What do respiratory physicians do?

The work of respiratory physicians is very varied. Almost all respiratory physicians look after acutely unwell inpatients and lead ward rounds with junior medical staff, ward nursing staff, and respiratory physiotherapists at least twice per week. As around one third of all acute medical admissions are due to respiratory problems, many respiratory physicians also choose to have a general medical commitment and participate in "medical takes", which often entails looking after patients whose primary problem is not necessarily a respiratory disorder. We oversee the initiation of non-invasive ventilation for patients with acute type 2 respiratory failure and provide subsequent support and care for them. Respiratory physicians have close links with intensive care and are often called upon to give medical opinions on patients being looked after on the Intensive Care Unit (ICU).

Respiratory physicians undertake various practical procedures such as pleural ultrasound (US), bronchoscopy and thoracoscopy; these procedures may encompass stenting, endobronchial (and other) ultrasound, thermoablation and insertion of indwelling catheters. Some respiratory physicians spend more time developing these specialist skills and develop a subspecialist interest.

Some time in the week is spent in out-patient clinics—either general respiratory or more specialist clinics. The general clinics usually look after patients with conditions such as asthma, chronic obstructive pulmonary disease (COPD) and bronchiectasis, as well as patients referred from primary care with haemoptysis, unexplained breathlessness, and chest X-ray abnormalities. The more specialist clinics deal with patients with suspected lung cancer, tuberculosis, cystic fibrosis, parenchymal lung disorders, chronic cough, sleep medicine, pulmonary vascular disorders, and so on. We work closely with other members of the multidisciplinary team; in particular specialist nurses, radiologists, oncologists, thoracic surgeons, palliative care, histopathologists and of course, general practitioners and practice nurses.

Overall, there is great opportunity to develop sub-specialty interests whether you work in a district general or teaching hospitals or indeed in the community.

Why choose Respiratory Medicine?

Because the specialty is so interesting, wide and diverse, and provides excellent opportunities for individualised career development! Whether your interests lie in diagnosis, the care of acutely unwell patients, practical procedures, education of patients and relatives or chronic disease management; respiratory medicine has a great deal to offer YOU. We deal with a great variety of conditions, some very common and others rare, and some involving a thorough knowledge of ‘general medicine’.

Being part of the multi-disciplinary respiratory team involves working with specialist respiratory nurses, community respiratory teams, respiratory physiotherapists and specialist respiratory technicians/physiologists as well as other medical staff. This provides great opportunities for developing local services and encourages lifelong learning.

Some respiratory units are highly specialised and provide regional specialist services, for example, lung transplant, sleep related medical problems and adult cystic fibrosis units, while in the majority of units a large proportion of the workload is acute respiratory and general medicine.
All respiratory trainees spend some time undertaking intensive care training and some individuals now look for jobs that involve both critical care and respiratory work. Respiratory physicians have a strong tradition in audit and research, and opportunities also exist for education and training work both locally and regionally.

Current consultant job prospects

They are very good. Lung disease is very common and unlikely to decrease in the near future. Lung cancer services have expanded to meet the two-week waiting time, while the number of patients with mesothelioma who will need care continues to rise. There is expansion in sleep services, and more respiratory high dependency units are being opened to manage cases of acute and chronic respiratory failure and provide non-invasive ventilation. The number of adult cystic fibrosis patients requiring specialist care increases year on year, and there is growing acceptance that respiratory specialists are best to manage asthma. Ward-based practical skills can be developed during this time, and there is sometimes an opportunity to begin to learn bronchoscopy and pleural USS. This may help crystallise your decision to pursue a career in the speciality.

Out Of Programme (OOP) research experience is encouraged. A period of research with the aim of obtaining an MD or PhD is most commonly pursued after entering specialist training but can also be undertaken prior to ST3 appointment. Some would see this as a means of demonstrating commitment to the specialty, and a way of enhancing prospects of appointment in what is a competitive specialty.

Specialty training positions last for five years and provide training in general and respiratory medicine. It is also possible to train in respiratory medicine LTFT, generally 60% whole time equivalent. BTS is supportive both of core medical trainees wanting to enter the specialty as LTFT Specialty Trainee, and of individuals who want to switch to flexible training during their Specialty Trainee Registrar (StR) programme. There will be regular regional teaching in both disciplines respiratory and GIM (or ICU) and attendance at national meetings will be expected. There are often opportunities for additional ICU secondments. The end of specialist training is perhaps where real choice and career development begins.

How do I become a Respiratory Physician?

Initially a broad general medicine training at ST1/ST2 level with MRCP is essential to enter respiratory training at ST3 level, and it is advisable to have one period on a unit with a specialist respiratory interest. Ward-based practical skills can be developed during this time and there is sometimes an opportunity to begin to learn bronchoscopy and pleural USS. This may help crystallise your decision to pursue a career in the speciality.

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If you are considering a career in respiratory medicine it is always wise to get advice as early as possible. Speak to the local training programme director, other respiratory consultants and local respiratory trainees. We are a friendly bunch of people and always happy to speak to enthusiastic new recruits.

BTS

Our national professional body, the British Thoracic Society (BTS), is probably the most active in the country. We have a reputation for being a friendly and progressive specialty with strong emphasis on involving doctors at all stages of their career.

Membership fees: Introductory offer for Specialty Trainees for 1st year £99
Medical students, CMT and FY 1 & 2 doctors: Annual membership fee is £10 per year
(payable by Direct Debit only; £25 per year if not)

Useful links

More details about the training curriculum can be found here:
[www.gmc-uk.org/education/respiratory_medicine.asp](http://www.gmc-uk.org/education/respiratory_medicine.asp)
The Royal College of Physicians
[www.rcplondon.ac.uk](http://www.rcplondon.ac.uk)
The British Thoracic Society
[www.brit-thoracic.org.uk](http://www.brit-thoracic.org.uk)