RESPIRATORY REGISTRAR TRAINEE INDUCTION PACK

The British Thoracic Society (BTS) and its Specialist Trainees Advisory Group (STAG) feel it is very important to have high quality induction packs for StRs (specialist trainees) provided by all Deaneries. An induction pack should be designed to support a smooth transition into specialist training and it should include information about respiratory and GIM (General Internal Medicine) training at all the hospitals within the Deanery. This document provides a template for what an induction pack should contain. Please double check all links as they may have changed since this was written.

1. **Programme Directors**: Name and contact details

2. **Deanery**: Contact details for both Respiratory and GIM, Pastoral care/support details.
   STEC (specialist trainee education committee): Current members/ StR representatives with contact details and the responsibilities roles of the STEC described here.

3. **Training Days**: When, how to find out further details and contact details – for both respiratory and GIM training day leads.

4. **JRCPTB (Joint Royal College of Physician Training Board)** is probably something that you are already familiar with so this is just a reminder that you need to register with them. www.jrcptb.org.uk/Pages/homepage.aspx.
   - Fees 2014: £825 (one off payment) OR £165 per year if paid alongside membership of the Royal College of Physicians. The maximum duration of payment is 5 years (even if you take longer to complete your training)

5. **Lead Employer**: Contact details

6. **SCE (Specialist Certificate Examination)**: is a mandatory examination for Respiratory trainees. It is recommended you sit the examination in your penultimate year of training i.e. ST6 or above. Be sure to check online for the latest updates regarding examination dates and registration.
   - Computer based exam held at a Pearson Vue test centre – various location across UK.
   - 2 x 3hr best of five answers (100 questions/paper)
   - Examination registration: around June to September
   - Test centre booking: around July to early October
   - Examination date: late October (single sitting per year)
   - Examination fees 2014: £861 (tax deductible)
   - Maximum 6 attempts
Website: [http://www.mrcpuk.org/mrcpuk-examinations/specialty-certificate-examinations](http://www.mrcpuk.org/mrcpuk-examinations/specialty-certificate-examinations)

You may find the following websites useful when preparing for the examination. There are commercial revision courses available and the British Thoracic Society (BTS) runs a dedicated “preparing for the respiratory SCE” course alongside its annual Summer Meeting at the end of June or beginning of July. (pre-book to avoid disappointment!). BTS member rate is £70.00  Non-member is £300.00 (2014 prices).

BTS also has a useful SCE preparation E-learning module with MCQs from previous SCE preparation courses and a mock exam. This is available free of charge to all BTS members via the Learning Hub (see below)

**Revision links:**

- MRCP questions and mock examination: [http://www.mrcpuk.org/sce-respiratory-medicine-sample-questions](http://www.mrcpuk.org/sce-respiratory-medicine-sample-questions)
- BTS Learning hub: [https://www.brit-thoracic.org.uk/bts-learning-hub/elearning/](https://www.brit-thoracic.org.uk/bts-learning-hub/elearning/)

**Other useful resources**

- BSG/BTS/NICE guidelines
- Text books - Useful books for the SCE and training in general
  - Oxford Handbook of Respiratory Medicine,
  - Oxford Desk Reference Respiratory Medicine (Nick Maskell)
  - Respiratory Physiology, the essentials (John B West)

7. **E-portfolio**: [http://www.nhseportfolios.org/Anon/Login/Login.aspx](http://www.nhseportfolios.org/Anon/Login/Login.aspx)

You should already be familiar with the e-portfolio. Your e-portfolio will be reviewed regularly and needs to be kept up to date. Below are a few helpful hints. Review the ARCP decision aid to guide what is expected from you. The portfolio review normally takes place in June.

You are required to enrol with the JRCPTB, which includes access to the e-portfolio – a mandatory component of your training.

It is important to become familiar with the different components of the e-portfolio early in your training, as it provides evidence of adequate progression, assessed at your annual ARCP. It includes a record of meetings with your educational supervisor, Clinical supervisor, examination and certificates, personal library, **workplace based assessments (WPBAs) / Supervised Learning Events (SLEs)** with links to your curriculum and Annual Review of Competence Progression (ARCP) outcomes. All trainees who will complete their training after November or December 2015 (exact date to be decided) are required to update to the 2010 curriculum. It is the **trainee’s responsibility** to ensure that the e-portfolio is kept up to date, including reflections on your learning experiences. If you have any difficulties in engaging your ES in the e-portfolio you must inform the TPD immediately – it will not be accepted as a reason for incomplete information provided at your ARCPs.
Key points

- Make certain that you link information to the curriculum (one item per competence is sufficient, maximum number of links for ACAT-8, CbD-2, miniCex-2)
- Reflect regularly
- Ensure that all of your clinical details including e-mail address are kept up to date
- Complete a PDP (personal development plan) at the start of each clinical attachment and prior to your ARCP to outline your objectives for your next placement
- Each entry made by your ES must ensure that it covers both respiratory & GIM
- You should review the decision aids for both respiratory & GIM at the start of each placement so that you are aware of your requirements for the forthcoming year – this includes the appropriate number of WPBA’s/SLE’s
- Your e-portfoli and assessments should be updated regularly throughout the year and linked to the relevant parts of the curriculum
- Each part of the curriculum did have to be signed off by your ES - this was very time consuming but the arrangements are changing in August 2015 and will be less stringent following a pilot of different arrangements – see the result of this pilot on the JRCPTB website.
- Complete assessments throughout the year and not just at the end
- Organise personal library and upload relevant information (include logbook data) this is what has been suggested in the past but no strict guidance exists.
- Update your personal development profile
- Abstracts
- Acute take activity
- Audit Respiratory medicine - you are required to complete two audits during your training time, which should be uploaded to your personal library. An audit assessment tool assesses a trainee’s competency in completing an audit and must be completed after review of the audit documentation or presentation at a meeting. GIM – you are also required to complete a single GIM audit prior to your CCT (and audit assessment tool). Ideally you should commence an audit near the start of your placement so that you have opportunity to perform a second/further cycle later in the year. Involvement in a local service development is also equally acceptable.
- Deanery communication
- JRCPTB communications
- Log books – see below
- Management
- Meeting and courses
- Upload course/conference attendance certificates
- MRCP office communication
- Outpatient activity report or log
- Presentations
- Publications
- Research
- Teaching activity/observation - This provides structured, formative feedback to trainees at their competency at teaching. It is a GIM requirement that 1 teaching observation is completed before your PYA.
- Teaching attendance
- Upload ID photo and up-to-date CV
- Assessments
Patient survey - Assesses a trainee’s communication and professionalism skills and effectiveness of patient consultations. Patient survey guidance, survey forms and summary forms are available in the assessment section of the JRCPTB website. The summary form must be completed and signed off by your ES and then uploaded to your personal library as evidence.

Multi-source feedback (MSF) - Assesses skills such as communication, leadership, reliability and team working focusing on GMC domains. Feedback is required from a minimum of 12 raters including doctors (to include 3 consultants), administrative staff and other members of the multi-disciplinary team. It is also important to complete a self-assessment form.

Mini-clinical evaluation exercise (mini-CEX) - Evaluates a directly observed everyday clinical encounter with a patient to assess competency in skills for good clinical care such communication and history taking. It can be used at any time where there is a trainee and patient encounter and an assessor is available.

Direct observation of procedural skills (DOPS) - Evaluates the performance of a trainee in undertaking defined practical procedures (eg: bronchoscopy, pleural procedures, NIV, cardioversion, etc).

Case-based discussion (CbD) - Involves a discussion with the trainee that assesses their performance in the management of a patient including knowledge, clinical reasoning and decision-making and management. It might include new outpatient cases or inpatients.

Acute care assessment tool (ACAT) - Assesses trainee performance during their practice on the acute medical intake and can be completed by any doctor supervising the intake.

Multiple consultant report (MCR) - This is a new assessment that was introduced in 2013. It is intended to capture the view of consultant supervisors on a trainee's clinical performance. It must be completed by a minimum of 4 consultants (maximum of six) – excluding your ES. Out of programme trainees are also advised to complete these reports. Further information is available in the assessment section of the JRCPTB website. Note these are different to MSF assessments.

Firth calculator - This calculator is provided on the GIM section of the deanery website and calculates your acute medical and outpatient experience (an alternative version is also available on the GIM section of the JRCPTB website). It should be updated annually and uploaded to your personal library. The GIM decision aid states that 1000 patients should be seen on the acute intake and 186 outpatient clinics attended before a trainees CCT date.

- Everybody on at least an annual basis needs to submit a Form R to the deanery (there may be deanery variation).

Ideas for improving the eportfolio can be sent to (i.e. don’t just put up with a rubbish system - comments do lead to alterations!): epportfolioides@jrcptb.org.uk or epportfolioteam@jrcptb.org.uk

Useful websites:

Although not mandatory for trainees, you may also wish to register with the Royal College of Physician’s online CPD diary. This is mandatory for consultants and any information you add now will be useful for future revalidation! You can record CPD activity and upload as a PDF to your personal library for use for both GIM and respiratory.

Website: [http://www.rcplondon.ac.uk/cpd/manage-your-cpd](http://www.rcplondon.ac.uk/cpd/manage-your-cpd)

8. **Respiratory medicine overview**

(The points below are for the 2010 curriculum. The 2007 one is slightly different)

- Minimum of six assessments are required each year, for example (6 mini-CEX / CbD)
- One assessment in each major domain should be covered during your placement
- An MSF should be completed in the first two years and another in the last two years. It should have a minimum of 12 raters (at least 3 consultants) performed within a 3 month window. Don’t forget your self-assessment!
- A patient survey should be completed in the first two years and another in the last two years. A total of 20 forms should be returned to your clinical or educational supervisor. These are available in the assessment section of the JRCPTB website. The summary form must be completed and signed off by your ES and then uploaded to your personal library.
- 4 – 6 multiple consultant reports (MCR) must be completed annually. For dual accrediting trainees this should include 2 GIM + 2 respiratory MCRs Log Books: You are expected to maintain a logbook record of all procedures you perform (see below). It is recommended that you maintain your record on an excel spread sheet then upload the information to your E portfolio personal library. A number of mobile phone logbook applications are also available. Patient identifiable information should NOT be included.
  - Bronchoscopy
  - Pleural procedures
  - Thoracic ultrasound
  - NIV setup

9. **GIM overview**

- Valid ALS certificate (these are valid for 4 years)
- 10 WPBAs per year (at least 6 must be ACATs)
- Annual Firth calculator (available in the GIM section of the Wales deanery or JRCPTB website) – upload to your personal library
- Practical procedures: By completion of your ST3 year: signed off for ascitic paracentesis, DC cardioversion & knee aspiration. By PYA: signed off for CVP line insertion, intercostal drain insertion using ultrasound
- Signed off for: common competencies, emergency presentations, top presentations & other important presentations
10. Log Books

You are expected to maintain a logbook record of all procedures you perform (see below). It is recommended that you maintain your record on an excel spreadsheet then upload the information to your E portfolio personal library. A number of mobile phone logbook applications are also available. Patient identifiable information should NOT be included.

- Bronchoscopy – including frequency of lavage/brushing/biopsy and diagnostic hit rate for biopsies
- Pleural procedures
- Thoracic ultrasound
- NIV setup

11. Focused Pleural Ultrasound Training

All trainees are required to attain Level 1 competency in focused pleural ultrasound prior to completion of specialist training. The criteria for competency are defined by the Royal College of Radiologists (see Appendix 6 of link below)

Website: [http://www.rcr.ac.uk/docs/radiology/pdf/BFCR(12)18_focused_training.pdf](http://www.rcr.ac.uk/docs/radiology/pdf/BFCR(12)18_focused_training.pdf)

Essentially, you are required to complete a theoretical course (usual duration 1 day; check Synapse, the BMJ and the BTS website for details of available courses). Thereafter, you need to be observed/monitored by a Level 2 practitioner or by a Level 1 practitioner with at least two years’ experience (usually a Consultant Physician or Radiologist). You must keep a logbook of the scans and procedures you perform. Many trainees download anonymised images onto an external hard drive for review and discussion with supervisors. Numbers are currently being clarified with the Respiratory SAC.

- Observe 20 normal ultrasound examinations
- Perform 20 normal ultrasound examinations
- Perform 20 examinations of patients with pleural effusion
- Perform 20 thoracocenteses/drain placements using guided techniques

12. Respiratory Societies and Meetings:

**British Thoracic Society** (BTS) Has two Meetings and 12-14 short courses a year and co-publishes (with BMJ) *Thorax*. The BTS website has useful training section including e-learning modules:

BTS Winter Meeting (first Wednesday, Thursday & Friday in December) is the main (Scientific) meeting. Abstracts can be submitted and closing date is towards the end of July

BTS Summer Meeting (last Thursday and Friday in June of sometimes the first week in July) is the smaller meeting focussing on CME. On the day before is held the BTS course “Preparing for the respiratory SCE”.

**American Thoracic Society** (ATS): Meeting is in May each year. Abstract closing date around November
**European Respiratory Society (ERS):** Meeting is in September each year. Abstract closing date around February.

**Regional Thoracic meetings**

If you are presenting research, funding to attend meetings may be provided by your research department. In the past, trainees have also been sponsored to attend meetings such as the ATS by drug companies.

**13. BTS membership**

Reduces the cost of attending BTS Winter and Summer conferences and short courses and includes Thorax subscription. Membership is not required for access to Guidelines, Quality Standards, audit tools etc – over 98% of the BTS website is free access to all.

There is no compulsion to join BTS but if you do you will enjoy substantial membership benefits which include:

- Subscription to *Thorax* journal (Impact Factor: 8.562)
- Reduced rates for BTS conferences and up to half-price rates for the BTS short course programme
- Free access to BTS e-learning modules
- Opportunities to engage in the work of the BTS by joining one of its Committees or Specialist Advisory Groups, and/or participating in Guideline.

Website: [https://www.brit-thoracic.org.uk](https://www.brit-thoracic.org.uk)

**14. BTS Specialist Trainee Advisory Group (STAG)**

The role of the STAG is to fully support all respiratory trainees and to offer advice for Deanery, training and portfolio issues. There are close links between our regional STEC reps and the STAG. The STAG (along with members of the STEC) are able to escalate any trainee issues to a national level as needed. The STAG has close links with the RCP, JRCPTB and respiratory SAC. Please contact BTS STAG chair Gareth Jones garethhuw@doctors.org.uk

**15. Maternity leave**

**16. LTFT training:** contact details for advice, deanery contact. The Less Than Full Time (LTFT) training scheme is available to men and women, married or single, who have reasons which prevent them from working full-time such as:

- being the parent of a young child/children
- caring for an ill or disabled relative
- having a disability
- having a health problem

**17. OOP - Out of Programme**

A Specialist Trainee may take a period of time out of their programme to undertake a period of research or training, gain clinical experience or as a career break. Trainees are required to obtain formal approval from their deanery to take time out of programme and will not normally be agreed until a trainee has been in programme for at least 1 year. Deaneries generally ask for
requests for OOP to be submitted at least 6 months prior to your start date and after discussion with your ES and Training Programme Director.

Types of OOP category (detailed descriptions are available in the Gold Guide):

1. **OOPR – Time out of programme for research**
   A period of research may be undertaken often for a higher degree (eg: MD, PhD). Up to 12 months credit may be included towards your CCT.

2. **OOPT – Time out of programme for training**
   A trainee may gain opportunity to undertake training outside of their regular training programme either in the UK or abroad. The SAC will review how much credit may be provided towards your CCT.

3. **OOPE – Time out of programme for clinical experience**
   A trainee may gain experience similar to OOPR or OOPT, but not related to the curriculum. There is therefore not the ability to credit this period towards your CCT.

4. **OOPC – Time out of programme for career breaks**
   It may occur for a variety of reasons including a period of parental, sick or exceptional leave. This also includes a period of acting up as a consultant.

   No credit can be awarded for time OOP without JRCPTB approval and approval cannot be granted retrospectively – it must be applied for and granted by the JRCPTB/GMC prior to OOPE.

18. **Annual Review of Competence Progression (ARCP)**

Your training progression is monitored through an annual review of your e-portfolio by a panel of trainers/educational supervisors, and lay person (usually held around July in respiratory medicine). You will have separate face-to-face ARCPs for both the respiratory and GIM components of your training. The respiratory ARCP will occur annually. The GIM ARCP’s are less frequent. ARCPs are required for all trainees including those out of programme (OOP), LAT and WCAT trainees. It is important that you complete and upload all of the necessary documentation for both respiratory and GIM in advance, including: ES reports, curriculum components, WBPAs/SLEs, audits tools, MCRs, MSFs and patient surveys. 

**Leaving this until the last minute will risk an unsuccessful outcome at your ARCP.**

**Principal ARCP outcomes**

- Outcome 1 Satisfactory progress (this is what you want!)
- Outcome 3 Inadequate progress. Additional training time required (this can only be issued on a single occasion)
- Outcome 5 Incomplete evidence presented. Additional training time may be required. Further evidence must be provided within a 2 week period to allow progression with training. Failure to achieve this will result in an outcome 3
- Outcome 7 Used for LAT trainees
- Outcome 8 Used for out of programme trainees
19. Penultimate Year Assessment (PYA)

This will involve a meeting with a ‘PYA panel’ approximately 12 – 18 months before your provisional CCT date and includes a representative from your SAC external to your deanery. Your PYA will summarise your progress to date and any specific training objectives required to achieve your CCT. This includes any areas the trainee identifies where they perceive extra training is required. You will have separate PYA meetings for respiratory and GIM. It is important that you ensure that all aspects of your e-portfolio are up to date a minimum of 4 weeks prior to this meeting. This includes all previous ARCP outcomes and educational supervisors’ reports. You will also be asked for a copy of your CV and to complete a summary of clinical experience (SOCE) form. The GIM PYA will also assess your completion of management and teaching courses. The external representative is required to complete a PYA report that will be returned to the JRCPTB. The JRCPTB will then send notification to you confirming your CCT date and any agreed mandatory and recommended training requirements.

You will be unable to progress to your final year of training until your PYA has been achieved.

20. Acting up (AUC)

Trainees are eligible to act up as a consultant within 1 year of their provisional CCT date. A total of 3 months can be counted towards the CCT. Please note that this is NOT the same as a locum post that can only be undertaken after obtaining your CCT. Locum posts do not count for training. If you are considering a period of acting up, it should initially be discussed with your educational supervisor and Training Programme Director. If suitable you should complete the AUC form available on the deanery website (minimum of 2 months notice required). “Acting up” requires a supervisor for the period and a “supervising consultant” when on call. A three month notification period is usually also be required by your employer to arrange appropriate cover for your existing post.

21. Dual accreditation in Respiratory Medicine and Intensive Care Medicine

If a trainee considers dual accreditation and already holds NTN Respiratory Medicine the entry point to ICU specialty is available at maximum ST5.

22. Study/professional leave – allowance, budget at each trust, notice period

23. Annual leave - allowance, budget at each trust, notice period

24. Subspecialty training – contacts list and how to arrange this experience either locally, nationally etc

25. Hospital Rotations: for each hospital see below and a description of the speciality experience that can be gained there.

| Consultant contact | Rota co-ordinator – respiratory | Rota co-ordinator – GIM |

Hopefully this information is helpful. If you find any information is out of date or would like to add any additional information to help future trainees please contact: