Minutes of the meeting of the Scottish Specialty Board for Training in Diagnostic Specialties held at 11.00 am on Wednesday 7 May 2014 in Room 4, Floor 1, Westport, Edinburgh

Present: Dr Peter Johnston (PJ) (Chair), Dr Celia Aitken (CA), Dr Paul Fineron (PF), Dr John Hood (JH), Dr Wilma Kincaid (WK), Professor Gillian Needham (GN), Dr Shona Olson (SO), Professor Rowan Parks (RP), Dr Jennifer Tolhurst (JT).

In attendance: Ms Helen McIntosh (HM).

Apologies: Dr John Bremner (JB), Professor Stewart Fleming (SF), Dr Peter Galloway (PG), Professor Graeme Houston (GH), Dr Ronald MacVicar (RM), Mr Stewart McCracken (SM), Dr Maeve McPhillips (MMcP), Dr Hamish McRitchie (HMcR), Ms Karen Shearer (KS), Ms Janice Soroka (JS), Dr Emma Watson (EW), Dr Jonathan Weir-McCall (JWM).

1. Welcome and apologies
   • To update on STB representation

   The Chair welcomed all to the meeting and in particular Dr Paul Fineron (PF) returning to the STB as SES Deanery representative.

   He was seeking confirmation of replacement representatives for Dr Tom Taylor and Dr Louise Smart from the EoS and NoS PG Deans respectively. He will also conduct the annual review of membership.

   Apologies were noted.

   Actions:
   • PJ seeking confirmation of replacement representatives for Dr Tom Taylor and Dr Louise Smart.
   • PJ to conduct the annual review of membership.

2. Minutes of meeting held on 19 March 2014

   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 Programme organisation and governance: Paediatric Pathology and Neuropathology programmes

   PJ has written to Professor McLellan as lead PG Dean for the Paediatric Pathology regarding the appointment of a TPD for the programme and his response was awaited.

   The process for appointing a TPD to the Neuropathology programme will be delayed until a later date.

3.2 ST6 Paediatric Radiology post

   SO confirmed an appointment has been made to the post. The individual will move from Aberdeen to Edinburgh and defer CCT. GN said the TPD should ensure the trainee was given an Edinburgh number and the CCT date adjusted and GMC informed. In future such arrangements must align with the Inter Regional Transfer
(IRT) process and subspecialties follow this approach. She will speak to Professor Reid and Dr Judith Anderson regarding the arrangements for this particular post.

The usual way of filling an empty slot was via a LAT appointment. PJ said local discussion was required in such circumstances to determine what post would be most useful. She considered that such posts should be used to provide AMTF opportunities and it would be useful to get bids for such slots for special interest year options. This would be a formal process and could provide a model for Shape of Training. PJ and SO will discuss how to take this forward.

**Actions:**
- GN to discuss post arrangements with Professor Reid and Dr Judith Anderson.
- PJ and SO to discuss how to take forward use of such vacant slots.

4. Recruitment updates

4.1 Interventional Radiology recruitment

Noted: recruitment was successfully completed and posts filled.

4.2 Chemical Pathology ST1 and ST3 recruitment

PG provided an update by email:
- ST1 recruitment: one appointee to EoS; the WoS appointee was unable to take up the post hence there was one gap.
- ST3 recruitment: interviews to be held on Friday 9 May for 5 candidates – one has preferenced WoS.

RCPath was concerned about the declining interest in the specialty and has established a panel to consider the failure to recruit. Currently there were 2 posts in WoS at consultant level with only one applicant and the previous postholder gave notice the week before they were due to start.

PJ noted Histopathology was experiencing similar poor uptake and felt the College should investigate the causes. Overall trainee satisfaction was rated as high hence the lack of interest was not easily understood. PF said there was a view that most Medical graduates knew very little about Histopathology. When it existed the CATT debated this and highlighted it was not in University curriculum however the College had no influence on this. PJ noted a study on undergraduate programmes was being undertaken for Histopathology and he will contact the College to see if it would take a lead on this work.

**Action:**
- PJ to contact the College re influencing the undergraduate curriculum.

4.3 Histopathology recruitment

Appointments were made to 5 of the 10 posts. Round 2 recruitment will begin this week in London with 54 applicants for 30 posts and they were hopeful all Scottish vacancies will fill. PJ felt the College could be amenable to making improvements to the recruitment process and he will discuss this with Martin Young, Lead for Pathology ST1 recruitment. The recruitment trend line from 2007 to present predicted they would not fill all posts and this was a serious problem UK wide (fill rate 57%). He felt it was essential to more actively encourage recruitment to the specialty and although the College did run a national Pathology week this did not
address recruitment.

GN reported Psychiatry experienced recruitment difficulties and had pressured the College to promote its profile in Medical Schools and Deaneries. PJ agreed to try a similar approach to the College of Pathology. He also felt that active involvement in the StART Alliance would be helpful and they should consider using Foundation experience as a way into laboratory disciplines. SO proposed holding Diagnostics careers evenings; RP suggested the STB could seek the assistance of the StART core group. There were a variety of activities available via StART eg Training Ambassadors, webinars, video clips.

Action:
• PJ to speak to College re improving profile; to contact the StART core group.

4.4 Medical Microbiology recruitment

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.

PJ reported that Infection Training was discussed at the GMC curriculum group meeting which he was unable to attend; the minutes of the meeting were not yet available. Curriculum writing has stalled and there was pressure from GMC to confirm all details by end of June. CA noted the Virology view that it was unlikely to be in place for this year. PJ noted the STB’s general concern about the slow progress of Infection Training and how this would impact on future recruitment. This could come under Shape of Training where traditional boundaries may well change.

4.5 Virology recruitment

Virology did not recruit this year. Last year’s recruitment went well and Edinburgh and Glasgow were both very pleased with their joint trainees. Recruitment next year was unlikely and will take place at some point in the future.

5. Programme organisation and governance
5.1 TPDs for Paediatric Pathology and Neuropathology: update

Discussed under item 3.1. It was hoped recruitment to Paediatric Pathology will be possible next year. PF will speak to Colin Smith regarding arrangements.

5.2 Recognition of Trainers

The names of all Educational and Clinical Supervisors must be supplied by DMEs to NES by the end of July. One communication from NES has been sent and it was hoped to send another in late May with self assessment tools attached.

6. Impact of 7/7 service on consultant establishment

Radiology was making appointments to enable the development of a 7/7 service and this year will have 56 consultant posts with 10 CCTs; Histopathology will have 20 posts with 7 CCTs. PJ noted the Diagnostics Steering Group has agreed to support an increase in Radiology posts and while they have embraced role extension to non
medical people additional posts were still required.

GN said that officially reshaping was paused but in all likelihood it has ended. Scottish Government was working on a policy document for the development of 24/7 service and at present crisis managing a small number of front door specialties and will not consider anything else before September. She felt it could be helpful to link Radiology and other Diagnostics specialties with Emergency Medicine. While it was acknowledged this was not strictly a training issue it could provide an opportunity to change the pattern of training by including evening and weekend working. Other clinics were already being run in the evening so there was potential for change in working distribution and this would impact on training eg less support available for trainees at evenings and weekends. PF considered that if they were unable to recruit sufficient people to fill current consultant posts they would not be able to provide 24/7 cover and SO reported Grampian had been unable to recruit consultant staff for the new ECC unit in Aberdeen and so had reverted to on call arrangements. She felt that improving Radiology staffing levels could help the crisis in A & E; at present they have to refuse OOH work because of the impact on consultant cover the next day. PJ felt they should make the case for increased numbers in their own specialties rather than linking to the situation in A & E which could risk the message being lost.

It was agreed PJ will produce an accompanying narrative for the consultant data provided by Dr Taylor and this could be sent to Scottish Government for its consideration either via MDET or forwarded to Professor Finlay.

**Action:**
- PJ will produce a narrative for the consultant data provided by Dr Taylor; to be sent to Scottish Government via MDET/Professor Finlay.

7. **StART Trainee Ambassadors: update**

Specialty leads were asked to seek suitable volunteers and send names to Professor McLellan.

**Action:**
- Specialty leads to seek suitable volunteers and send names to Professor McLellan.

8. **Interventional Radiology/Vascular Surgery joint meeting: update**

The note of the meeting held on 7 November 2013 was circulated to the STB for information and PJ will now send it to MDET.

**Action:**
- PJ to send note of meeting to MDET.

9. **Shape of Training update**

The STB debated the Shape of Training recommendations. PJ noted the proposed enhanced role of generalism which would link aspects of medicine eg Women’s Health and Community but he felt it was unclear how this fitted with Diagnostic specialties. Pathology had attempted a generic Diagnostics training model some time which had been abandoned as it did not work. CA felt technical advances could affect the need for people on the ground and they should seek to train people for the
future and for new technologies. PJ considered an interpretative role will remain and this will become more specialised. He remained unconvinced as to how laboratory practice fitted with the Shape of Training recommendations.

GN felt the service would find it useful to have generalist Radiologists trained to a level where they could undertake OOH. PJ said they had to ensure a balance of workload. Much of what was done was fairly basic and undemanding however the difficulty lay in identifying what was more complex or difficult and passing this on as appropriate. Given the inconsistencies of approach it would be best to agree a level to be attained followed by additional components. WK felt that it was for trainees to decide by choosing blocks to maintain generalist or deciding to undertake other experience.

SO felt shortening training could make it difficult for people to pass exams. PJ said that trainees were sitting the exams earlier and although they often had not reached the stage where they should be sitting them this was now expected. He felt exam content should not be altered. He also felt that shortening training was not the aim; the introduction of CST was to demonstrate people had attained an agreed level followed by credentialing where appropriate.

GN said the training model would be that of broad based training. Foundation would be followed by a small number of themed programmes and runthrough programmes would be the rare exception. Anything after CST would be credentialing. PF felt this was an appealing model as the current issue was that people were asked to make decisions on training too early. Rather than design Diagnostics themed programmes they could o what they currently did in Foundation and provide experience in the specialties eg a trauma based placement to give people experience in Radiology.

There was a sense that it was difficult to see how credentialing would work with questions such would consultants be paid while training and in the event of retirals there would not be sufficient time to put successors in place. PJ suggested they could appoint proleptically and this was already done in some areas. GN said credentialing would offer generalists to develop special interests. SO felt this would not work in DGHs; GN suggested they could supply DGHs and similar with generalists.

Overall, the STB felt that credentialing would be difficult to achieve but in general that generalist themed programmes would be helpful.

The UK Co-ordinating group will meet next week and any suggestions for discussion should be made to MDET or Professor Reid.

10. Update reports
10.1 Liaison Dean

The single Scotland Deanery was launched on 2 April. The next piece of work would be to communicate with Medical Education Leads to ensure arrangements were understood and where they fitted into the Deanery. Regional bases remained and national workstreams across the Deanery have been established. There was movement towards single national programmes especially in smaller programmes. IDT arrangements have been affected by the change and an Inter Regional Transfer process was being developed for movement within Scotland and this will mirror the IDT model. The IDT process will remain for transfers outwith Scotland. Those transfers currently in the system will continue via the IDT process.
10.2 Histopathology
10.3 Radiology
10.4 Medical Microbiology
10.5 Virology
10.6 Chemical Pathology and Metabolic Medicine

No additional update information was received.

10.7 Trainees
- Update on replacement of Radiology Standing Committee trainee representative

Representation to be confirmed.

10.8 Academic issues
10.9 Service issues

No additional update information was received.

10.10 Lay representative

No additional update information was received.

11. Report of meetings attended
11.1 Ottawa Conference

PJ reported on the conference he recently attended. The focus of the conference was on who gained admission to Medical Schools and included some interesting studies. There was much talk of assessment of ongoing work which was very bureaucratic and a focus on assessment in programmes and summative assessments. He chaired a session on postgraduate assessment and looked at risk factors eg solitary practice. Some interesting ideas were exchanged and the Wessex Deanery presented a paper on assessing Form 4s. Altogether this was a very good educational meeting which he recommended.

12. AOB
12.1 Contingency planning following referendum

GN confirmed that NES has made no contingency plans.

13. Date and time of next meeting

The next meeting will take place at 10.30 am on Wednesday 9 July 2014 in Forest Grove House, Foresterhill, Aberdeen (with videoconference links).

### Actions arising from the meeting

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<th>Item no</th>
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PJ
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PJ/SO |
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| 3 | **3.2** ST6 Paediatric Radiology post | To discuss post arrangements with Professor Reid and Dr Judith Anderson. To discuss how to take forward use of such vacant slots. | GN
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