

Minutes of the Diagnostics Specialties Training Board meeting held at 10am on Friday, 13th December 2024 via Teams

Present: Marie Mathers (MM) [**Chair**], Hayan AboSamra (HA), Judith Anderson (JA), Ralph Bouhaidar (RB), Gillian Carter (GC), Cindy Chew (CC), Charu Chopra (CC), Hazel Halbert (HH), Sai Han (SH), Brian Harrison (BH) (Lay Rep), Vicky Hayter (VH), Celia Jackson (CJ), Anna Jarchow-MacDonald (AJM), Stephen Lally (SL), Rosalind Mitchell-Hay (RMH), Leela Narayanan (LN), Ewen Millar (EM), Sarah Mukhtar (SM), Alan Stockman (AS), Sami Syed (SS), Surabhi Taori (ST), Laura Thomson (LT) and Antonia Torgerson (AT).

Apologies: Clair Evans (CE), Ceilia Jackson (CJ), Greg Jones (GJ), Jeremy Jones (JJ), Jen Mackenzie (JMack), Dianne Morrison (DM), Colleen Ross (CR), Kerryanne Shearer (KS), Lousie Smith (LS) and Brian Stewart (BS).

In attendance (minutes): Zoe Park (ZP)

Item	Item name	Discussion	Agreed/Action
1.	Welcome, introductions and apologies	<p>Apologies were noted and the group introduced themselves for the new members of the STB.</p> <p>MM welcomed the following new members:</p> <ul style="list-style-type: none"> • Hayan AboSamra (HA) – SAS Representative • Charu Chopra (CC) – Scottish Regional Council Chair for the Royal College of Pathologists • Surabhi Taori (ST) – CIT TPD 	
2.	Minutes of meeting held on 25th September 2024	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	<p>All action points from the meeting were completed or were included on the agenda.</p> <p>MM highlighted the following action points:</p> <ul style="list-style-type: none"> • Disadvantages of Geography of Rotations in Radiology NoS – The department in Raigmore has agreed to cover the £200 difference of the trainee relocation expenses. • List of Mandatory Study Leave – Discussions around this are ongoing and will be discussed at future STB meeting. 	

		<ul style="list-style-type: none"> • Professional Development – MS has arranged meeting dates with the Diagnostics TPDs/STB Chair to discuss any pressing issues, these will take place regularly. 	
4.	Matters arising not on the agenda		
4.1	STS Sexual Harassment Results	<p>Paper 2 was circulated before the meeting.</p> <p>MM noted that the group have been asked to discuss and feedback to Alastair Murray (Amu).</p> <p>The following was noted by the group:</p> <p>MM</p> <ul style="list-style-type: none"> • Rate of reporting within the Diagnostics specialties was very low, with a 1% positivity rate of people reporting. • With regards to witnessing these behaviours, the rate for reporting for Diagnostics was also low. <p>The group discussed the need for these percentages to be at 0 moving forward and that there has also been a power dynamic between trainee and consultant which has potential to be an issue.</p> <p>AJM</p> <ul style="list-style-type: none"> • Raised concern around the figures presented as other recent studies suggest the figures are higher, and the data captured may not represent exactly what is going on. • Highlighted the need to point trainees in the direction of the information available from NES, for example bystander training. Information has been included in the med micro induction which has received positive feedback from trainees. • Lastly, raised concern around the fact that only 200 trainees answered the survey, as there are more trainees that that in the programmes. The data may seem reassuring but it's hard to make judgments with a lack of information. 	

		<ul style="list-style-type: none"> • This is also commonly viewed as an employer issue rather than a training issue, due to legalities. <p>JA concurred that the active bystander training is extremely useful and highlighted the importance of women in senior roles taking an active lead around this topic.</p> <p>MM agreed to share any learning opportunities that become available with the group but highlighted the below course:</p> <p>Leadership in the learning environment (LitLE) Turas Learn</p> <p>CC</p> <ul style="list-style-type: none"> • Included the following link to work carried out by the BMJ: https://bmjleader.bmj.com/content/leader/7/Suppl_2/e000778.full.pdf <p>RB</p> <ul style="list-style-type: none"> • Agreed with the points made above but wanted to reiterate that percentages and statistics can at times be inaccurate, this can be harmful when the information being observed isn't very clear and questions being asked are vague. • Highlighted the importance of understanding how the percentages have been calculated and how different groups or individuals can be affected by this. 	<p>CC agreed to discuss work with MM away from the meeting.</p> <p>MM will feedback to AMu.</p>
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5.	Main Items of business		
5.1	Deanery update	MM discussed with MS before the meeting and there was nothing further to add. The main issue around study leave discussed earlier in the meeting.	
5.2	Recruitment update	<p>Paper 3 was circulated before the meeting. SL gave the below update to the group:</p> <ul style="list-style-type: none"> • 2024 recruitment is now complete, the offers for round 3 recruitment have concluded. • Fill rates and trends in recruitment are included in the paper. • Asked the group not to circulate these further than the STB as the published fill rates will be uploaded to the website once there is approval from the Scottish Government (SG). • 2025 recruitment is underway and applications for round 1 and round 2 specialties have closed. • Applications numbers have rose considerably again across the UK for round 1 specialties and is currently sitting at 89,000. • There will be no Forensic Pathology recruitment this year. • Links to the recruitment information is included in the paper. 	
5.3	Quality update	<p>GC highlighted the following points:</p> <ul style="list-style-type: none"> • The CIT action plan had some requirements that were still open, however, AJM gave an update around those in November and MS has given approval for this now to be closed based on this information. • This will be discussed further at the next SQMG meeting. • There are no upcoming visits as nothing has been triggered within the diagnostic sites. • DME and TPD enquires have gone out with a deadline of the end of January. 	

		<p>AJM queried if trainees received any information of the final report around the visit itself and who is informed of specific information and outcomes, ie TPDs or DMEs.</p> <p>MM highlighted that trainees and trainers are informed at the sessions that the published report is available on the deanery website within 3 months of the visit happening, however, trainees don't receive follow up information around action plans etc. This is usually feedback via DME colleagues.</p> <p>GC concurred and added that the published report is also sent to the DMEs with a message to circulate to trainees and trainers. However, anything beyond this ie review meetings is not shared.</p> <p>AJM expressed the importance of involving trainees in the process and ensuring that the process is followed correctly.</p>	
5.4	TPM update	<p>VH gave the following update:</p> <ul style="list-style-type: none"> • February rotations are due to be finalised and the final report to be sent to HBs by Monday, 16th December. • OOP automation is now live on TURAS. 	
5.5	Professional Development	<p>MM noted that some of the things that are available to develop the group as faculty were discussed during earlier topics in the meeting.</p> <p>MM encouraged the group to get in touch if they become aware of any courses or training opportunities that may be of interest to this group of trainers.</p>	

5.6	ED&I	<p>Paper 4a/b was circulated before the meeting for information and discussed by CC.</p> <ul style="list-style-type: none"> • It's an important paper for radiology registrars and relates to differential attainment. • This is the most up-to-date and comprehensive data available which looks at the attainment of radiology trainees. • It highlights that there are issues which aren't going away, and the GMC are putting responsibility on trainers to act on it. • The main aim is care for all trainees and not isolate marginalised groups further but identifying them and only offering certain groups of people additional support and training. • It is about breaking down assumptions about what a specific group needs and not characterising individuals of being at risk of being marginalised. • There is a drive towards inclusive education, which aims to deliver training to the most disadvantaged learner to ensue everyone is treated equal. <p>MM thanked CC for the paper and opened it up to the group for discussion and the following was noted:</p> <p>JA</p> <ul style="list-style-type: none"> • Gave thanks to CC for sharing this important data and expressed that this area is quite difficult to navigate as a trainer. • Agreed with the notion that all trainees to be treated fairly and get the support they need but noted that this topic can be difficult to identify and approach these situations. • Any guidance for trainers around this is extremely valuable and would improve practice. <p>CC agreed that this is a complex issue and there is no one solution.</p> <p>SM</p> <ul style="list-style-type: none"> • Highlighted the LTFT data in the paper and stressed that is difficult to support trainees in this position, particularly when it comes to exams and although in theory they have more time, this isn't always the case as there are reasons for being LTFT and it's about 	
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		<p>finding the right way to support these trainees to ensure they are getting everything they need to become a consultant.</p> <p>AT</p> <ul style="list-style-type: none"> • Stressed that it is important to have discussions like this as a group and support each other as trainers to provide more appropriate support to trainees in the areas they are struggling in and deal with any issues that arise. <p>CC</p> <ul style="list-style-type: none"> • Included the link to the below piece of work for information and expressed thanks for this type of work being carried out in the EDI domain: <p><i>“For us, whatever we do is wrong, until we do something really good”: the lived experiences of doctors from minority ethnic backgrounds - Chopra et al, 2023 (BMJ Open) e073733.full.pdf (bmj.com)</i></p> <p>LT</p> <ul style="list-style-type: none"> • Agreed that the discussions above are completely valid but raised the point that the recruitment process doesn’t necessarily take into consideration specific skill sets that are required within each specialty. • An example of this being the skill of visual processing which doesn’t necessarily hold people up in exams but does when they are recruited to the specialty. It is important to consider that regardless of how it is approached there may be trainees who are unable to achieve certain competencies, even identifying this can be a challenge. • Although, it is important to help and support trainees, occasionally it is equally important to help trainees come to the realisation that a certain specialty may not be for them. • Lastly, with regards to the conversation around LTFT trainees it is difficult to consider these trainees as all the same, as everyone has different reasons for going LTFT. They are not a unified group with specific characteristics. 	
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		<p>The group agreed that some of the adaptations already in place don't suit all neurodiversity cases and that there could be an impact in starting small, for example using dyslexia friendly font in communication, whether that's via NES or through the college with regards to exams etc.</p> <p>CC gave thanks to the group for the discussion and for considering the papers and noted the importance of delivering this practice as a group and breaking down barriers. The suggestion is not to re-write the entire curriculum but rather to look at what can be done locally.</p> <p>In summary, MM thanked the group for their thoughts around this interesting topic and agreed that this can be extremely complex and individual.</p>	
5.7	MDRG update	Not discussed. ADe not in attendance.	
5.8	DME update	Not discussed. Representative not in attendance.	
5.9	Royal College update	<p>CC informed the group that the focus of the college this year is around workforce and the challenges that come with that. Additionally, the college will be looking at a variety of different streams, for example communications and digital pathology.</p> <p>MM congratulated CC on her new role and stressed the importance of having college representation at the STB meeting.</p> <p>From a radiologist perspective, LT drew attention to the fact the exam reform is due to come to come into play from the June sitting but that we are still awaiting confirmation from the college, there is supposed to be 6 month notice of any changes so this is expected in January.</p>	
5.10	Heads of Schools report	MM highlighted the change in terminology from trainees to resident doctors going forward.	
5.11	Specialty and STC reports	<ul style="list-style-type: none"> • Radiology <p>Nothing further discussed. Main items discussed earlier in the meeting.</p> <p>Following previous STB discussion, LT wanted to minute that there are still ongoing concerns within Radiology around recruitment and numbers and what this will potentially look like in 2027. There is currently a bulge in the training pathway which is causing significant issues for trainers.</p>	

		<ul style="list-style-type: none">• Nuclear Medicine <p>SH</p> <ul style="list-style-type: none">• CE had been in touch via e-mail regarding the UK consultation for a new training pathway; to get post CCT radiologists' medical training so they can treat patients within this specialty as well. The conversations around longer training were not approved by the GMC.• There will be a British Nuclear Medicine Society Conference taking place in Glasgow, May 2025. <ul style="list-style-type: none">• Combined Infection Training <p>Nothing further to add.</p> <ul style="list-style-type: none">• Medical Microbiology <p>Nothing further to add.</p> <ul style="list-style-type: none">• Virology <p>Nothing further to add.</p> <ul style="list-style-type: none">• Chemical Pathology <p>EM</p> <ul style="list-style-type: none">• Highlighted that like other specialties there is an ongoing mismatch between trainees coming to CCT and consultant posts that are available.• Additionally, there is some concern around how much laboratory experience the trainees get and how much will be examined on. Discussions are ongoing around this.	
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5.12	Academic update	Item not discussed. Representative not in attendance.	
5.13	Trainee update	Not discussed. Representative had to leave meeting early. MM agreed to have a look at the trainee representative structure for the training board.	
5.14	Lay Member update	BH had nothing further to add.	
5.15	SAS update	HA noted the following:	

		<ul style="list-style-type: none"> • There are now two SAS contracts in place in Scotland, the specialty doctor and the new senior grade specialist which is for experienced doctors. • With regards to latest GMC report, there is an awareness around increasing numbers of SAS doctors and locally employed doctors in the workforce. • SAS doctors continue to develop in their posts and in Scotland there is SAS funding, which is funded by the Scottish Government, which is allocated annually to allow extra training for SAS doctors. • More doctors are indicating that they plan to join the specialist register of the GMC and become a consultant via portfolio pathway. This is currently funded by the SAS development programme. • It would be beneficial if SAS doctors were given access to teaching opportunities like trainees. 	
5.16	BMA update	Item not discussed. Representative not in attendance.	
6.	AOB	Nothing noted by the group.	
7.	Dates of 2025 meetings	<ul style="list-style-type: none"> • Tuesday, 11th February 2025 11:00-13:00 • Friday, 9th May 2025 14:00-16:00 • Wednesday, 10th September 2025 11:00-13:00 • Thursday, 11th December 2025 14:00-16:00 	