Minutes of the meeting of the Scottish Specialty Board for Training in Diagnostic Specialties held at 10.30 am on Wednesday 9 July in the Rose Room, Forest Grove House, Foresterhill, Aberdeen

Present: Dr Peter Johnston (PJ) (Chair), Professor Gillian Needham (GN) part meeting, Dr Shona Olson (SO), Professor Rowan Parks (RP), Dr Jennifer Tolhurst (JT).

By Videoconference: Dundee - Dr Jonathan Weir-McCall (JWM); Edinburgh – Dr Paul Fineron (PF) part meeting; Glasgow – Dr Peter Galloway (PG), Dr John Hood (JH), Dr Wilma Kincaid (WK).

In attendance: Ms Helen McIntosh (HM).

Apologies: Dr Celia Aitken (CA), Dr John Bremner (JB), Professor Stewart Fleming (SF), Professor Graeme Houston (GH), Dr Ronald MacVicar (RM), Dr Maeve McPhillips (MMcP), Dr Hamish McRitchie (HMcR), Ms Karen Shearer (KS), Ms Janice Soroka (JS), Dr Emma Watson (EW).

1. Welcome and apologies
   • Membership update

The Chair welcomed all to the meeting and apologies were noted.

He and GN will discuss a replacement representative for NoS by email and he has also contacted Professor Cachia for a replacement EoS Radiology representative. He also noted Mr Stewart McCracken, the lay representative on the STB, has demitted office and will seek a replacement for the vacancy.

Actions:
   • PJ to email GN to discuss replacement representative for NoS; to continue to seek a replacement representative for EoS Radiology; to seek a replacement lay representative.

2. Minutes of meeting held on 7 May 2014

One amendment was noted:

Page 3, Item 4.4, first paragraph to read ‘JH reported recruitment to 7 posts – 5 in ST and 2 in joint. One additional post was offered and filled however the candidate for one of the WoS subsequently declined and the post was returned for recruitment in joint training. Interviews will be held in Sheffield for the 2 Joint posts on 8 May. The recruitment for the ST1 posts (then 6 posts for Scotland) in January had 50+ applications of which only 17 were appointable.’

With this amendment the minutes were accepted as a correct record of the meeting and will be posted on the website.

3. Matters arising/actions from previous meeting
3.1 ST6 Paediatric Radiology post

PJ noted the custom of providing extended training in Paediatric Radiology in Edinburgh and a trainee has recently been appointed to this post and given a SES number. In future such posts may come under credentialing but meantime work on providing guidance on the process for filling and following up training was required. GN confirmed this was an issue for the Training Management workstream to
consider as part of its remit and it was currently engaged in reviewing governance arrangements. She felt it would be helpful in the first instance to discuss with the TPD for Radiology in SES how the background to the appointment and helpful to have a clear understanding for trainees on how to access subspecialty and Fellowship type posts which should be open to all relevant NTN holders in UK. PJ will write to Dr Judith Anderson.

**Action:**
- PJ to write to Dr Judith Anderson.

### 3.2 Influencing the Histopathology undergraduate curriculum: update

PJ reported ongoing College work on how to raise Pathology’s profile in the undergraduate schools. The study should provide a clear view from the Histopathology community.

### 3.3 StART update

StART Training Ambassadors for Histopathology have been appointed. A Careers Fair has been arranged for 20 September in Glasgow and PJ will ask specialty leads to co-ordinate the STB’s activity at the event.

**Action:**
- PJ to ask specialty leads to co-ordinate STB activity at Careers Fair.

### 3.4 Impact of 7/7 service on consultant establishment: update

Discussed under agenda item 4.1.

### 4. Recruitment update

#### 4.1 Conclusion of Reshaping Project

The first paper circulated to the STB confirmed the conclusion of the formal process of reshaping and reviewing by the Cabinet Secretary. The STB had previously made a successful case for the need to increase Clinical Radiology numbers.

The second paper circulated summarised growth and disestablishment for each specialty in 2014 and beyond. The expectation was that no further growth will be necessary unless evidence to the contrary could be provided and they were invited to make a case for any amendments by 15 August to Dr John Colvin at Scottish Government. The STB has already done much work on this ie Radiology information provided by Dr Taylor and the joint work on Interventional Radiology. PJ asked JH and PG to provide relevant data for their specialties and he will ask CA to do the same for Virology. This tied into the impact of 7/7 service on consultant establishment as there have been a number of new posts created in a variety of places to cover this. Aberdeen was unable to develop this service as it did not have sufficient consultants and the situation was similar in Glasgow and while they were continuing to extend existing roles this was not the answer. He will include the paper produced by the Diagnostics Steering Group as evidence in his response as this stated the case for increased numbers. GN noted the response should link to current policy initiatives – unscheduled care, 7/7 service and 20:20 vision.

PJ will draft a response and circulate it to the STB for any additional information.

**Actions:**
• JH and PG to provide relevant data for their specialties; PJ to ask CA to do likewise for Virology.
• PJ to draft a response and circulate to STB for any additional information.

4.2 Longitudinal Histopathology Selection Validation project

PJ noted work undertaken by Fiona Muchet and Jackie Sutherland in collating data on the different processes used and how each performed and analysis done within specialties. England has also established a centrally funded project by Work Psychology Group to look at the longitudinal value of the UK StR process and this was currently at the stage of seeking trainees’ permission to access data. PJ was invited to become involved in this work and this was approved by MDET and welcomed by Fiona Muchet resulting in top level agreement to analyse Scottish data in parallel with the UK data. Qualitative data will also be sought via interview and Dundee University has agreed to interview some Scottish trainees on their experiences of recruitment processes; some trainees will have experience of both UK College and Scottish processes. He felt this was a very positive piece of work.

PF felt the study may be of limited value as only 20% of trainees in England have given their consent. PJ considered there would still be value attached. He noted that England sought retrospective approval however approval in Scotland was sought upfront and hence there should be a higher buy in rate. He felt this was still a study worth pursuing.

4.3 Future of National Recruitment

An email was received from the College seeking support for the continuation of national recruitment. While the STB could have a view the decision lay with the Scottish Government and although individual STB members could have individual influence on such matters any response from the STB must be made via MDET. PJ confirmed he has already responded to the email in that manner. GN stressed that as College members they should remind the Colleges of the need for NES, Wales and Northern Ireland to be involved in such discussion as well as HEE and to use opportunities as they arose to influence progress. She noted the UK College Group on Shape Implementation included a member of the Mental Health STB and this will provide a Scottish influence on decisions. She also noted the 4 Nation Implementation Group was now established and has agreed its constitution, membership, structure and arranged meeting dates. UK Academy representatives were on that group making this the appropriate route for College influence.

PJ confirmed he will circulate the College email to TPDs to respond as individuals; he will copy the email to Professor Parks for information.

PG said TPDs in small specialties felt disengaged from the national recruitment process given their involvement only every few years.

JH reported on the recent ST3 Medical Microbiology recruitment process where interviews were held in Sheffield for North of Britain ID and Joint Training. The process was very well organised and 2 good appointments to Scotland were made amid stiff competition. There was some concern about questions used as these had been confirmed at the last minute but overall he felt happier about the mix of CMT and ID recruitment. Additionally in the past they did not have LAT posts to recruit to at that stage and this was very helpful in filling vacancies. It was hoped the process would be even more straightforward next year.
PJ noted that Scottish Histopathology panellists were actively involved in drawing up questions for the recruitment process and he felt this was a good way of ensuring engagement.

**Action:**
- PJ to circulate College email to TPDs for their individual response; copied to Professor Parks for information.

5. **Higher Specialist Scientist (HSST) training in NHS Scotland**

PJ reported pressure from Scientists with College backing to promote these posts. Finance has been made available however uptake was patchy and there was a degree of confusion around roles. The paper circulated was a joint submission by NES Healthcare Science and the National Services Division of NSS exploring options to secure Senior Scientist capacity for NHS Scotland.

PG expressed reservations on the proposal. Equivalence was not yet in place and in terms of experience HSSTs required more than the examination. Although he felt the issue of equivalence could be resolved by individuals recording the training information required. He felt the proposal was not suitable for Chemical Pathology. There was also an issue in Scotland in that people tended to want to work in London and he felt the same would happen with this proposal. He felt the current system where principal scientists with experience could move up to consultant roles worked very well and was appropriate. PJ said this was a major issue in Medicine specialties for those with LAT post experience.

JH noted his experience as a Chief Examiner for HSSTs. His view was this required a separate curriculum from Medical Microbiology and HSSTs required tailored assessment. His chief experience has been with those working in Reference Laboratories and he noted the fail rate was high however they were not given sufficient time to pass exams although there were exceptions. Combined Infection training would also play into this.

PJ planned to respond to Dr Farley, co-author of the paper, confirming the STB was supportive of the educational case made and it was also happy to provide advice on an equivalence governance structure. He will invite Dr Farley to contact PG, JH and CA for more specific information. GN also asked PJ to highlight in his response to Dr Farley that Public Health recruited Medic and Non Medic trainees to understand how that would work. She also noted CESR (CP) could also be an area of interest. PF said although this was relatively new for Histopathology some post-doctoral trainees in SES were integrated to a degree while maintaining a separate identity and overall this was developing on an ad hoc basis. He will email Histopathology TPDS in Scotland for update information on the current situation.

**Actions:**
- PJ to make a general response to Dr Farley by email proposing contact with PG, JH and CA for specific information; to copy STB into his response to Dr Farley.
- PJ to highlight Public Health and CESR (CP) with Dr Farley.
- PF to email Histopathology TPDS in Scotland for update information on the current situation.

6. **Scottish Medical Training Careers Fair 2014**

Item discussed as noted above.
7. **Update reports**

7.1 **Liaison Dean**

GN reported:

- **Recognition of Trainers** will have log of undergraduate and postgraduate named trainers by end July. An event was held in Glasgow last week attended by 200+ trainers and this will be repeated elsewhere on demand. The next step was for all named trainers to decide how to achieve full recognition – via GMC or by submission of membership of a relevant body.

- The next planned GMC visit to Scotland will take place in 2017 and preparatory work was beginning. It was likely the GMC will select areas and specialties to visit based on the risk dashboard, trainee survey, STS and quality reports so it may be obvious where they were likely to go. All 4 Medical Schools will be visited and most likely the linked training hospitals and in particular the Southern General Hospital. From the STB perspective it should ensure TPDs and trainees were kept well informed of the process as it rolled out and it would also be useful to engage with service. PJ noted that locally a UCAS/CPA inspection took place and it was clear from this that if they failed to engage stakeholders in the GMC visit the outcome could be threatened. GN said that all engagement and communication will be managed by the Quality worksteam in NES and Professor McLellan and Dr MacVicar as co-leads of the worksteam will lead the process alongside the 5 Medical Schools Leads. Scotland has already established a joint data group comprising Audit Scotland, ISD, HIS and NES so there was already good preparation work to align data processes.

- **MDET Away Day.** The Quality worksteam will look at the current arrangements for reporting quality dates and how to establish a single system of Quality Management visits.

- **Training Management workstream** was looking at policies within the Scotland Deanery staring with Educational Governance and other urgent areas. An Inter Regional Transfer (IRT) process has now been agreed modelling the Inter Deanery Transfer (IDT) process. Applications will be received continuously although some staging of transfers will be required once agreed as vacancies were mostly received at the end of July and in February. IRTs requests will be prioritised over IDTs. The workstream was also auditing OOP decision making; while the process will remain regional it will run consistently. Other policies will be amended and some rewritten.

- **The new version of Pinnacle** was being developed and will be ready by the end of 2014.

7.2 **Histopathology**

ST1 recruitment was arranged for the first week in February 2015 for 4 posts in WoS; 2 or 3 in SES; one in Eos and one in NoS. Two appointments were made at ST3 level in Forensic Pathology and it was hoped to fill the remaining vacancy with a LAT. He attended an HEE Board meeting where there was enthusiasm to take on board what Scotland did in terms of recruitment. There was also discussion on web based learning and the facilities available – he will circulate this information locally.

He also noted the view that the Year 1 OSCE was not fit for purpose so representation will be made to the Committee and the mock exam will be revised.

7.3 **Radiology**

No update information was received.
7.4 **Medical Microbiology**

JH reported the GMC has accepted the new curriculum for Combined Infection Training subject to some amendments and this will be in place for August 2015.

7.5 **Virology**

No update information was received.

7.6 **Chemical Pathology and Metabolic Medicine**

PG reported all posts have filled plus they appointed to an MTI post. The Central belt has reduced its number of Clinical Scientists to determine how many trainees were required. No appointment was made to the consultant vacancy in Clyde.

7.7 **Trainees**

No update information was received.

7.8 **Academic issues**

7.9 **Service issues**

No update information was received.

7.10 **Lay representative**

No update information was received.

8. **Received for information**

No additional information was received.

9. **AOCB**

No other business was raised.

10. **Date and time of next meeting**

The next meeting will be held at 11:00 am on Wednesday 17 September 2014 in Room 6, Ground Floor, 2 Central Quay, 89 Hydepark Street, Glasgow (please note as this is a face to face meeting no videoconference facilities will be provided).

**Actions arising from the meeting**

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<tr>
<th>Item no</th>
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<td></td>
<td>Recruitment update</td>
<td>Conclusion of Reshaping Project</td>
<td>To provide specialty data. To draft response and circulate to STB.</td>
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