

## **BRITISH THORACIC SOCIETY TRAINING STANDARDS FOR PLEURAL PROCEDURES**

### **APPENDIX 1**

#### **EXPERT OPINION SURVEY**

##### **Methods**

This survey was undertaken with the support of the UK Pleural Society via an online questionnaire sent to all UK clinical members. This survey was also highlighted at the BTS Open Pleural SAG meeting in November 2023.

Respondents were asked their position, principle area of work, if they performed each pleural procedure independently and unsupervised and if they were able to indicate a “minimum” number of procedures they would expect to have been undertaken as part of evidence to support the assessment of competence and capability in each specific pleural procedure.

##### **Results**

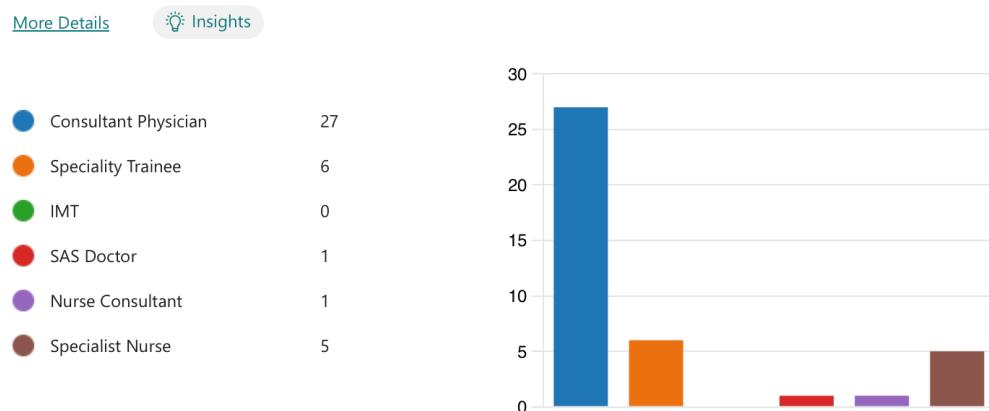
In summary most respondents felt able to give an indication of minimum numbers needed “in general” and “as part of evidence to support entrustment to undertake unsupervised practice” for various procedures. Results are detailed in Table 2. Data from respondents who did not perform specific procedures were excluded. 40 responses were received, the majority of whom were consultant respiratory physicians who were involved in performing pleural procedures. Table 1 summarises the results.

##### **Discussion**

Most responding members of the UK pleural community responding to this survey felt able to offer an opinion regarding a minimum number of pleural procedures that would be expected to be performed before independent capability should be granted. Our working group hopes that the median number for each procedure from this data will be helpful to learners and trainers in planning and appraisal of any record of experiential learning in the process of considering CiP level 4 capability in any pleural procedure.

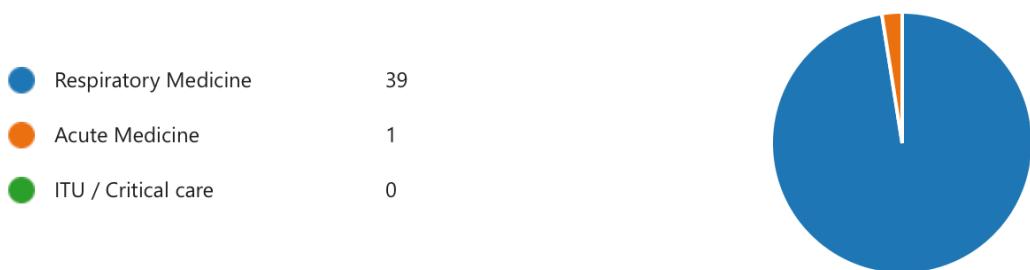
## Figure 1 – Position and principle area of work of respondents

1. What is your position?



What is your principle area of work?

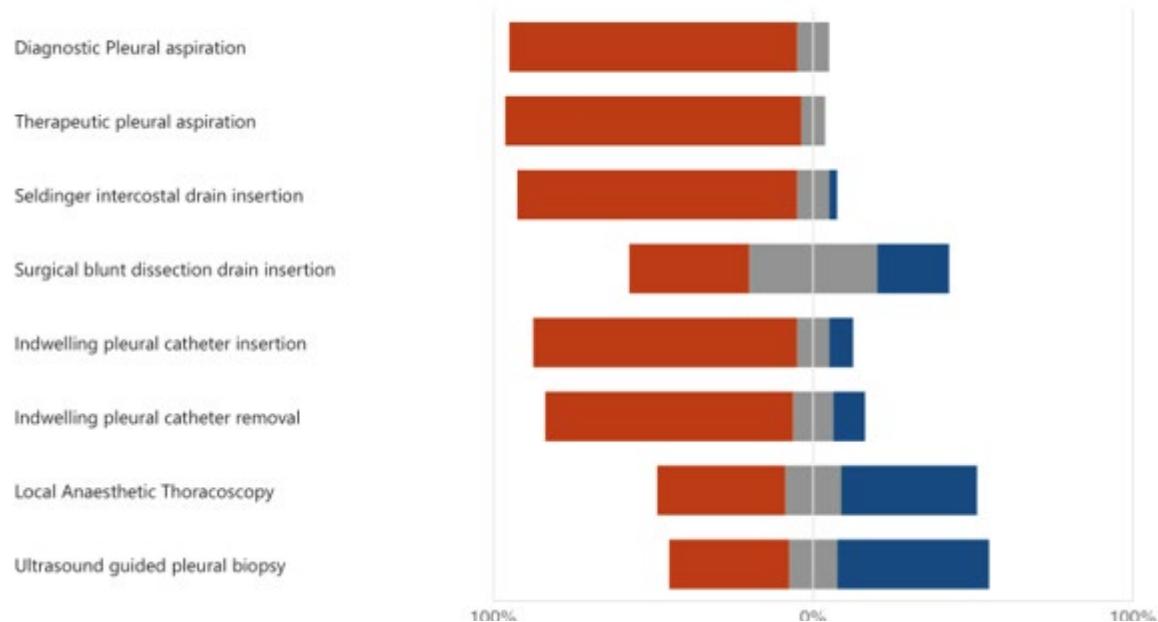
[More Details](#)



## Figure 2 – performance of specific pleural procedures by respondents

Do you perform the following pleural procedures (**independently, unsupervised**)?

■ Yes - Regularly ■ Yes but only on occasion ■ No

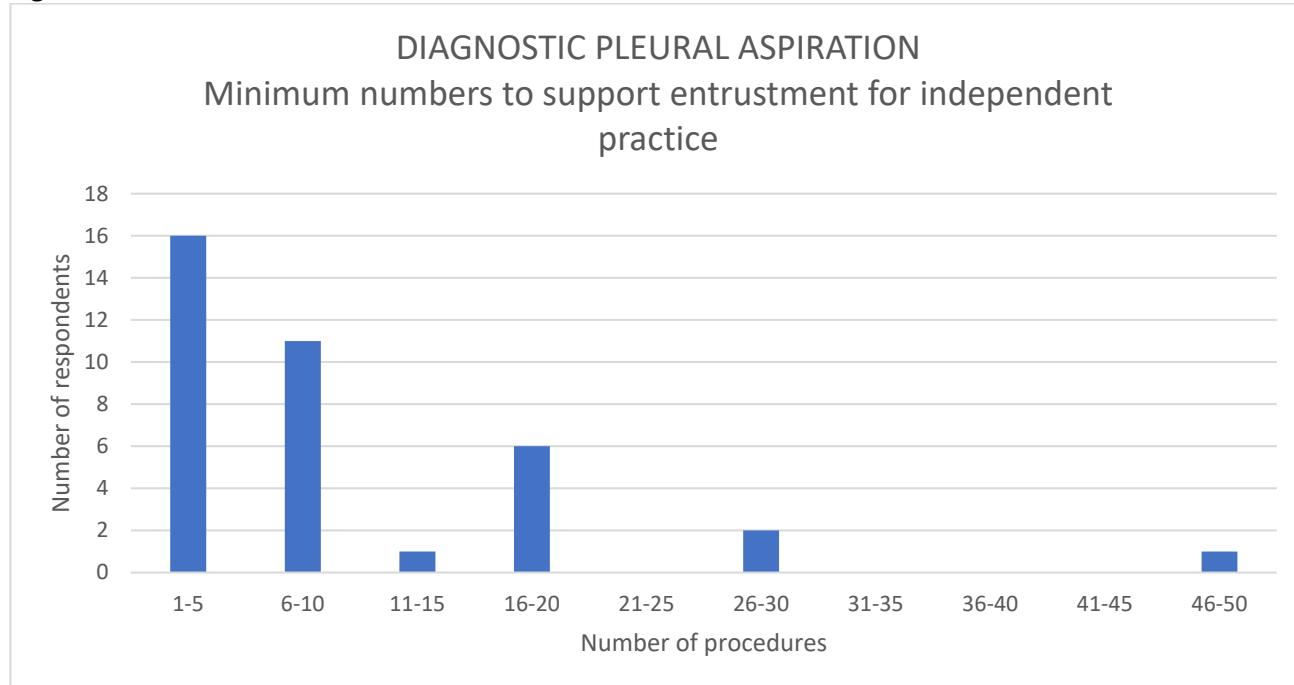


**Table 1 – Indication of minimum numbers for each procedure from survey respondents**

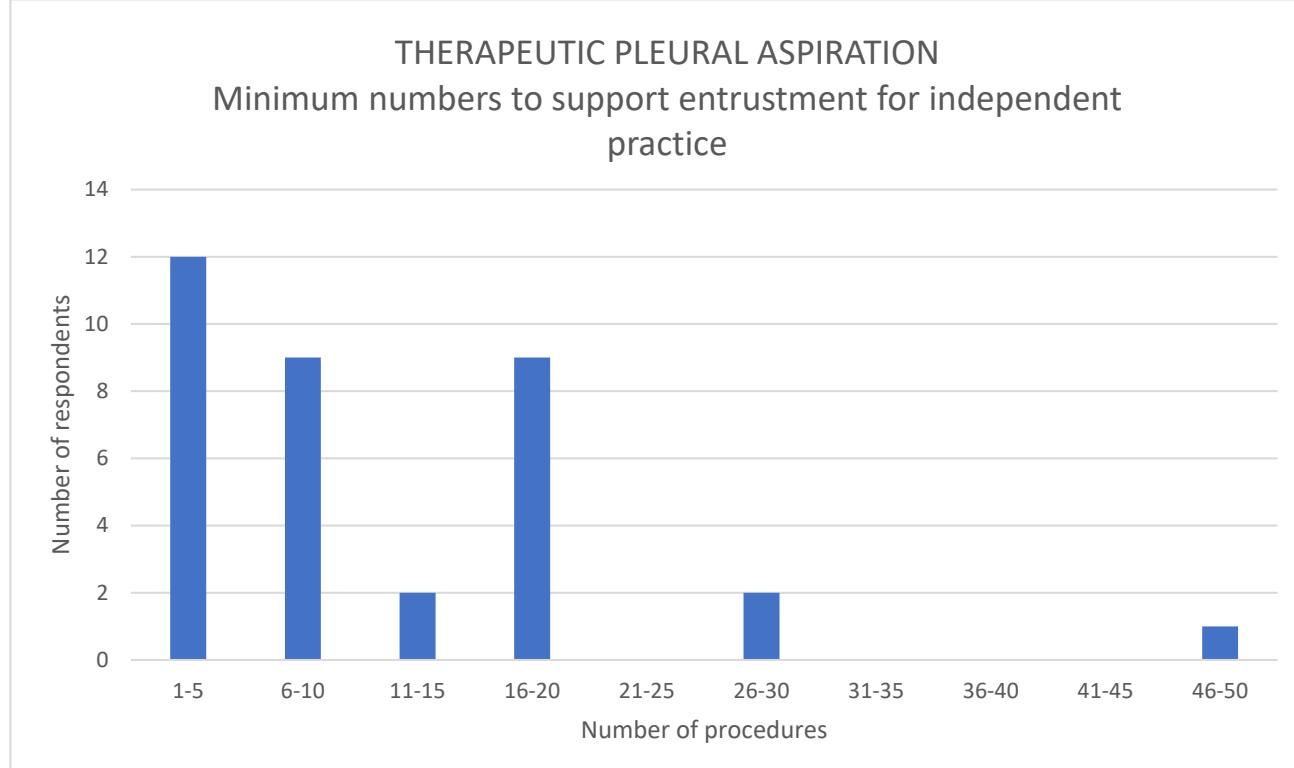
Procedure	Total Practitioners	Number of practitioners indicating a minimum number	Minimum for independent practice	Maximum for independent practice	Median for independent practice
<b>Diagnostic Pleural aspiration</b>	40	37	2	50	10
<b>Therapeutic pleural aspiration</b>	40	37	2	50	10
<b>Seldinger intercostal drain insertion</b>	39	36	3	50	10
<b>Surgical blunt dissection drain insertion</b>	31	28	2	100	10
<b>Indwelling pleural catheter insertion</b>	37	34	4	50	10
<b>Indwelling pleural catheter removal</b>	36	33	1	50	5
<b>Local Anaesthetic Thoracoscopy</b>	23	20	10	50	20
<b>Ultrasound guided pleural biopsy</b>	21	18	10	50	20

**Figures 3 – 10 – Minimum numbers indicated by respondents in denominations of 5**

**Figure 3**

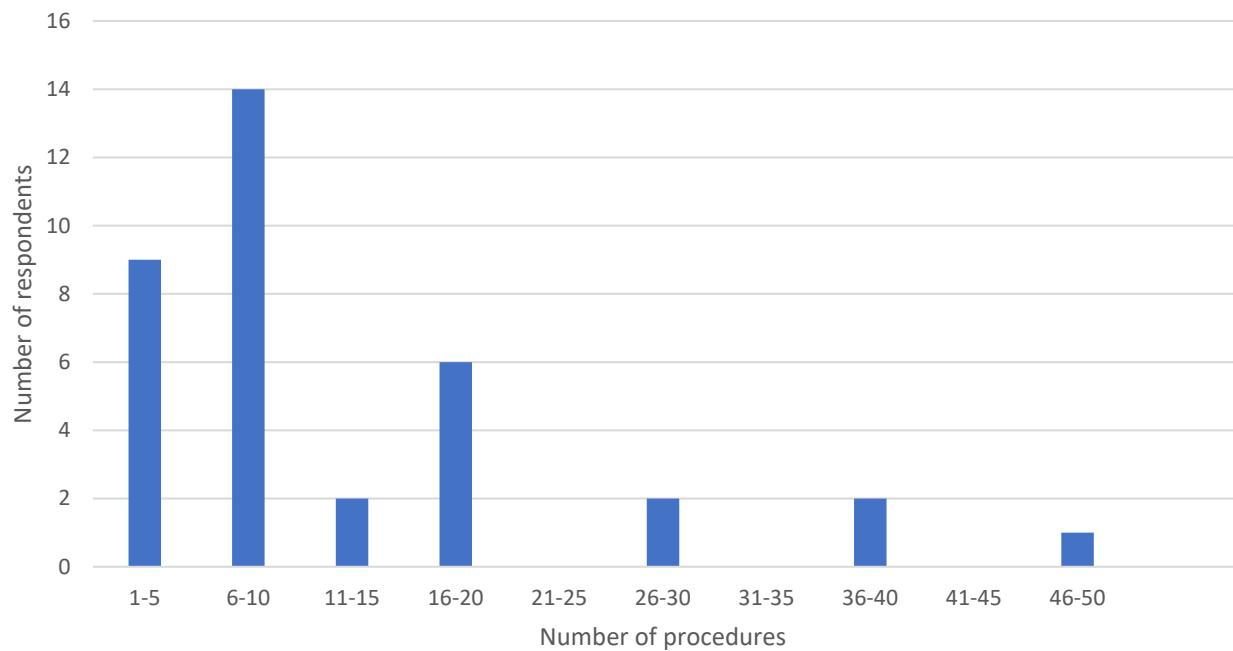


**Figure 4**



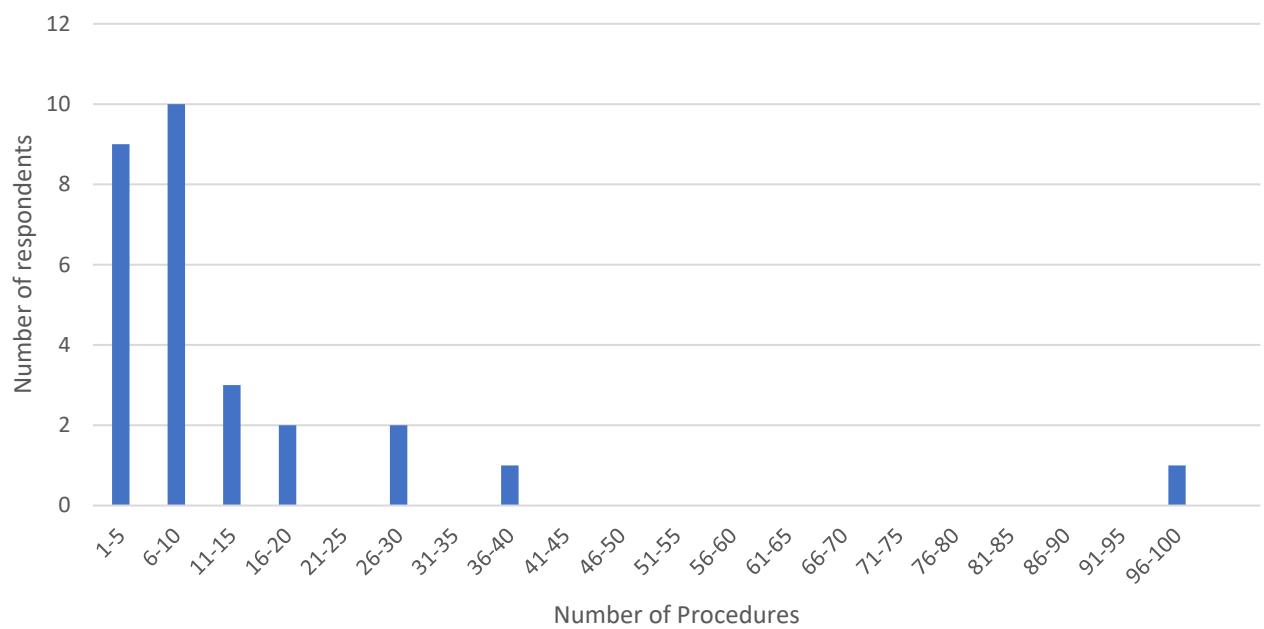
**Figure 5**

**SELDINGER DRAIN INSERTION**  
Minimum numbers to support entrustment for independent practice

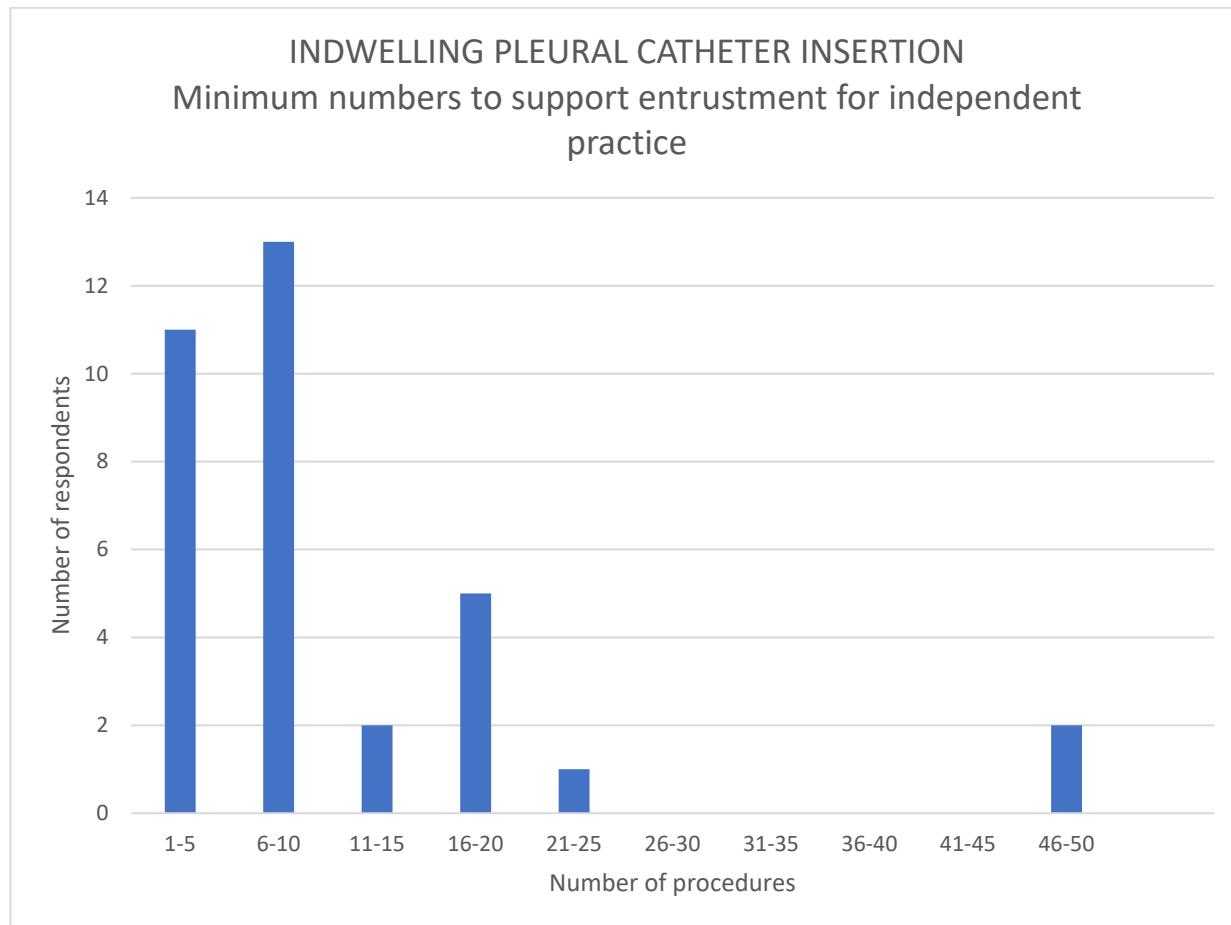


**Figure 6**

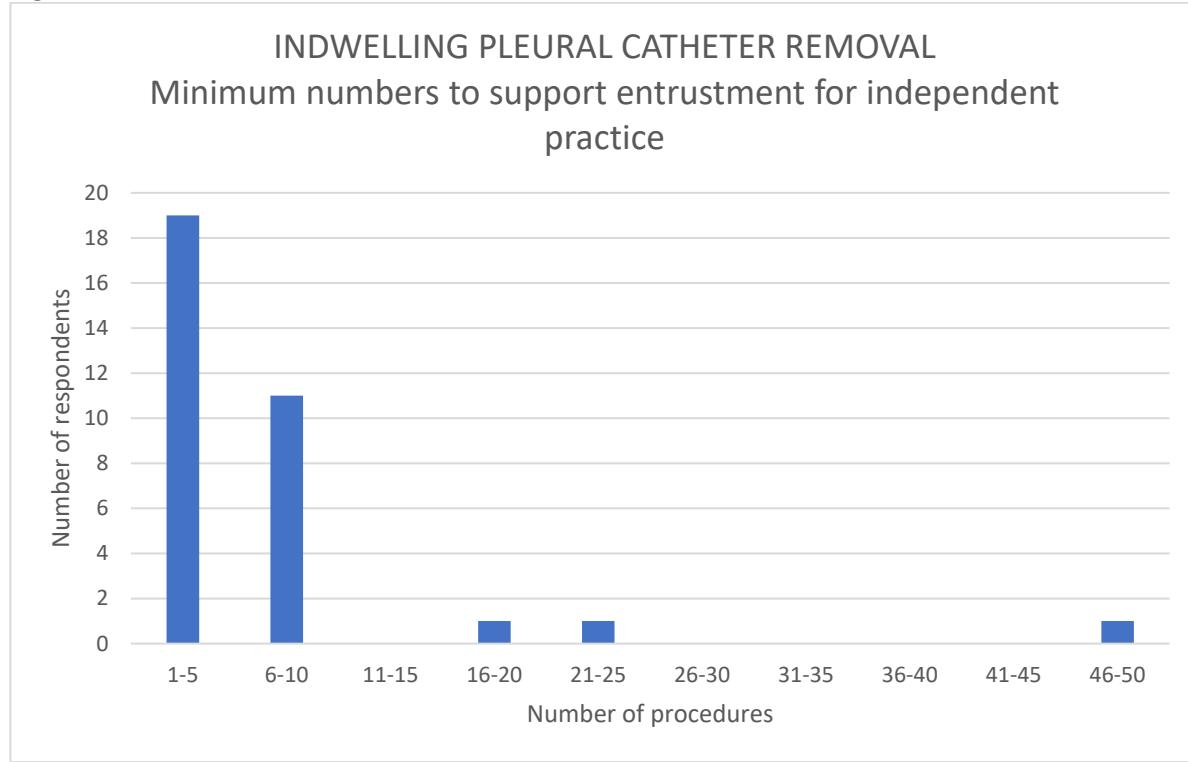
**SURGICAL BLUNT DISSECTION DRAIN INSERTION**  
Minimum numbers to support entrustment for independent practice



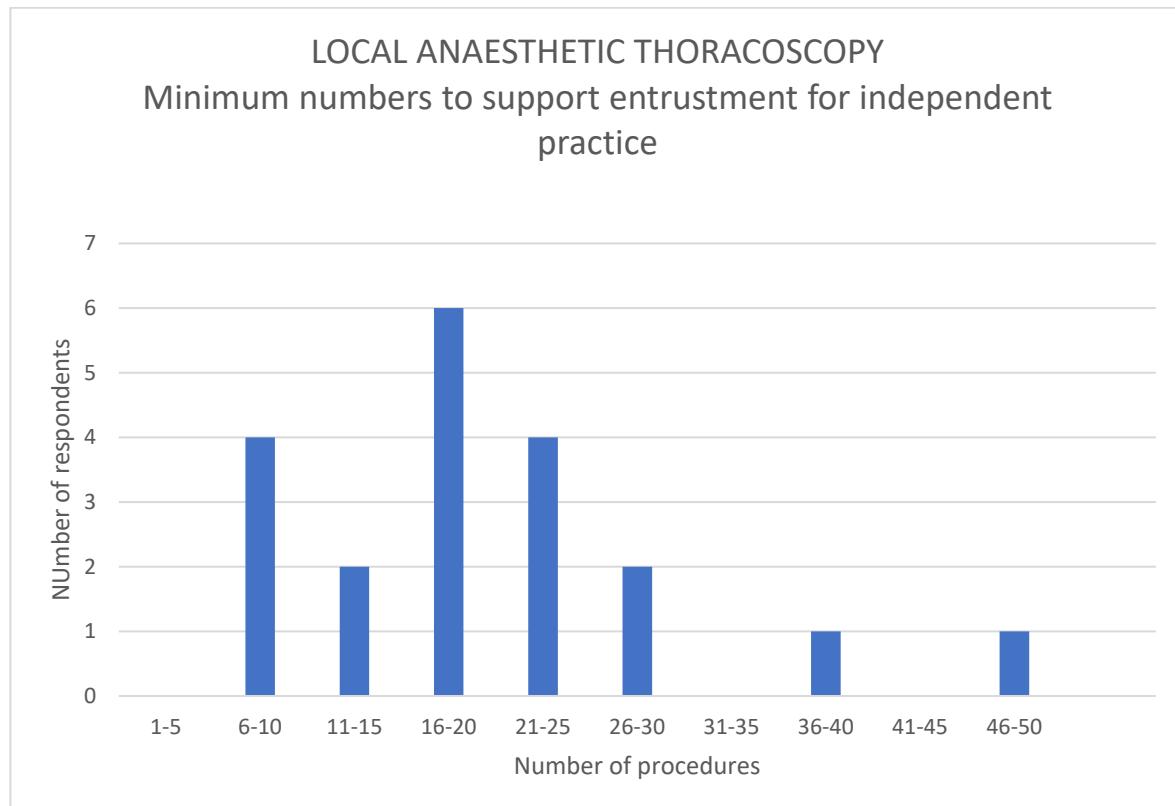
**Figure 7**



**Figure 8**



**Figure 9**



**Figure 10**

