



### **Trainees' Advisory Committee**

A meeting was held on Wednesday 22 November 2023 at 10:30am  
Hosted by the Royal College of Pathologists via Microsoft Teams

**Dr Lance Sandle**  
**Registrar**

**Present:**

Dr Sophie Roberts, Chair  
Dr Anne Boulton, Immunology  
Dr Clare Collins, Histocompatibility & Immunogenetics  
Dr Marvin Firth, Veterinary Anatomic Pathology  
Dr Lorna Cain, Transfusion Medicine  
Dr James McCaffrey, Research  
Dr Isobel Ramsay, Medical Microbiology  
Dr Laura Whitehouse, Oral and Maxillofacial Pathology  
Dr Annie Cook, ACB representative  
Dr Rachel Rummery, Paediatric & Examinations Committee Rep  
(Deputy Chair)

**Apologies:**

Dr Matthew Clarke, Past Chair  
Dr Daniel Lock, Clinical Science (deputy)  
Dr Louise Howe, Clinical Science  
Dr Amanda Hilton, Cytopathology  
Dr Simon Craige, Toxicology  
Dr Kate El Bouzidi, Medical Virology  
Mr Chris Jelley, Lay Member  
Dr Chara Ntala, Dermatopathology

**Absent:**

Dr Rob Goldspring, Neuropathology  
Dr Lowri Hughes, Genomics and Reproductive Science  
Dr Eamon McCarron, Northern Ireland representative

**In attendance:**

Ms Joanne Brinklow, RCPATH Director of Learning  
Prof Nicki Cohen, Clinical Director of Examinations  
Prof Angharad Davies, Vice President (Learning)  
Prof Ronan McMullan, Clinical Director of Training and Assessment  
Louise Mair, Governance and Committee Services Officer  
Katherine Kean, Workforce Administrator

### **Minutes (unconfirmed)**

### **TAC.15/23 Welcome, Apologies and Declarations of Interest**

The Chair welcomed members to her second TAC meeting as the new Chair and thanked the following TAC members who are demitting from the Committee: Dr Joshua Newark, Dr Rachel Rummery, Dr Jiexin Yeng, and Dr Dilek Taze.

Apologies for absence were noted as above.

There were no declarations of interest.

### **TAC.16/23 Minutes of the Last Meeting, Actions, Matters Arising**

The minutes of the meeting held on 18 May 2023 were approved as a correct record, however, Dr Rummery highlighted that the minutes omitted that she confirmed prior to the meeting that there was no written update to provide in her absence. The TAC confirmed that if a member is unable to attend a meeting, they are required to provide a written update to the TAC or confirm there is no update.

As Dr Rummery needed to leave the meeting early, she provided her update before the TAC discussed the action log.

Dr Rummery advised that she recently attended the Pre/Perinatal and Paediatric Pathology SAC meeting and a number of issues were raised. One key issue was around trainees' confusion on entry requirements for the exams, especially when entering ST3, as there isn't clarity on whether they should complete the Part 1 examination or not. Two international senior medical graduates were also confused to recently discover that they need to take the Part 1 examination before sitting the Part 2 examination, as this wasn't a clear requirement at the point of their recruitment. Secondly, paediatric trainees in England are being paid an incentive payment and trainees from devolved nations have queried why this is the case. More general discussion was around retention and recruitment and variability around study budgets across different deaneries. The Chair asked if the TAC could offer support on these areas, Dr Rummery advised that the two main issues are specialty specific and need to be addressed by the Pre/Perinatal and Paediatric Pathology SAC, whilst the issue around variability in study budgets is a specialty wide issue that is likely to affect all trainees and should be raised to the College. As there is a Pre/Perinatal and Paediatric Pathology SAC meeting scheduled for tomorrow, Dr Rummery advised she would confirm the outcome of the meeting around the key issues and let the TAC if there was any support, they could offer to action the issues.

Dr Rummery also confirmed that this will be her last meeting, as she is CCTing shortly and thanked the TAC for all of their support during her tenure. The TAC thanked her for her hard work and contributions.

The following updates to the action log were noted:

**Tac.05/22eii:** The action to explore options for support to prevent the trainees leading this work becoming overwhelmed had passed to Dr Collins who is in contact with previous trainee Dr May. Dr Collins advised that this action should be

reassigned as it is an issue for doctors rather than for clinical scientists. The Chair advised that this is a national issue, she hasn't been able to progress this action due to her own workloads but does intend to discuss this further with Past Chair, Dr Clarke before the next TAC meeting in May. This action to remain open.

**Tac.07/22c:** Chair advised that work on the action regarding educational supervisors was still in progress. There was a discussion around training for educational supervisors and the suggestion that RCPATH could develop a training schedule for educational supervisors now that the curriculum has changed, which would benefit both trainees and the educational supervisors. Action to close, but the TAC agreed it is likely to be raised again in the future.

**Tac.19/22d:** The Chair and Dr Roberts to draft a statement on reallocation of trainees for the trainee update. The Chair advised that she will close this action and reopen if it rears and is actionable, as a statement will not influence the political decision on the levelling up programme for new recruits. The Chair confirmed if you have a training number and training post, you will not be reallocated. Dr Rummery advised trainees to provide feedback to the TAC if they notice issues with new trainees affected by this in the future.

**Tac.02/23a:** The Chair to discuss ways to put pressure on trusts to prioritise training provision for trainees, with Prof Davies and Ms Brinklow. The Chair advised this action is ongoing and will remain open.

**Tac.02/23b:** TAC members to provide suggestions on creating a centralised trainee feedback mechanism to provide anonymous feedback on their workload pressures. The Chair advised this action is ongoing and will remain open.

**Tac.04/23bi:** Governance and Committees Services Officer will query whether it is possible to publish a TAC article on both the website and in the Bulletin to widen the audience / readership. Governance and Committees Services Officer advised that this can be actioned on behalf of the TAC and agreed this could be closed.

**Tac.04/23bii:** The Chair / Governance and Committees Officer to discuss the guidelines for RCPATH Twitter account with Prof Davies. The Chair advised that she had spoken to Prof Davies who confirmed that the guidelines are available on the website, therefore this action can be closed.

**Tac.05/23gii:** The Chair to consider ways to contact trainee reps at different deaneries to create a comms channel with trainees outside of TAC. Dr McCaffrey advised he is part of a trainees Whatsapp group called the National Academic Trainees Network, which includes some pathologists and is a good mechanism to disseminate information to trainees. Dr McCaffrey agreed to share the details with the Chair, following the meeting so that she can join the network. Dr Cook advised that she is part of a discord channel for trainees around training, it is a useful resource to share information. The Chair and Dr Cook agreed to discuss this option further offline and to update the TAC.

**Action: Dr McCaffrey to add the Chair to the National Academic Trainees Network.**

**Action: The Chair and Dr Cook to discuss how to implement a discord channel for the TAC and update the TAC.**

**Tac.05/23k:** The Chair to liaise with the EDI Officer around addressing concerns from International trainees that don't feel they receive support in their roles. The Chair advised that this item has been raised with the EDI Committee and will wait to hear back from them on this and then close. The TAC also noted that as Dr Rummery acted as EDI representative and is now demitting from the TAC, the TAC will need to consider whether a TAC member could join the EDI Committee going forward.

**Tac.09/23i:** Dr McMullan and the examinations team to discuss how to implement an eight-week exam date release timeframe for the FRCPATH Part 2 examinations. This action is ongoing and will remain open.

**Tac.09/23ii:** The Governance and Committees Services Officer to send a trainees' letter raising concern around pay discrepancy for Welsh trainees (with trainee consent) to the new Welsh Regional Chair, Dr Anu Gunavardhan. This action is ongoing, as the Governance and Committees Services Officer has contacted the trainee and asked for consent to share their email with Dr Gunavardhan but hasn't received a response. Governance and Committees Services Officer will contact the trainee again, if there is still no response then this action can be closed.

**Tac.09/23iii:** The Chair and Ms Brinklow to discuss current issues affecting trainee and educational supervisors relationships and possible solutions. The College has confirmed that they do offer training to educational supervisors, but attendance is not monitored. The TAC agreed to close this action and to re-open if there is more feedback given in the future around experience with educational supervisor training.

**Tac.13/23a:** The Chair to raise concern around junior strike days affecting trainees' ARCP with Ms Brinklow. The Chair has raised this with Ms Brinklow and at the recent College Council meeting, it was acknowledged that the strikes will continue until an agreement is met and therefore, this action can be closed.

**Tac.13/23d:** The Chair to feedback Dr Boulton's query around why release dates for Part 2 Examinations cannot be released earlier. The Chair has spoken to the College who have confirmed that the release dates cannot be released sooner. Dr Cook queried whether there was potential for candidates to be able to back out of the exam if necessary and reschedule / have flexibility – this would need to be raised to the College. Dr Cook advised that some ACB trainees have some comments about the release dates and agreed to send them across to the Chair and Governance and Committees Services Officer. The TAC agreed to close this action but is likely to be reopened again in the future.

### **TAC.17/23 Membership of the Trainees' Advisory Committee**

- (a) It was noted that the following trainee representatives are expected to complete their training in 2023:
- Dr Joshua Newmark, Clinical Biochemistry representative has completed his training and has formally demitted from the TAC.
  - Dr Rachel Rummery, Paediatric & Examinations Committee representative (Deputy Chair) has completed her training and is demitting from the TAC.
  - Dr James McCaffrey, Research representative will complete his training in May 2024 and agreed to attend the TAC meeting in May.
  - Dr Jiexin Zheng, Haematology representative will complete her training in February 2024.

The Committee expressed thanks to all recently demitted members for their dedication and contribution to the Committee.

### **TAC.18/23 Trainee Reports**

- (a) A written report from the Research representative was noted and the committee was pleased to note that another agreement between PathSoc and the Jean Shanks Foundation has been signed, providing £5 million of grant money over five years to research-active pathologists.
- (b) A written report and haematology newsletter from the Transfusion Medicine representative was noted and the TAC were pleased to hear that Dr Cain received a 40% response rate for her recent survey for transfusion trainees.
- (c) A written report from the Neuropathology representative was noted.

### **TAC.19/23 Consultations, Communications and Outreach**

- (a) The Chair encouraged the TAC to contribute to a Bulletin article around issues that are affecting trainees across all pathology specialities. The deadline for contributions is 13<sup>th</sup> January, with a word limit of around 150-200 words for each specialty.

The TAC discussed the potential for all members of the TAC having access to the College Twitter account, to ensure that information relevant to trainees is disseminated.

**Action: The Governance and Committees Services Officer to share the College Twitter account login details with the TAC.**

### **TAC.20/23 Issues, Updates and Progress from the Chair**

- (a) Restructuring the TAC meeting and how to get the most out of the part when the 'major stakeholders' come in – The Chair welcomed suggestions from the TAC around restructuring the current TAC meetings to ensure that the meeting is productive and the TAC members are gaining value from the meetings, particularly

when interacting with the stakeholders. TAC members suggested having an informal discussion / forum during the first half of the meeting and taking forward any queries raised to the stakeholders in the second part of the meeting, with the understanding that stakeholders may not have an immediate response but will provide one promptly following the meeting.

There were also suggestions around streamlining the action log during the meeting and discussing only the open actions. The TAC acknowledged it was helpful to know the outcome of closed actions, it was agreed the full action log with closed actions will be included in the paper pack, but the TAC will view only open actions during the meeting.

There was a discussion around having a TAC meeting in person to allow members to have a networking opportunity, the Governance and Committees Services Officer advised that the current policy is for all meetings to be held online due to budget constraints but agreed that she would feed this back to the College and update the TAC.

**Action: The Governance and Committees Services Officer to speak to the College around holding a TAC meeting in person in 2024.**

- (b) Examinations – Preparation, feedback and other issues - There was nothing to report at this stage and agreed this topic will be discussed further once the stakeholders join the meeting.
- (c) Training recovery update from the Committee – The Chair informed the TAC that there will no longer be ARCP outcomes 10's, this ended in September 2023.
- (d) Volunteer opportunities – This item was covered earlier on in the meeting when discussing contributing to the Bulletin article and managing the College Twitter account. The TAC agreed to review volunteering opportunities in the future and decide which ones are still relevant to the TAC. In the meantime, the Chair and Governance and Committees Services Officer will circulate any events that may be suitable for TAC members to attend.
- (e) Digitisation of examinations, consideration of trainees viewpoint and examination fees – The TAC agreed this item will be covered when the stakeholders join the meeting.
- (f) Resources for trainee representatives – The TAC agreed this item will be covered when the stakeholders join the meeting.
- (g) Equality, diversity, and inclusion – There was nothing to report at this stage, but the TAC will look into appointing a TAC member to attend EDI meetings.

### **TAC.21/23 Workforce**

The Chair advised that she is updated on national training numbers for infection and can identify when there's gaps in recruitment, these posts tend to be competitive and there's usually 3 applicants per post. The Chair asked the TAC to keep her and the Governance and Committees Services Officer updated of any gaps in recruitment or other workforce challenges so this can be raised on the next meeting agenda.

### **TAC.22/23 Training, Examinations and Assessments**

- (a) LEPT System – The Chair highlighted a trainee question around improving the LEPT system and confirmed that RCPATH are in the process of collecting formal feedback and surveying trainees on the new LEPT system. Dr Ramsey advised that the old LEPT system closes on 15 December and College comms have been sent out encouraging candidates to download their portfolio before the deadline. Dr Ramsey had advised that she experienced some initial issues in downloading the portfolio but was supported by the exams department and able to download the portfolio.
- (b) RCP Portfolio – No issues were raised regarding the RCP portfolio.
- (c) Examination Issues – Discussed as part of Ms Brinklow's update in item Tac.

*11.55am Dr Ramsey joined the meeting.*

*12:00pm Ms Brinklow, Prof Davies, Prof Cohen and Prof McMullan joined the meeting.*

### **TAC.23/23 Question and Answer Session with the Clinical Directors and Director of Learning**

Before Ms Brinklow presented the Q&A session spreadsheet for the TAC, the Chair highlighted the challenge some candidates face with the current 6-week exam release date in relation to study leave entitlement and queried whether the College would provide flexibility to candidates who need to reschedule their exams if study leave isn't approved. Ms Brinklow confirmed that candidates can reschedule their exams, if it is within two weeks of application, the candidate wouldn't need to give a reason for rescheduling and would receive a refund, the examination team are understanding and are flexible around candidates' circumstances. Ms Brinklow advised that for large / medium specialities for Part 1 and Part 2 most exam dates have been released for Spring, smaller specialities may not, as the team need to review the candidate numbers – however, this should be helpful for the majority of candidates.

The Chair advised that there is a variation of study budget across the UK and asked if the College are aware and are able to offer any guidance. Prof Cohen advised that this is outside of the College's remit and suggested that the TAC draft a letter for the Lead Dean and copy in the College as a first step.

**Action: The Chair to draft a letter with the TAC around variability in study budgets to the Lead Dean and cc in the College.**

The committee noted the questions submitted via the online form and the answers provided by the Director of Learning. The following matters were highlighted:

Guidance on calculating provisional CCT date if training at 60% – Ms Brinklow highlighted for this candidate that if they are training at 60% then 12 months is equivalent to 7.2 months. The individual will have completed the equivalent of 12 months full time training after 20 months (i.e. will have completed 12 months equivalent of ST1 training by 04 May 2025). Ms Brinklow advised that individuals should speak to their TPD about progression dates for agreement by the ARCP Panel and to also inform the College (training@rcpath.org) so that they can recalculate a provisional CCT date for the individual.

Exams date release – Ms Brinklow advised that the Examinations team do everything possible to provide notification of the exam dates in advance. Delays in releasing dates can depend on a number of factors but the team are working on this and the vast majority of dates for Spring 2024 (including Clinical Biochemistry) are already on the College website:

<https://www.rcpath.org/trainees/examinations/examinations-latest-news-and-calendar/spring-2024-examination-dates.html>

Lack of chemical pathology consultant roles in Scotland – Ms Brinklow advised that a workforce report will be available in February, which will include a range of recommendations around how the College can help with challenges in consultant posts.

Development of online learning portal for Chemical Pathology and regional / local training days for Chemical Pathology - From September Chemical Pathology CSTC Meeting: It was reported that materials were now being uploaded on the ACB, HEE, East of England, and National School of Healthcare Sciences (NSHCS) platforms. There was significant funding for the development of training materials. The platform would be free to use for clinical biochemists, HSSTs, and chemical pathology trainees. Chemical Pathology material is also being uploaded onto the Pathology Portal. Ms Brinklow advised that candidates should speak to their TPD for recommendations about regional/local teaching and the Clinical Biochemistry TAC rep who might be able to provide informal advice about what is practised around the country.

FRCPath Part 1 for histopathology being delivered at a testing centre – Ms Brinklow advised that test centres are being explored. The exams team are responsive to candidates who have problems with connectivity during their examination and will often re-arrange for candidates to re-sit the examination (under certain circumstances) if significant connectivity issues occur during an examination. Where there are interruptions for short periods of time, TestReach can add extra time to the candidate's examination as well.

Independent reporting - In line with the new curriculum, the College published independent reporting guidance on the College website:  
<https://www.rcpath.org/static/43121af8-2b89-42ba-a0042200933ac4e0/Independent-Reporting-for-trainees-in-Cellular-Pathology.pdf>.  
The guidance states: 'The 2021 cellular pathology curricula (including Histopathology, Diagnostic Neuropathology, Paediatric Pathology and Forensic Pathology) highlight the principles of progressive independent practice as part of postgraduate training. This document builds upon previous College documents pertaining to independent reporting which were arranged by level of competence and organ system respectively. The driving force behind the original frameworks was based on sound pedagogical principles of increasing learning experience and independence in a trainee's individual practice by increased exposure to responsibility for cases and therefore increased responsibility for patient care in preparation for Consultant practice. Progressive independent practice is an integral part of Entrustable Professional Activities and Capabilities in Practice currently directed by the General Medical Council.'

The document sets out guidance for the implementation of progressive independent reporting during training in the cellular pathology specialties from ST2 (Integrated Cellular Pathology Training). The specimen templates are indicative for both the sample type and minimum number of cases that trainees should report satisfactorily prior to being signed off for independent reporting (IR). Gaining competence for independent practice is different for each individual trainee and trainees will progress at different rates in different aspects of their work. Assessing a trainee's readiness to progress requires appropriate clinical governance, transparent oversight and feedback between the trainers and trainee and should form part of the discussion at the trainees' ARCP.'

The suggested areas for independent reporting for each year of training are indicative and suitable for the year of training. Examples of policy documents from departments that already undertake independent reporting are also available in the document. The comments about independent reporting will be taken back to the Cellular Pathology CSTC (which includes all TPDs around the UK) for discussion and issues around indemnity raised with the Lead Dean. The Governance and Committees Services Officer agreed to contact this trainee to identify which deanery had confirmed this.

**Action: The Governance and Committees Services Officer to contact the trainee who raised concerns around indemnity and establish which deanery they are with and take forward.**

Reviewing / revising the LEPT system - Ms Brinklow advised that there will be a survey of users about the new LEPT system in 2024. It should be noted however that the SLEs map to the curriculum and will therefore always map to the overall CCT specialty.

Variability in experience between hospitals within the same deanery – Ms Brinklow confirmed that deaneries are at liberty to design programmes to ensure

achievement of curriculum outcomes and Colleges do not provide guidance on day-to-day work (including degree of service provision).

Exam feedback - Ms Brinklow confirmed that there is feedback for Part 1 exams where there is an MCQ. For FRCPATH Part 2, candidates can request feedback via their educational supervisor/sponsor after the results are released. The Chair advised that the College should monitor this, because if there is an obvious trend training availability either within trust or between trusts, this could be a significant issue.

Pregnancy risk assessments at trusts – Ms Brinklow advised that it is not appropriate for the College to provide guidance on workplace safety and is an employer responsibility covered by legislation (e.g. Health & Safety at work and COSHH regulations).

Charging for a certificate of completion of FRCPATH and becoming a Fellow - Ms Brinklow advised that the FRCPATH examination is main way to become a Fellow of the College - the fee is not for the certificate but the annual Fellowship fee. It the individuals decision whether or not they wish to become a Fellow of the College but certificates are issued to candidates who decide to become a Fellow of the College. It should be noted that the Certificate of Completion of Training (CCT) for entry to the Specialist Register, which requires a pass in the FRCPATH examination, does not attract a fee from the College (although it does from the GMC).

Part 1 FRCPATH in person in examination centre and Part 2 FRCPATH digitalised – Ms Brinklow advised that the College is exploring both the option for candidates to take their Part 1 examination in person and the Part 2 examination being digitalised.

Image resolution for Part 1 FRCPATH examination – Ms Brinklow advised that images for the FRCPATH Part 1 in histopathology are chosen so that candidates should not, in theory, need to zoom in to the image. The exam is not intended to be a microscopy exam and there are limitations with the use of high-power images on the TestReach system.

Syllabus update to account for difficulties in seeing perinatal post mortems and performing adult post mortems in some hospitals in ST1 and 2 - Ms Brinklow advised that this is something that will be further discussed by trainers during the 4-yearly curriculum review process.

**Action: Prof McMullan advised College should raise perinatal postmortem issue to Lead Dean.**

Access to more direct teaching, supervision and cases in cervical cytology nationwide for those in ST1 and 2 Ms Brinklow advised that this is something that will be further discussed by trainers during the 4-yearly curriculum review process.

Hospitals encouraged to engage in digital reporting – Ms Brinklow advised this is not within the remit of the College.

Content of the Part 1 examination – Ms Brinklow advised that the FRCPATH Part 1 examination is led by a Histopathologist (senior examiner) who selects questions from blueprinted/mapped to the Histopathology curriculum. The performance of every question is checked by the examiners after the examination and any questions that haven't performed well are removed. The questions are standard set and so, as a broad example, more difficult questions have a lower pass mark and the pass mark is normally around 60%. In terms of cost, the College has not increased the cost of College examinations this year and the cost of the examination reflects a number of factors including hosting on TestReach, examiner costs (e.g. for question writing/standard setting meetings), staff costs etc.

Academic training – Ms Brinklow advised that with ACFs, the Gold Guide states 'In these programmes, the period of academic research is integrated with the clinical component and the appropriate proportion of these periods would normally be designated prospectively. It is accepted practice to count periods of research in an integrated academic programme towards any time-based requirement for the associated clinical CCT. Although typical practice is for ACFs not to have added time, if a trainee is having difficulty achieving clinical curriculum outcomes because of academic commitments, it is within the gift of deaneries to extend training time as required.

Preparation for FRCPATH Part 1 examination in ID/Micro – Ms Brinklow advised that candidate wanting to prepare for their examinations should speak to their trainers and fellow trainees and note that the exam is mapped to the syllabus rather than the specialties of micro/ID/virology, with weighting towards the more substantial sections of the syllabus (such as important clinical syndromes/antimicrobial therapeutics).

The Chair suggested providing a FAQ section to support candidates with preparing for their exams. Ms Brinklow advised there are some webinars about preparation for part 2 examinations that could work on together.

Update around credentialing adult inborn errors of metabolism for Chemical Pathology trainees - Ms Brinklow advised that there are currently no plans for this, nor any credential directly linked to pathology specialties, at present.

The Chair asked Prof McMullan whether there was potential for the study budget to be used to fund exams. Prof McMullan advised that this isn't currently the case but has heard that some deaneries pay for the first exam attempt, The Chair confirmed this hasn't been her experience and they discussed following this up after the meeting.

Ms Brinklow expressed her thanks to Dr Rummery and Dr Newmark for all of their contributions and commitment to the TAC and asked for this to be recorded in the minutes.

*12:30pm: Prof Cohen, Ms Brinklow, Prof Davies and Prof McMullan left the meeting.*

**TAC.24/23 Academic Activities and Research**

- (a) RCPATH/BDIAP Foundation and Undergraduate Taster Event – There was nothing to report at this stage.
- (b) Trainee Welcome Day – The Chair provided a presentation on the role of the TAC at the recent Trainees Welcome Day and advised that some trainees may contact the TAC with queries following the event.
- (c) Academic Activities Working Group – There was nothing to report at this stage.

**TAC.25/23 Reports from (and links with) other associations**

- (a) Association of Clinical Pathologists – There was nothing to report at this stage.
- (b) Association of Clinical Biochemistry – There was nothing to report at this stage.
- (c) The Pathological Society – There was nothing to report at this stage.

**TAC.26/23 Any Other Business**

- (a) Dr Ramsay highlighted a query raised by one of the TPD's around the College moving to a competency based CCT, particularly for academic trainees and the concern that some trainees may not have enough clinical experience to attain competency for their CCT, therefore needing to extend their training to CCT. There was a discussion around how extending training for these candidates could be beneficial, as they could CCT feeling fully confident in their abilities and enter consultancy at a higher nodal point than if they CCT'd earlier. Dr Ramsay agreed to review comms from the TPD to distil the main concern around extending training to establish whether it is around funding or training and contact the Chair, it was agreed that this is unlikely to be a systemic issue and shouldn't affect many trainees.

The Chair thanked the TAC for their valuable contributions and closed the meeting.

**TAC.27/23 Dates of Future Meetings**

Wednesday 15 May 2024, 10:30am

Wednesday 20 November 2024, 10.30am

*13:20pm: The meeting closed.*