LN), Sarah Mukhtar (SM), Alan Ogg (AO), Kerryanne Shearer (KS), Marion Slater (MS), Alan Stockman (AS), Sami Syed (SS), Antonia Torgerson (AT), Struan Wilkie (SW).

Apologies: Alan Denison (ADe), Jennifer Duncan (JD), Suresh Gudi (SG), Hazel Halbert (HH), Sai Han (SH), Chris Kelly (CK), Louise Smith (LS), Magdalena Szewczyk-Bieda (MSB), Laura Thomson (LT), Tricia Yeoh (TY).

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. FE welcomed Brian Harrison as the new Diagnostics STB lay representative.	
2.	Minutes of meeting held on 20th February 2024	Paper 1 was circulated before the meeting and the minutes were confirmed as a correct record of the meeting with the following updates: <ul style="list-style-type: none"> • (Item 5.9) Royal College Update – PJ noted that the scheme that was introduced is much broader and encompasses all professional activities including examining roles. • (Item 5.11) Histopathology Update – Ongoing issues with PMS are in the East rather than the South East. 	Agreed ZP will update previous minutes.
3.	Review of action points	All action points from the meeting were completed or were included on the agenda. FE gave the following update on a meeting that has taken place with Lindsay Donaldson (LD) since the last STB: <ul style="list-style-type: none"> • LD has taken the discussion that was had at the last STB back to the Scottish Government (SG). 	

		<ul style="list-style-type: none"> • Main issues around consultant vacancies comes from non-recurring such as outsourcing versus recurring funding as well as making the jobs more attractive. • Conversations have also taken place with Ross McDuff around these issues and the Royal college have also expressed concerns. <p>PJ added that these issues were discussed at the most recent Scottish Academy meeting and external advisor support has been made available with regards to consultant vacancies and it shows that for the third consecutive year the number of consultant posts filled in Scotland overall has declined. As a results, the Scottish Academy has written a response exploring why this is in fact the case and in support of what is being put forward by the STB.</p> <p>Furthermore, JA confirmed that the college is about to produce the census data but the position that is being supported is that there are two components, the vacancies of the establishment as well as the requirement to increase the establishment. Outsourcing is not the way specialty should be going with regards to both the perspective of training and valued consultants.</p> <p>KD concurred with the comments and noted the issues are similar in Chemical Pathology.</p> <p>RMH wanted to highlight the geographical variability and that once the current load of job adverts has gone out in Grampian, which will be extremely competitive, there will be no consultant vacancies which can be offered to trainees which will be difficult for both educators and trainees.</p> <p>MS thanked the members for there helpful comments and noted that these important conversations are taking place at a higher level as this is also being seen across different specialty groupings. Additionally, discussion has taken place with ADe and the chief executive local in the North around with is happening across the system when vacancies and advertising for consultant posts.</p>	
4.	Matters arising not on the agenda		

4.1	Reasonable adjustments for trainees	<p>Paper 2 was circulated before the meeting for information and discussed by CE:</p> <ul style="list-style-type: none"> • Essentially, the document is trying to set out some broad areas of how reasonable adjustments for training, for trainees who may have issues in fulfilling the capabilities in practice in their curriculum via what would normally be described as the normal routes of training. • It has been broken down into principles for supporting reasonable adjustments for training and patient safety is at the forefront. • It is at the discretion of the deanery, individual boards, and the local training departments of what is reasonable and if adjustments can be accommodated. • The college will be there in the form of an advisory committee to give informal advice, but there are no specifics as everyone must be treated on an individual basis. <p>The following comments were made by the group:</p> <p>MS</p> <ul style="list-style-type: none"> • Currently, there are ongoing discussions in the NoS around trainees who may be able to test this system. • Advice from senior colleagues is that we need to be able to describe what we feel can and can't be delivered in writing. • Every situation can't be treated the same but there are ongoing discussions around a small group getting together and agreeing some broad principles which will still differ for each specialty. • The guidance from the College of Radiologists and College of Pathologists is being followed. <p>RMH</p>	
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		<ul style="list-style-type: none"> Noted a query on behalf of Laura Thomson (LT) around whether the document can be shared with the RCR Scottish Standing Committee as this paper is more in depth than the one produced by the RCR. <p>FE noted that the work is still in very early stages and it's a matter for us to take the documents provided by the college and adjust the framework to suit each training environment and trainee.</p> <p>LN</p> <ul style="list-style-type: none"> Stressed the importance of discussing this topic and involving all stakeholders. OHS is central to reasonable adjustments and the recommendations that don't exist in current practice are having to be invented. May be useful to work with them to create reasonable adjustments within existing possibilities. <p>CE</p> <ul style="list-style-type: none"> Added that within the cohort of trainees there will potentially be a spectrum of things that can be handled locally and within Health Boards (HB) up to involvement with TDWS within NES. Has also asked for clarity around the advisory committee and how cases are referred, and decisions made. <p>FE Highlighted that there could be replication and may be worthwhile sharing information within the STB as well as across different STBs. MS confirmed that she has formally written to Alan Denison (ADe) within his role as LDD and expressed the need to scrutinise this in more detail across all specialties within the medical directorate.</p>	<p>FE agreed to feedback to RCR representatives.</p>
4.2	Study sessions for trainees	<p>FE noted that this item was added due to variability across different training programmes and specialties around how much study time is allowed within the working week for a trainee and the inequity there might be.</p> <p>The following was noted by the group:</p>	

		<p>JJ</p> <ul style="list-style-type: none"> Reasonable to give the trainees a study session as it allows study, but also audit other work and prepare for ARCP. Highlighting inequity across specialties may not be helpful as different regions/schemes have different elements to include, for example cardiac, therefore there is already inequity. <p>FE concurred with JJ point around all schemes being different and there may be variations locally.</p> <p>RMH</p> <ul style="list-style-type: none"> Highlighted that there is an increased push towards self-development time for trainees and it is worth considering if enough is being done to support trainees so that they can develop. 	
4.3	Histopathology study leave funding	<p>FE gave the following update around online resources for exams and study leave funding:</p> <ul style="list-style-type: none"> Training management took previous discussions back to Prof Adam Hill. Unfortunately, the outcome was that the policy for study leave does not support online resources now that we are in a post pandemic phase. Disappointing as a one size fits all approach may not always be appropriate, what works for clinical specialty may not work for a laboratory or technical specialty. <p>The group agreed that the decision was disappointing, and the PJ highlighted the fact that more and more pathology courses are becoming online with the integration of digital pathology into practice.</p> <p>FE noted that more clarity is needed around what is approved and what isn't, for example online teaching is approved but online textbooks aren't.</p>	FE agreed to clarify with Adam Hill.
4.4	Consultant posts update	Discussed previously in the meeting.	
5.	Main Items of business		
5.1	Deanery update	MS had nothing further to add. Main points covered previously in the meeting.	
5.2	Recruitment update	Paper 3 was circulated before the meeting and discussed by JMacK.	

		<ul style="list-style-type: none"> • Round 1 fill rates for Radiology are now 100%. • Histopathology has not filled one post. • Agreed to circulated Round 2 fill rates when they become available from SG. • Chemical Pathology and Diagnostic Neuropathology haven't filled. • Standalone post for ST7 nuclear medicine post has filled successfully. • Round 3 is coming up and NES will be running CIT interviews again on the 7th and 8th October. 	
5.3	Quality update	<p>MM gave the following update:</p> <ul style="list-style-type: none"> • Currently going through the quality engagement meetings and all the action plans relating to the infectious diseases training visit. • Quality workstreams are going through a restructure and diagnostics will be in the same grouping as OGP under MS and ADe. 	
5.4	TPM update	DM noted that there was no further update.	
5.5	Professional Development	<p>FE informed the members that there is a virtual TPD away day planned for 18th September.</p> <p>MS confirmed that a hold the date has been circulated to all relevant colleagues. GMC will be in attendance to discuss their process as well as a talk from TDWS, specifically about challenges where trainees view them differently from the deanery perspective.</p>	
5.6	ED&I	<p>CC gave the following update to the group:</p> <ul style="list-style-type: none"> • The colleges are currently holding various webinars. • One of the fellows have been mining the UK med data to look at various EDI characteristics. Paper has been written and submitted and once published will feedback to the STB. 	
5.7	MDRG update	FE noted that the last STB Chairs MDRG meeting took place in April, discussion took place around more meetings with the STB Chairs and whether it would be beneficial to discuss issues within each specialty grouping.	
5.8	DME update	Not discussed. Representative not in attendance.	
5.9	Royal College update	PJ gave the below update for RCPATH:	

		<ul style="list-style-type: none"> • In the middle of constructing a workforce strategy as there is widespread recognition that there is a shortfall of pathologists, particularly in acute and paediatric pathology, cellular pathology, and neuropathology. • The problem with workforce stems from lack of linkage between the amount of work that's done in diagnostics and the number of people who are employed to do it. • With regards to exams, the college is continuing to look at the possibility of more online components and the cost of the delivering them which is greater than face-to-face causing a resourcing issue. This fits in with the expectations from the GMC. • There is a pilot study ongoing with in chemical pathology which is looking the auditing process of training delivery, if this is introduced for all specialties it will be a huge workload. • Reiterated the importance of encouraging colleagues to come into college roles such as examiners. • The college is trying to develop a scheme where newly appointed consultants can be involved in college activities around projects. <p>FE gave the following RCR update on behalf of SR:</p> <ul style="list-style-type: none"> • Two meetings arranged to update on the FRCR2B reform project and wanted to remind any radiologists on the board to attend one of these meetings. <p>AJM queried the portfolio pathways and whether these posts have been filled. PJ noted that he was aware that there is an increase in the number of people applying for portfolio pathways and there have been several recent appointments with trustee board approving more last week. This one of the things the college is trying to meet expectations on from the GMC.</p>	
5.10	Heads of Schools report	<p>FE noted that she hadn't attended a meeting since the last STB.</p> <p>CE will attend RCPATH HoS meeting in June. The next RCR meeting is due to take place in person in July, where Sue Reddy (SR) will be attending.</p>	
5.11	Specialty and STC reports	<ul style="list-style-type: none"> • Radiology 	

		<p>Nothing further to discuss.</p> <ul style="list-style-type: none"> • Nuclear Medicine <p>SH was unable to attend but sent the following update:</p> <ul style="list-style-type: none"> • Consultant workforce - NM/RNR consultants' shortage due to expanding service retirements and switching to newly established university role. • Previous trainee now working as consultant in CR and NM in Glasgow. • ST recruitment: CR TPDs very supportive. 1 ST3 and 1 ST7 starting in August in Glasgow. • ST3 will be in CR ST1 group (80% CR for first 3 year including FRCR) - needs to be treated as CR ST1 including Radiopaedia access. CR TPD Laura has emailed Lesley Metcalf (LM) about it. • ST7 successful transfer from RNR to NM which is first in UK (will be CR ST5 level) - needs funding for PG Diploma course at Brighton Sussex Medical School as mandated in curriculum. <ul style="list-style-type: none"> • Combined Infection Training <p>AJM Ongoing discussions around a new TPD for CIT and how this should be taken forward.</p> <ul style="list-style-type: none"> • Medical Microbiology <p>AJM Hoping to investigate a more formal nationwide training for infection control, which as an area can be quite difficult. A simulation event was offered but it was undersubscribed, which was surprising and needs to be streamlined better.</p> <ul style="list-style-type: none"> • Virology 	
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		<p>Nothing discussed.</p> <ul style="list-style-type: none"> • Chemical Pathology <p>KD</p> <ul style="list-style-type: none"> • Neither of the two posts in Scotland were filled in round 2 recruitment, up until this year recruitment rates have always been good. • Concerns were raised around moving to one route of recruitment which may have narrowed down the pool of potential applicants. • Colleen Ross has been appointed as the new TPD. • RCPATH exam requirement for the written project has now been removed with approval from the GME. Trainees CCTing from 30th April next year will no longer have to meet this requirement. <p>FE extended her thanks to KD for the work he has put in over the years.</p> <ul style="list-style-type: none"> • Histopathology <p>SM</p> <ul style="list-style-type: none"> • New TPD has been appointed in the West and is due to start on the 1st June. • A Histopathology trainee representative has now been appointed to the board, Will Smith (WS). <ul style="list-style-type: none"> • Diagnostic Neuropathology <p>AT</p> <ul style="list-style-type: none"> • Two posts were advertised, and one was filled. <ul style="list-style-type: none"> • Paediatric Pathology <p>AT</p> <ul style="list-style-type: none"> • All posts are currently filled. 	<p>ZP will circulate meeting invites to WS.</p>
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5.12	Academic update	<p>PJ highlighted that there has been an update around training pathways and NES has recently appointed two new APGDs, Lindsey Pope (LP) and Samira Bell (SB) to look at academic training with regards to biomedical science type of research and development within medical education. The main aim will be to look at the translation of medical students through intercalation into academic or special foundation programmes, and thereafter into academic posts including SCREDS. Going forward, there may be opportunity to have fellowships around education.</p> <p>Additionally, PJ noted that he is the interim director of the Scottish Medical Education Research Consortium and wanted to highlight that although senior management at NES tried to secure a budget necessary to run grants this was not successful this year.</p>	
5.13	Trainee update	<p>SS</p> <ul style="list-style-type: none"> • Main issue that was raised by trainees was around the consultant jobs that were discussed in depth earlier in the meeting. <p>FE wanted to minute her thanks TY for her work and contributions to the STB over the last few years as she is due to CCT and will be stepping down as trainee representative.</p>	
5.14	Lay Member update	<p>BH noted his thanks to FE for welcoming him to his first meeting and that he is looking forward to being involved with a different part of medicine as some of the conversations taken place around consultant posts, financial constraints and compressed hours are very important.</p>	

5.15	SAS update	<p>Item not discussed. Currently no SAS representative in the specialty grouping.</p> <p>FE noted that SAS doctors are not particularly prevalent within diagnostics, but representation would be beneficial. MM added that there may be a candidate with histopathology who could represent the non-career grade doctor.</p>	MM agreed to feedback to ZP.
5.16	BMA update	<p>AO</p> <ul style="list-style-type: none"> • Due to the reshuffling of the SG the junior doctor contact negotiations have stalled. • The agreement was a three-year ongoing deal and if headway isn't made there have been industrial action preparedness conversations at some BMA meetings. • There are ongoing discussions taking place between the BMA and SG around consultant workforce. • Conditions in Scotland need to improve to increase consultant numbers. <p>SMcK</p> <ul style="list-style-type: none"> • Discussions continue to take place fortnightly around a 23/24 pay reward and making progress towards contract reform. • There is a BMA engagement event for consultants on the 22nd May due to disparity between pay for consultants in Scotland and England, which is increasingly growing larger. • Still pushing for a timeline of April 2026 for the introduction of a new contract. • Regarding the ongoing work around MAPs, the scope of practice document has been realised. (See below) <p>https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/workforce/medical-associate-professions-maps</p>	
6.	AOB	<p>CE wanted to highlight the following two points:</p> <ul style="list-style-type: none"> • Regarding ST3 recruitment for smaller specialties such as paediatrics and neuropathology, the college has put together certificate for equivalence to ICPT training for 2025 recruitment rounds. • General perception around Histopathology having a lot of referrals to TDWS, has contacted Greg Jones (GJ) for further information. 	

		<p>The group went on to thank FE for all her hard work as STB Chair, as this will be her last meeting. As well as her services to training over the last fifteen years and the positive effect she has had over the training scheme. Everyone wished her well in her new role and noted that she would be sadly missed.</p> <p>FE expressed thanks and noted that she has thoroughly enjoyed working alongside the members and thanked them for their contributions to training,</p>	
7.	Dates for 2024 meetings	<ul style="list-style-type: none"> • Wednesday, 25th September 14:00-16:00 • Friday, 13th December 10:00-12:00 	