

## Minutes of the Diagnostics Specialties Training Board meeting held at 2pm on Wednesday, 25<sup>th</sup> September 2024 via Teams

**Present:** Marie Mathers (MM) [**Chair**], Judith Anderson (JA), Ralph Bouhaidar (RB), Gillian Carter (GC), Cindy Chew (CC), Clair Evans (CE), Hazel Halbert (HH), Brian Harrison (BH) (Lay Rep), Vicky Hayter (VH), Celia Jackson (CJ), Peter Johnston (PJ), Jeremy Jones (JJ), Anna Jarchow-MacDonald (AJM), Noori Maka (NM), Jen MacKenzie (JMack), Rosalind Mitchell-Hay (RMH), Dianne Morrison (DM), Leela Narayanan (LN), Sarah Mukhtar (SM), Sue Reddy (SR), Colleen Ross (CR), Kerryanne Shearer (KS), Marion Slater (MS), William Smith (WS), Alan Stockman (AS), Antonia Torgerson (AT).

**Apologies:** Alan Denison (ADe), Suresh Gudi (SG), Alan Ogg (AO), Colin Smith (CS), Louise Smith (LS), Sami Syed (SS), Laura Thomson (LT).

**In attendance (minutes):** Zoe Park (ZP)

Item	Item name	Discussion	Agreed/Action
1.	<b>Welcome, introductions and apologies</b>	Apologies were noted and the group introduced themselves.	
2.	<b>Minutes of meeting held on 15<sup>th</sup> May 2024</b>	Paper 1 was circulated before the meeting and the minutes were confirmed as a correct record of the meeting.	<b>Agreed</b>
3.	<b>Review of action points</b>	All action points from the meeting were completed or were included on the agenda.	
4.	<b>Matters arising not on the agenda</b>		
4.1	Disadvantages of Geography of Rotations in Radiology NoS	<p>MM informed the group that RMH and LN had been in touch to express concern around some practical difficulties around radiology rotations in NoS. This issue is particularly unique to this specialty grouping as trainees must relocate to Inverness during training without appropriate funding for relocation costs. MM opened it up to the group for discussion:</p> <p><b>RMH</b></p> <ul style="list-style-type: none"> <li>• Trainees have two 3 month placements outside of Aberdeen, within Raigmore and Dr Gray's, which is invaluable to the training experience. Due to the geography they need to live where the training is.</li> </ul>	

		<ul style="list-style-type: none"> <li>• The current policy which is in place is the short-term relocation policy, which allows trainees to claim back £1000. However, the accommodation alone is £1200, which leaves trainees out of pocket before they even start.</li> </ul> <p><b>JJ</b></p> <ul style="list-style-type: none"> <li>• Highlighted that there is a desperate need for radiologists in NoS, and it is important to ensure that the training that they receive is not associated with anything negative.</li> </ul> <p>MM concurred with what was noted above and stressed the importance of retaining people to work in areas such as the Highlands.</p> <p><b>MS</b></p> <ul style="list-style-type: none"> <li>• Discussions are ongoing with the Health Board (HB) in NoS, regarding other specialties, around some specialties having to have trainees pay and some specialties having funding.</li> <li>• This has been taken back to senior colleagues within the executive medical team.</li> <li>• Some of the challenges are from the circular in 2010, which states that there may be support with accommodation, but doesn't give any definite answers.</li> <li>• Currently working with HB colleagues to encourage that the positive training experience at these peripheral sites is helpful for future engagement and retention.</li> <li>• Meeting is taking place with ADe and NoS DMEs on Friday 27<sup>th</sup> September, where this can be taken forward.</li> </ul> <p>RMH confirmed that she has spoken to the relevant DME regarding this, and they were going to take the conversation back to the UCD for Raigmore, where the main issues have come to light within this current rotation.</p> <p><b>PJ</b></p>	<p><b>MS agreed to discuss this example further with RMH and DMEs away from the meeting.</b></p>
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		<ul style="list-style-type: none"> <li>• Explained that this is a historical problem around accommodation and trainees having to pay council tax on a property in Grampian and a property in Inverness, which causes considerable distress.</li> <li>• The negativity around this is unacceptable.</li> </ul> <p>MM concluded by saying that it would be beneficial to establish a process, as in the future other specialties may wish to rotate trainees to Inverness and gave thanks to MS for taking this forward.</p>	
4.2	List of approved study leave	<p>MM noted that TPDs have been asked to delineate a list of educational opportunities, courses and conferences that would be mandatory for specialist trainees to attend within their study leave budget. There is conversation around having a separate meeting to discuss this further but opened it up to the group for thoughts:</p> <p><b>CE</b></p> <ul style="list-style-type: none"> <li>• There are several specialties that do have courses that are not available in Scotland, which could be argued are mandatory for training, such as England and other parts of the UK.</li> <li>• The limitations to courses within Scotland are also concerning.</li> <li>• Trainees could be deterred from applying to Scottish training posts if they cannot get on the certain courses.</li> <li>• Trainees are entitled to support for their training and entitled to attend courses that are appropriate for their training and meeting curriculum requirements. Most courses that are available for this specialty grouping have a direct link to the curriculum.</li> <li>• Seems to be coming from financial angle.</li> <li>• There needs to be a firm stance around the negative impact of cutting down educational opportunities.</li> </ul> <p>MM highlighted that there is inequity within the current study leave budget, such as geography, accommodation and travel costs for some trainees. Most educational opportunities within this specialty grouping requires travelling, most notably to England.</p> <p><b>MS</b></p>	

		<ul style="list-style-type: none"> <li>• Reassured the group that this is a genuine attempt to try and improve upon the current system and create something that is better.</li> <li>• Some of this is driven by the geographical challenges mentioned above.</li> <li>• There is no proposal to make cuts to the overall budget and this not driven by reducing costs but rather to avoid difficult situations that both TPDs and trainees find themselves in when it comes to study leave.</li> <li>• The aim is to fund everything that's considered essential for meeting the requirements of the curriculum, and that includes travel and accommodation, with the recognition that this is more challenging in some areas.</li> <li>• There are risks with the approach, such as there are some areas that will stipulate very expensive courses and say that it's the only way they can meet curriculum requirements.</li> <li>• It's important to ensure that diagnostics isn't underrepresented. Particularly when it comes to travelling outside of Scotland which will be extremely challenging for smaller specialties within diagnostics.</li> <li>• Communication has taken place with several TPDs around this, but there is no immediate solution.</li> <li>• One size fits all approach does not necessarily work for all specialties and this is acknowledged.</li> </ul> <p>MS confirmed with the group that all TPDs have received the relevant paperwork around this, to ensure that all can feedback and support ongoing training.</p> <p><b>MM</b></p> <ul style="list-style-type: none"> <li>• Raised the issue around specialist interest and that currently there is a degree of flexibility for trainees to develop this, which may be more challenging under the new system.</li> </ul> <p><b>AJM</b></p> <ul style="list-style-type: none"> <li>• Stressed that within medical microbiology they deal with cases that come from other countries and the best place to learn about this is ECCMID (European Congress of Clinical Microbiology and Infectious Diseases), where trainees have educational opportunities within specific areas and there are courses that are embedded into the</li> </ul>	<p><b>VH agreed to investigate any TPDs who hadn't received paperwork.</b></p>
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		<p>meeting. This is invaluable for trainees and as this is an international specialty, to only teach them in Scotland would be extremely limiting in terms of trainees not being able to access valuable teaching.</p> <p><b>JJ</b></p> <ul style="list-style-type: none"> <li>• Highlighted that upon review of signed off study leave for radiology trainees, 10 were courses available to trainees to undertake before exams which accounts for more than their annual study leave budget, 20 were meeting attendances which were both online and within the UK and 30 were subspecialty courses.</li> <li>• Difficult to identify which opportunities are more important than the others.</li> <li>• In agreement with the points made by CE above and highlighted that TPDs are already trying to manage the study leave budget in the fairest way possible, which is currently too small.</li> </ul> <p>RMH concurred with JJ the points around a vast number utilising their study leave budget purely for sitting exams.</p> <p><b>CE</b></p> <ul style="list-style-type: none"> <li>• Added that each specialty has specific needs, for example paediatric pathology was set up on the basis that to fulfil curriculum requirements, trainees would have to go to different centres including down south. This is built into the programme and is detailed on the GMC website. This new system will not fit all requirements for all programmes and more consideration must be given by senior management at NES.</li> </ul> <p><b>PJ</b></p> <ul style="list-style-type: none"> <li>• The exercise of defining of essential courses was first looked at around ten years ago and it would be helpful to refresh.</li> <li>• A lot has changed in this time, for example training pathways are different and there is a need for more sub specialisation.</li> <li>• Highlighted that some programmes are relatively short and common, and some are long and dispersed, with small numbers. You can't compare the two.</li> <li>• Reiterated the geography issues previously discussed and the differences between regions, such as NoS and the rest of Scotland.</li> </ul>	
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		<p>The group agreed that one of the main concerns is that if a course or training opportunity isn't on the list then the trainee won't be able to go, which is extremely limiting for education.</p> <p>MM thanked the group for their thoughts and highlighted that the positive aspect of this rationale is that if a course is considered mandatory then it would be fully funded for everybody, but with a loss of flexibility and the complexity of categorising everything appropriately.</p> <p>Lastly, MS also thanked the group for the useful discussion above and noted the frustrations of the group, but wanted to reiterate the genuine attempt from colleagues, including Lesley Metcalf (LM) and SCLFs to reach out across specialties and make a more equitable process, as there is frustration around the current system. MS encouraged the group to engage with the process and agreed to advocate for flexibility around individual specialties.</p>	<p><b>MM and MS agreed to escalate this away from the meeting.</b></p>
5.	<b>Main Items of business</b>		
5.1	Deanery update	<p>MS gave the following update:</p> <ul style="list-style-type: none"> <li>• Study leave will continue to be a conversation at all relevant meetings.</li> <li>• More communication has been received regarding the difficult financial situation, which is ongoing, and impacts of face-to-face meetings/training and various other activities. Meeting is taking place with APGDs and STB Chairs to discuss APGD structure across specialty groupings.</li> <li>• Expansion bids have been submitted, with no bids from this specialty grouping and notification has been received to expect maximum of a 1.1% expansion. The focus for NES this year is ensuring that expansion posts from the last few years are fully funded.</li> <li>• Gave thanks to colleagues for meeting to discuss the anticipated bulge of CCTs in radiology in WoS. Next meeting around this is due to take place on 1<sup>st</sup> November.</li> </ul> <p>Discussion arose around the issues of expansion within radiology, and the group was in agreement around this.</p> <p>MM thanked MS and noted that in terms of the expansion request, the general feeling that there isn't the capacity for people to deliver further expansion with the consultant and trainer</p>	

		workforce under significant pressure. This will continue to be discussed over the next 2-3 years and recruitment will need to be looked at critically.	
5.2	Recruitment update	<p>Paper 2 was circulated before the meeting and discussed by JMack.</p> <ul style="list-style-type: none"> <li>• Round 3 recruitment is underway, with posts from chemical pathology and CIT. CIT interviews managed by NES will take place on 7<sup>th</sup> and 8<sup>th</sup> October.</li> <li>• Timeline for 2025 is included within paper 2.</li> <li>• TPM have been notified that vacancy manager has now been set up for indicative numbers for 2025. Final numbers for round one are due by the end of January.</li> </ul>	
5.3	Quality update	<p>MM gave the below update to the group:</p> <ul style="list-style-type: none"> <li>• Coming to the end of APGD quality role.</li> <li>• Everything is being tied up at the end of the quality year, currently in the process for completing the last programme visit to infection specialties. Will be in a position to update in due course.</li> <li>• The new structure within quality has been established, diagnostics is going to be paired with OGP under MS leadership. There will be three APGDs looking after these groupings.</li> <li>• There will be a transitional quality review panel on Monday, 30<sup>th</sup> September, where all the data from the last year will be looked at.</li> <li>• There will be a more dynamic process for looking at issues as they arise. This will be discussed further in due course.</li> </ul> <p>PJ expressed that at the most recent Scottish Academy it was discussed as part of the GMCs work around medical education and practice in the UK, that doctors in Scotland reported more positive experiences than the average across the UK for overall level of satisfaction and more autonomy.</p>	
5.4	TPM update	<p>VH gave the below update:</p> <ul style="list-style-type: none"> <li>• The team will be getting in touch with TPDs regarding indicative numbers for 2025 in the coming weeks.</li> </ul>	

		<ul style="list-style-type: none"> <li>• A resignation questionnaire has been established for trainees who wish to resign from programme, along with an option to have a follow up meeting with someone from TDWS.</li> <li>• OOP automation is due to go live, with applications going online, which will replicate the study leave tile on TURAS. Communications around this will follow in November.</li> </ul>	
5.5	Professional Development	<p>MM noted that the Diagnostics and OGP away day took place on Wednesday, 18<sup>th</sup> September, where there were updates from the GMC and TDWS, as well as discussion around current issues that are impacting on trainee and trainer experience.</p> <p>MS reflected on the day and noted that it went well considering it was in a virtual environment and gave thanks to those who were able to attend. A summary document has been circulated detailing the discussion that took place, and relevant issues will be taken forward. Additionally, a request for feedback will also be circulated in due course.</p> <p>There is an aim to start arranging meetings with TPDs and STB Chairs, that will take place more regularly.</p> <p>MM encouraged educators to attend the NES annual conference that will take place in April 2025.</p>	<b>MS agreed to arrange dates.</b>
5.6	ED&I	CC expressed that the discussions that have taken place early in the meeting have been useful, as the issues surrounding equity and allocations of resources are concerning.	
5.7	MDRG update	<p>MM noted that the next MDRG meeting is due to take place on Monday, 7<sup>th</sup> October and the STB Chairs will be in attendance to give updates on their specialty groupings.</p> <p>Update will be provided at next meeting.</p>	
5.8	DME update	Not discussed. Representative not in attendance.	
5.9	Royal College update	<p>PJ highlighted the following points on behalf of RCPATH:</p> <ul style="list-style-type: none"> <li>• College is amid a business transformation which involves a revamp of the IT systems, including an upgrade of the website where content is being reviewed and search functions are being improved.</li> <li>• There are several initiatives ongoing, including the new workforce strategy which is in the final stages of approval. This involves looking at workforce from a holistic view, as</li> </ul>	

		<p>in the person, the job they do and the environment they do it in. The aim is to make the workforce more efficient and effective.</p> <ul style="list-style-type: none"> <li>• The college recently had a Celtic summit, where the representatives from the three devolved nations come together and have a conversation with the chief scientific officers responsible for laboratory services.</li> <li>• Forms have been signed and templates created around out of programme training approvals.</li> <li>• Working with the Scottish Academy to create a framework of three high level strategies that will impact the way in which healthcare is delivered.</li> <li>• PJ's tenure as chair of the Scottish Regional Council of the College comes to an end in November, new representation for the meeting will be arranged in due course. Encouraged the pathologists of the group to consider looking into the role.</li> </ul> <p>MM gave thanks to PJ for all the work he has carried out within this role as chair as well as his contributions to the STB meeting.</p> <p>SR gave the below update on behalf of RCR:</p> <ul style="list-style-type: none"> <li>• There is a 25% shortage of regional specialty advisors for radiology across the whole of the UK, which means that many exam centres have roles unfilled.</li> <li>• Providing external advisors for ARCP panels has been extremely difficult.</li> <li>• SR noted that this would be her last year within this role for the college.</li> </ul> <p>Discussion took place around the reluctance of individuals to take on these additional roles due to clinical commitments, disconnect and time in job plans etc. The colleges are aware of this ongoing issue. MM highlighted the importance of having the resource and representation of these college roles.</p>	
5.10	Heads of Schools report	Item not discussed. Nothing to feedback from most recent meeting.	
5.11	Specialty and STC reports	<ul style="list-style-type: none"> <li>• Radiology</li> </ul> <p><b>SR</b></p>	

		<p>Highlighted that one of the main issues from last exam sitting was rapid reporting test, included in the exam is 30 plain films and trainees are asked to determine whether it is normal or abnormal and write a report accordingly within a computerised system. However, in two of the cases the functionality didn't work. Due to this the exam was restarted but the trainees were not given any additional time to complete, and the scoring system was also changed. The college have since taken the complaints on board and they allowed an appeals process to be implemented free of charge for those who required one, but the data from the appeals process has still to be released. The college have implemented some new safety mechanisms to ensure that this doesn't happen in the future.</p> <p>Furthermore, an additional issue surrounding exams is trainees having to travel to different centres and not being able to complete these at local centres as local centres seem to fill up as soon as dates become available, but these exams are expensive, and some trainees can't book on straight away. There are discussions from the college around introducing a different payment system for exams.</p> <ul style="list-style-type: none"> <li>• Nuclear Medicine</li> </ul> <p>Not discussed. SH not in attendance.</p> <ul style="list-style-type: none"> <li>• Combined Infection Training</li> </ul> <p><b>MM</b> Interviews took place last week for a new TPD for CIT and the role has been accepted.</p> <p>MM gave thanks to AJM for looking after the role as TPD whilst it was vacant.</p> <ul style="list-style-type: none"> <li>• Medical Microbiology</li> </ul> <p><b>AJM</b> There have been adjustments made to the workplace for trainees which has been extremely successful and the feedback around dual training from trainees has been positive.</p>	
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		<ul style="list-style-type: none"> <li>• Virology</li>   <li><b>CJ</b> Noted that there are currently more trainees entering academic jobs, which involves having to understanding the processes around this linking with the universities.</li>   <li>• Chemical Pathology</li>   <li><b>CR</b> Interviews for national recruitment are due to take place next week for one post in Scotland.</li>   <li>Additionally, CR noted that this is her first meeting and listening to the discussions earlier in the meeting have been beneficial and relatable.</li>   <li>• Histopathology</li>   <li><b>SM</b></li> <li>• WoS have reported concern around the growing tendency for outsourcing and the implications for consultant availability for training.</li> <li>• NoS highlighted that there ongoing concerns around PMs and forensics is still largely staffed by locums.</li> <li>• There is no access to any live renal cases as there is only one consultant who reports on medical renal biopsies, and she is currently on maternity leave.</li> <li>• Building work for the roof replacement is still ongoing, which means consultants are in a separate area from trainees, completion date will hopefully be May 2025.</li> <li>• EoS are also seeing issues with PMs and are heavily reliant on hospital PM numbers and no access to any live renal cases.</li> <li>• Lastly, LAT interviews are due to take place on Friday 27<sup>th</sup> September.</li>   <li>• Diagnostic Neuropathology</li> </ul>	
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		<p>Nothing further to add.</p> <ul style="list-style-type: none"> <li>Paediatric Pathology</li> </ul> <p><b>CE</b> Concern is growing around training being affected in Glasgow by insufficient consultant sessions, with the department cutting down on EPAs.</p> <ul style="list-style-type: none"> <li>Forensic Histopathology</li> </ul> <p>Nothing further to add.</p>	
5.12	Academic update	Item not discussed. Representative not in attendance.	
5.13	Trainee update	<p>WS highlighted the following point:</p> <ul style="list-style-type: none"> <li>Correspondence has come out around trainees now being known as residents going forward.</li> </ul> <p>VH noted that this will be discussed at NES meeting next week and communications will be circulated afterwards.</p>	
5.14	Lay Member update	BH had nothing further to add.	
5.15	SAS update	<p>Item not discussed. Representative not in attendance.</p> <p>SG is no longer a SAS doctor and will not attend the STB in this role and a new representative has not been identified.</p>	
5.16	BMA update	Item not discussed. Representative not in attendance.	
6.	AOB	Nothing noted by the group.	
7.	Dates of next meeting	<ul style="list-style-type: none"> <li><b>Friday, 13<sup>th</sup> December 10:00-12:00</b></li> </ul> <p><b>2025:</b></p>	

		<ul style="list-style-type: none"><li>• <b>Tuesday, 11<sup>th</sup> February 11:00-13:00</b></li><li>• <b>Friday, 9<sup>th</sup> May 14:00-16:00</b></li><li>• <b>Wednesday, 10<sup>th</sup> September 11:00-13:00</b></li><li>• <b>Thursday, 11<sup>th</sup> December 14:00-16:00</b></li></ul>	
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