

**Minutes of the Diagnostics Specialties Training Board meeting held at 2:00 pm on Wednesday, 7<sup>th</sup> December 2022 via Teams**

**Present:** Fiona Ewing (FE) Chair, Judith Anderson (JA), Ralph Bouhaidar (RBo), Bernie Croal (BC), Jennifer Duncan (JD), Clair Evans (CE), Raluca Felicia Grigorescu (RFG), Teresa Inkster (TI), Jeremy Jones (JJ), Lee Jordan (LJ) (BMA Rep), , John Kelly (JK), Jen Mackenzie (JM ), Marie Mathers (MM), Lorna McKee (LMcK) (Lay Rep), Ewen Millar (EM), Dianne Morrison (DM), Sarah Mukhtar (SM), Leela Narayanan (LN), Surekha Reddy (SR), Gordon Reid (GR), Karen Shearer (KS), Louise Smith (LS), Magdalena Szewczyk-Bieda (MSB), Alan Stockman (AS), Naveena Thomas (NT), Struan Wilkie (SW), Tricia Yeoh (TY)

**Apologies:** Chris Kelly (CK), Alan Denison (ADe), Kevin Deans (KD), Michael Digby (MD), Ray Fox (RF), Sai Han (SH), Celia Jackson (CJ), Rosalind Mitchell-Hay (RMH), Karin Oien (KO), Shilpi Pal (SP), Lokesh Saraswat (LS), Colin Smith (CS), Divyanka Srivastava (DS) (SAS), Sami Syed (SS), Laura Thomson (LT), Rebecca Wilson (RW)

**In attendance (minutes):** June Fraser (JF).

<b>Item</b>	<b>Item name</b>	<b>Discussion</b>	<b>Agreed/Action</b>
1.	Welcome, introductions and apologies	Apologies were noted. The group introduced themselves and the Chair welcomed all to the group.	
2.	Minutes of meeting held on 16 <sup>th</sup> September 2022	The minutes were confirmed as a correct record of the meeting.	<b>Agreed</b>
3.	Review of action points	The majority of previous action points had been completed; however the following were still outstanding: <ul style="list-style-type: none"> <li>• Actions from 5.4 (7<sup>th</sup> March 2022 minutes) in relation to the STEP Programme and IMG Numbers. IMG was clarified as someone who has not graduated in the UK and requires extra support. Awaiting information from all.</li> <li>• FE to contact Simon Edgar again re ALS funding. (Has contacted twice already)</li> </ul>	<b>STEP prog action (from 7 March 22) (MS) (LN has taken over from MS now) and IMG Nos required. FE to contact Simon Edgar.</b>
4.	Main Items of business		
4.1	Radiopedia Subscription	Radiopaedia is an online radiology resource which is free to use, however there is subscription access to further information and until recently all Scottish radiology students had access to this. The access to this is due to end on February 2023 however hoping to extend subscription on a reduced rate. Due to the substantial financial implication however this now has to go out to a tender process.	<b>RMH to send email addresses of trainees in north who don't have access to FE.</b>

		FE asked contact at Radiopaedia to get spreadsheet of who/how it was being used and vast majority of trainees use it regularly. Tender process can be lengthy, however once it has been agreed then then it is active for five years. Tender process currently going ahead.	<b>FE to explore whether possible to get an institutional licence for a no. of members in each location.</b>
4.2	Distribution of NTN	<p>AD requested view on training numbers. HEE have applied for a trainee expansion and been successful. The extra numbers however will be placed in traditionally harder to fill posts such as remote and rural areas. Diagnostics have not looked for any additional trainees other than Paed Pathology however it does bring in debate on where numbers should be and ties in with the work done on “What makes a Consultant job attractive” which was carried out by trainees. Diagnostics have trouble filling jobs in certain areas and a discussion was requested on thoughts around distribution of NTN. Comments given were:</p> <ul style="list-style-type: none"> <li>• Trainees tend to settle where they have been trainees so need to seriously consider oversupply of trainees in areas where jobs are hard to fill. Although this would add additional work initially, it would pay dividends in the end.</li> <li>• Rotating trainees through as many areas as possible, particularly remote areas is very helpful and has proved to be successful (Raigmore trainees). Sometimes however it is difficult to do this due to lack of consultants in certain areas to actually train the trainees. Need to be open to share and send trainees to various other centres so they get training at available centres.</li> <li>• National recruitment system – can sometimes be to the detriment of trainees as they may not get preferred ranking to allow them to go to the areas they want sometimes resulting in inter-deanery transfers. There has been discussion around moving back to Scotland based recruitment.</li> <li>• Forensic Pathology had struggled with recruiting to the north of the country and now carry out own recruitment and have full autonomy, however that still doesn’t work.</li> <li>• Salaries can also be a deciding factor for trainees as payment can be much higher in England than Scotland. Other incentives could be provided to trainees to apply for harder to fill posts. BMA confirmed there is the ability to have a recruitment retention premium, however these are only for specific roles and not available in Scotland.</li> </ul>	

		Discretionary points system – also not used for regular recruitment in Scotland. Different types of recruitment and retention premia are available in England and the BMA are looking into this for Scotland due to the issues in recruitment and retention.	
4.3	Lieu Time for Trainees' Study Leave/Christmas	<p>Guidance was requested for standardising time off in lieu for trainees at Christmas and also for study leave when viewing recorded materials and for LTFT trainees who attend study on their days off.</p> <p>Healthboard HR departments usually send out information regarding festive period.</p> <ul style="list-style-type: none"> <li>• Variation between schemes in Scotland for LTFT staff working on days off:</li> <li>• Mandatory course – day back in lieu Requested course – don't get day back in lieu</li> <li>• Put in number of days as "zero" days but put in study leave application for funding.</li> </ul> <p>It was noted that fairest method for LTFT trainees who work on one of their days off should be that they receive it as a day in lieu.</p> <p>Public Holidays are public holidays and must be observed but Christmas is one of many religious holidays and as long as trainees get a fair chance to be off and not covering the same times every year, it should be evenly distributed. Therefore no requirement for additional time to be given back.</p> <p>Displaced study leave – agreed.</p>	
4.4	ARCP Data	<p>Summary of 2021/22 data for all specialties shared with the group for information. Page 8 particularly useful showing comparative spreadsheet of performance outcomes.</p> <p>There was discussion around ARCP outcomes and reasons for changes in numbers including impact of Covid.</p>	
4.5	Forensic Simulation Quote	RB has been working on a simulation bid along with SP with regards to autopsy – it has been challenging for trainees to get their curriculum needs and it is hoped this sim work will address those needs. The work will be useful to forensic and histo trainees as well as all other trainees in describing injuries, how to locate them, how to keep the chain of evidence etc.	

		<p>Mannequins have been looked at for this purpose and information was circulated to the group on these. It is hoped to have 2 mannequins created with multiple injuries and different scenarios put together for these.</p> <p>Also looking at the possibility of internal examination as well which is more difficult to get access to. International Red Cross have been developing augmented reality software for autopsy and RB is speaking with them shortly to discuss this further and try the software out. RB shared a clip of the programme with the group of a virtual reality autopsy.</p> <p>Comments given were:</p> <ul style="list-style-type: none"> <li>• Could be useful as an engagement tool for recruitment or induction for trainees in early years.</li> <li>• Could be good for macroscopic cases for early years and students.</li> <li>• Could be useful for APTs, forensic examiners and forensic nurses.</li> </ul>	
4.6	SOP for Home Working	<p>Looking to ensure a more consistent and regulated system of trainee supervision. RCR have sent out a consultation document and deadline is 16<sup>th</sup> December. Group opinion sought.</p> <p>LS has volunteered to join the SOP SLWG team and TI has volunteered from Med Micro. MM has also volunteered.</p> <p>LS has done some fact-finding on colleagues in Aberdeen – only one is regularly working from home but a small number of others have experience of doing so. The digital infrastructure is not really in place to make this work properly and macropath facility not set up either. Others would like to work from home but feel the technology is not available to do so.</p> <p>JA has done investigation on home working in her RCR role. It is working relatively well in the west where the majority of home-working is taking place, albeit in an ad-hoc way. TY is going to collate information for trainees in the west on their experiences.</p> <p>GR mentioned that there would be interest from a trainee to become a rep on the group.</p>	<p><b>JJ/JA to give opinion to FE for RCR document.</b></p> <p><b>GR to pass info of trainee to FE.</b></p>

4.7	EDI Committee Representation	Charu Chopra has previously shared information at Diagnostics STB, however only has one session so it would be useful to have another representative for EDI in the group. Cindy Chew in Lanarkshire has been appointed to RCR as their EDI rep and it was agreed as a group that she would be invited to attend the Diagnostics STB meetings where she is able to.	<b>FE to ask Cindy Chew to attend Diagnostics STBs when possible.</b>
5.	Standing items of business		
5.1	<ul style="list-style-type: none"> <li>• Deanery issues - Report from Lead Dean/STB Chair</li> <li>• Quality</li> <li>• Training Management – Recruitment, ARCPs, Rotations, Subspecialty, Redeployment Update, Examination Strategies</li> <li>• Professional Development</li> <li>• ED&amp;I</li> </ul>	<ul style="list-style-type: none"> <li>• Last MDST &amp; STB Chairs meeting took place in October where FE gave details of current Diagnostics work being undertaken.</li> <li>• DISSG – strategic government group for Diagnostics is changing – awaiting sign off from the Cabinet Secretary. Will update at next STB.</li> <li>• Annual Quality Review Panel took place in October. Very useful discussions. The Quality team are now working their way through the output from that meeting. Visiting combined infection training in 2022 as its new. No other until 2023.</li> <li>• 7 Good Practice Letters issued.</li> <li>• Visits last year – Histopathology Aberdeen and Histopathology, QEUIH – both continuing on through the cycle of action plan reviews etc.</li> <li>• Dates all set for 2023 quality meetings/visits.</li> <li>• Feedback received from TPD event which was very good and will take forward to next event.</li> <li>• Report will be sent out to the group with fill rates for 2022.</li> <li>• Applications closed for round 1 recruitment. Application numbers are across by around 20% from last year.</li> <li>• Applications for round 2 – ST3 and above close 8<sup>th</sup> December. Increase from last year but not as big.</li> <li>• Combined Infection Training – the recruitment team in NES will be managing the interviews.</li> <li>• Interviews are still virtual in 2023 but there is a new recruitment system being introduced which brings back multi-station element. It has been piloted and works well.</li> </ul>	<p><b>FE to invite MM to discussion with DM re Combined Infection Training.</b></p> <p><b>JMcK to send JF the recruitment report and JF to send to the group.</b></p>

5.2	Service (MD/DME) report  BMA Report	<ul style="list-style-type: none"> <li>No DME report available.</li> <li>Nothing specific to add at the meeting.</li> </ul>	
5.3 & 5.4	Royal Colleges report and Heads of School Report	<ul style="list-style-type: none"> <li>RC Path trying to get better data around workforce currently. A new group has been put together to input better data which will be submitted to HEE and NHS Scotland.</li> <li>A letter came out from the GMC and 4 nation governments regarding how it will be viewed if individual doctors make errors. It notes that doctors may have to do things differently on occasion because of the current pressures and that would be taken into consideration if they appear before any sanctioned committee. There has been some concern about this.</li> <li>Work being carried out around e-learning currently and the development of the pathology portal within RC Path. Lots of new information and courses being added.</li> </ul>	
5.5	Specialty and STC reports	<p><b>Radiology</b></p> <ul style="list-style-type: none"> <li>Trainees had received ARCP3 outcome at end of ST1 due to not having Physics and Anatomy exam. It was checked and the expectation from Royal College is that ST1 should have both of those exams by end of ST1 training otherwise an ARCP3 outcome is received. The Royal College are looking into the disparity between LTFT trainee and full time trainees in this regard.</li> <li>Kaizen will look a little different when logging in, however it will work exactly the same.</li> <li>Recruitment – exams having MRCP or MRCS part 1 etc is no longer part of the points scoring system for the upcoming ST1 interviews. It was felt this unfairly disadvantaged trainees who could not get study time for those exams.</li> </ul> <p><b>Nuclear Medicine</b></p> <ul style="list-style-type: none"> <li>No update.</li> </ul> <p><b>CIT/Med Micro/Virology</b></p> <ul style="list-style-type: none"> <li>No updates.</li> </ul>	<p><b>JD/MM to contact RF re CIT Reports. FE to contact Simon Edgar re ALS funding.</b></p>

		<p><b>Chempath</b></p> <ul style="list-style-type: none"> <li>No update.</li> </ul> <p><b>Histopathology</b></p> <ul style="list-style-type: none"> <li>Part 2 of the R C Path exams – good passes – 7 in Scotland.</li> <li>Post-mortems – issue in Aberdeen and Dundee. Aberdeen may potentially have sorted the problem as someone has come out of retirement to help with training. From the forensic side in Dundee, there are still low numbers due to relying on hospital post mortems. The sim training would help a little however people still require practical experience. Still trying to find a solution and looking at various temporary stop gaps in the meantime.</li> </ul> <p><b>Diagnostic Neuropath</b></p> <ul style="list-style-type: none"> <li>No update.</li> </ul> <p><b>Paediatric and perinatal path</b></p> <ul style="list-style-type: none"> <li>No specific issues – advertising a post in the next round.</li> </ul> <p><b>Forensic Histopath</b></p> <ul style="list-style-type: none"> <li>4 posts available in Forensic Pathology which are all filled. One trainee about to finish officially in February but may stay on until hopefully can retain him in Scotland.</li> <li>Forensic Pathologists across the country are offering on call cover to help in Aberdeen.</li> </ul>	
5.6	Trainee report	<ul style="list-style-type: none"> <li>No issues currently to report.</li> </ul>	
5.7	SAS report	<ul style="list-style-type: none"> <li>No Report</li> </ul>	
5.8	Academic report	<ul style="list-style-type: none"> <li>No report.</li> </ul>	

5.9	Lay Rep Report	<ul style="list-style-type: none"> <li>• Noticed overarching issue of recruitment, retention and distribution of trainees. Working group in England looking at geography and in particular in relation to remote and rural. Question re comparable group in Scotland? NES is cited to the issues but not just specifically to Diagnostics. Radiology Workforce Planning Group have discussed these issues – not just for doctors but also for paramedical staff such as radiographers, nursing staff etc. Workforce planning is a very tricky area and this will be a recurrent agenda item.</li> <li>• LMCK asked about incentives and rewards for those going into training roles. It was noted that it is often because people want to do it and gives them a different dimension and there are not a huge amount of financial or other rewards as such and more important to get people into the job who want to do so for the right reasons. Giving trainers time to train is also extremely important and currently challenging.</li> </ul>	
6.	AOB	<ul style="list-style-type: none"> <li>• Modelling system discussed regarding the workforce planning undertaken for Radiology by the Radiology Workforce Planning group which has been embargoed.</li> </ul>	
7.	Date of next meeting	<b>Tuesday, 28<sup>th</sup> February 2023 @ 9:30 am</b>	