British Thoracic Society

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RESPIRATORY REGISTRAR TRAINEE INDUCTION INFORMATION

The British Thoracic Society (BTS) and its Specialty Trainees Advisory Group (STAG) feel it is very important to have high quality induction packs for StRs (specialty trainees). This induction pack is designed to support a smooth transition into specialist training and includes information about respiratory and General Internal Medicine (GIM) training. This document presents essential information for new trainees applicable to any region. Your own region should also provide information specific to your programme such as names and contact details for key individuals, Training Programme Director (TPD), Deaneries and Local Education & Training Boards (LETBs), administrative staff, STAG representative, Lead Clinicians in individual Trusts etc.
A sample summary of key information for all Deaneries and LETBs are provided in the appendices along with a sample document which can be adapted for local use.

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1 **Training Programme Director (TPD)**
Lead of Training Committee – Responsible for:

- Planning rotations within region.
- Provide good practice examples from a national perspective.
- Provide general training and curriculum advice.
- Provide assistance in setting up and recording Penultimate Year Assessment (PYA).
- Interpret regulations, rules and guidance from General Medical Council (GMC), EU and The Gold Guide.

2 **Deaneries and Local Education & Training Boards (LETBs):**
Responsible for

- Administration of trainee movement – recruitment, leave, out of programme activities.
- Supervision and organisation of Annual Review of Competency Progression (ARCP) panels for Respiratory and GIM including distributing annual paperwork required to maintain training numbers.
- In some regions responsible for organising study leave and training days.
- Annual study budgets are set by Deanery/LETB and vary between regions.

http://www.bma.org.uk/developing-your-career/specialty-training/find-your-deanery/deaneries-and-letbs

3 **Specialty Trainee Education Committee Representatives (STEC):**
Each region has 1 or more StRs acting as representatives of the whole trainee group.
The Role of the STEC representative/s includes:

- First line of contact for trainees to raise training issues which may affect others regionally or nationally.

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By BTS Speciality Trainee Advisory Group (STAG)
Date of next review: June 2016

- To obtain regular feedback from trainees regarding any local training issues electronically and at regional training days.
- To attend regional training committee meetings.
- May attend Deanery/LETB meetings.
- Provide link with BTS through responses to annual survey or direct feedback to STAG.
- To attend open STAG meeting at Winter BTS and other educational meetings.

4 **Training Days**

Training days vary by region but aim is to deliver regular mandatory training covering the respiratory and GIM curricula. This is usually on a rolling basis over several years to ensure all trainees cover all areas. May include simulation and ultrasound training depending on local arrangements.
GIM days may include Royal College of Physicians (RCP) regional update days or other RCP events. Some days are organised as conferences and are happy to accept trainees from other Deaneries/LETBs
Please make sure you are up to date with local arrangements.

5 **Joint Royal College of Physician Training Board (JRCPTB)**

The JRCPTB 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 2016: £845 (one off payment) OR £169 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).

6 **Specialty Certificate Examination (SCE)**

The SCE 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; but it can be taken at any time. 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 2016: £861 (tax deductible)
- Maximum 6 attempts

Website: http://www.mrcpuk.org/mrcpuk-examinations/specialty-certificate-examinations

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 £80.00 Non-member is £300.00 (2016 prices).
BTS also has a useful SCE preparation E-learning module with multiple choice questions (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)

Useful resources and revision links when preparing for the examination.

- MRCP questions and mock examination: http://www.mrcpuk.org/sce-respiratory-medicine-sample-questions
- BTS Learning hub: https://www.brit-thoracic.org.uk/bts-learning-hub/elearning/
- BSG/BTS/NICE guidelines

- Respiratory futures – a growing site with up to date information http://www.respiratoryfutures.org.uk/
- Text books - Useful books for the SCE and training in general
    - Oxford Handbook of Respiratory Medicine
    - Oxford Desk Reference Respiratory Medicine (Nick Maskell/Ann Millar)
    - Respiratory Physiology, the essentials (John B West)
    - ERS Handbook of Respiratory Medicine

7 **E- portfolio**:

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. A portfolio review and ARCP take place annually – check local arrangements to determine when this occurs.
http://www.nhseportfolios.org/Anon/Login/Login.aspx

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 (ES), 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. 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.

Mandatory requirements

- Ensure that all of your clinical details including e-mail address are kept up to date.
- Upload ID photo and up-to-date CV.
- Complete a personal development plan (PDP) 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.
- 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.
- 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. (See below)
- Make certain that you link information to the curriculum (one item per competence is sufficient, maximum number of links for ACAT-8 (Acute care assessment tool) CbD-2 (Case based discussion) mini-Cex-2 (mini-clinical evaluation exercise).
- Keep logbooks of practical procedures +/- take/clinic patients on an excel spread sheet then upload the information to your portfolio. (See below)
- Organise personal library and up load relevant information. No strict guidance exists but logbook data, course certificates and audits would be sensible.
- Audit - 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. Making at least one audit relevant to internal medicine may help to satisfy your GIM training requirements as well.

- 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.
- Everybody on at least an annual basis needs to submit a form 'R' to the deanery

Hints and Tips

- Update curriculum links regularly as items change and demonstrates progression.
- Reflect regularly – interesting cases, learning experiences all count!
- Complete assessments throughout the year and not just at the end.
- Remember space in personal library is limited and once files are linked they cannot be deleted without deleting all the links as well.
- Check curricula regularly – changes do happen!
- Keep your log books up to date.

Respiratory medicine overview (2010 Curriculum)

- 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.
- Directly observed procedure skills (DOPS) – can now be divided into summative and formative, note specific need for annual bronchoscopy DOPS at all stages.
- A Multi- source feedback (MSF) should be completed during ST3/4 and another in the last two years ST6/7. 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 during ST3/4 and another at ST6/7. 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.
- Respiratory medicine - you are required to complete two audits during your training time, which should be uploaded to your personal library.
- The JRCPTB has provided minimum training requirements in sub-specialty areas, cystic fibrosis (CF), pulmonary hypertension and lung transplant. As a minimum you must attend 1 training day, 3 clinics and get a satisfactory CbD. In addition for CF you must attend 1 MDT http://www.jrcptb.org.uk/specialties/respiratory-medicine
- All trainees are required to get specialist training in smoking cessation and attend smoking cessation clinics during their training. This is a neglected but important area of the curriculum which may be picked up on your PYA.

GIM overview (2012 Curriculum update)

- Valid Advanced Life Support 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). 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.
- Practical procedures:

    - By completion of your ST3 year: signed off for abdominal paracentesis, DC Cardioversion & knee aspiration.
    - By PYA: signed off for central venous pressure (CVP) line insertion, intercostal drain insertion using ultrasound
- Signed off for: common competencies, emergency presentations, top presentations & other important presentations.
- GIM – you are required to complete a single GIM audit prior to your Certificate of Completion of Training (CCT). 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.

Useful links:

- JRCPTB Curriculum (2010): http://www.jrcptb.org.uk/trainingandcert/ST3-SpR/Pages/Introduction.aspx
- Respiratory medicine curriculum 2010 (amended 2013) & decision aid (amended 2014) http://www.jrcptb.org.uk/trainingandcert/ST3-SpR/Documents/2010%20Respiratory%20Medicine%20Curriculum.pdf
- GIM curriculum 2009 (amended 2012) & decision aid http://www.jrcptb.org.uk/trainingandcert/ST3-SpR/Pages/General-Internal-Medicine.aspx

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

You may also wish to register with the Royal College of Physician's online CPD diary. This is mandatory by CCT and any information you add now will be useful for future revalidation! You can record CPD activity and upload as a PDF document to your personal library for use for both GIM and respiratory. http://www.rcplondon.ac.uk/cpd/manage-your-cpd

8 Log Books

You are expected to maintain a logbook record of all procedures you perform (see appendix 3 at end of this document for latest guidance on what to put in a logbook). It is recommended that you maintain your record on an excel spread sheet then upload the information to your E portfolio personal library.

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

A number of mobile phone logbook applications are also available. Patient identifiable information should NOT be included.

9 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)
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

10 **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 the Summer Meeting, BTS hold the *"Preparing for the respiratory SCE"* course.

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. The BTS has recently negotiated a reciprocal arrangement with the ERS meaning BTS members can join for £20 a year.

Regional Thoracic meetings – Variable timetables but often free and a good opportunity for local networking e.g. West Country Chest Society; East Midlands Thoracic Society.

Other educational opportunities – Charitable Organisations, Other learned Societies and Pharma sponsored events are also worth looking out for. Links to many of these can be found on the BTS website under *"Other Respiratory Courses"*
https://www.brit-thoracic.org.uk/bts-learning-hub/other-respiratory-courses/

Respiratory Futures – this website is a collaboration between key figures in respiratory medicine aiming to highlight innovative approaches to delivering care and to bring together all members of the respiratory community – clinical and academic. There are links to may local projects, links to useful courses and monthly webinars.
http://www.respiratoryfutures.org.uk/

Funding to attend meetings may be obtained through your study budget, travel fellowships provided by charities or meeting organisers.

11 **BTS membership**

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: 8.29)
- 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 development.
- Reduced cost to join the ERS - £20 a year

https://www.brit-thoracic.org.uk/about-bts/join-bts/

12 **BTS Specialty 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 STEC reps, are able to escalate any trainee issues to a national level as needed. The STAG has close links with the RCP, JRCPTB and respiratory Specialist Advisory Committee (SAC). An annual open meeting of the STAG is held each year at the Winter BTS with updates on current work and training issues including results from the annual survey of the workforce planning group.

13 **Parental leave**

Breaks in training for maternity/paternity leave often occur during specialist training. Full NHS benefits are available to specialist trainees with a reducing pay scale over the duration of leave. Under current guidance leave for up to one year can be split between parents from 20 weeks after the baby is born. Two weeks statutory paternity leave is available to fathers within 8 weeks of the baby's birth.

Please see NHS employers website for current guidance:
http://www.nhsemployers.org/your-workforce/pay-and-reward/nhs-terms-and-conditions/nhs-terms-and-conditions-of-service-handbook/parents-and-carers

In regards to training it is best to liaise with your TPD as early as possible to allow planning of maternity/paternity leave and arrangements for returning to work. All trainees are entitled to 10 paid keeping in touch (KIT) days during maternity/paternity leave which can be used in multiple ways and should be agreed with your educational supervisor.

14 **Less than full time training (LTFT)**

The LTFT training scheme is available to men and women, married or single who have reasons to wish to work less than 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.
- Commitments outside medicine falling under Category 2 in The Gold Guide.

There is further information on LTFT available on the NHS employers' website. Many trainees have found this document helpful when negotiating their hours, banding and on-call commitments.
http://www.nhsemployers.org/your-workforce/pay-and-reward/nhs-terms-and-conditions/junior-doctors-dentists-gp-registrars/less-than-full-time-training
This is all subject to change as the new junior doctor contract is currently under negotiation.

15 **Out of Programme (OOP)**

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/LETB to take time out of programme and will not normally be agreed until a trainee has been in programme for at least 1 year. Trainees are not allowed to pursue OOP activities in their final year.

Deaneries/LETB 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 TPD.

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

- ***OOPR – Time out of programme for research:*** A period of research may be undertaken often for a higher degree (e.g.: MD, PhD). Up to 12 months credit may be included towards your CCT.
- ***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. This also includes a period of acting up as a consultant.
- ***OOPE – Time out of programme for clinical experience:*** A trainee may gain experience similar to OOPR or OOPT, but not approved by the GMC or outside the curriculum e.g. work overseas for voluntary organisations. There is therefore not the ability to credit this period towards your CCT.
- ***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 is normally limited to 2 years.

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 OOP.

16 **Annual Review of Competence Progression (ARCP)**

Your training progression is monitored through an annual review of your e-portfolio by a panel of trainers/ES and lay person. You will have separate ARCPs for both the respiratory and GIM components of your training.

ARCPs are required for all trainees including those out of programme (OOP), locum appointed for training (LAT) and Welsh clinical academic training (WCAT) trainees. Respiratory ARCPS are generally face to face although can be conducted in absentia (after agreement with TPD) if trainee currently OOP out of region or on maternity/paternity leave.

GIM ARCP's vary between regions. Most are conducted annually but may be paper reviews rather than face to face. Your GIM PYA (see below) will be face to face.

It is important that you complete and upload all of the necessary documentation for both respiratory and GIM in advance, usually 4 weeks prior to ARCP including: ES reports, curriculum components, WBPAs/SLEs, audits tools, MCRs, MSFs (multiple consultant feedback) and patient surveys. A form 'R' will be required by the Deanery/LETB each year prior to ARCP.

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

17 **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 external to your LETB/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.
At this stage non-clinical skills required to be a consultant are also assessed including leadership, 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.

18 **Dual accreditation (CCTS) in Respiratory Medicine and Intensive Care Medicine (ICM)**

This process has recently been revised by the Faculty of ICM/GMC and JRCPTB. Currently if you wish to consider dual accreditation you must apply for either Respiratory or ICM in one recruitment round e.g. august 2016 and successfully obtain a training post. You must then re-apply for the second speciality either Respiratory or ICM in a later recruitment round e.g. August 2017. However, **you cannot do this beyond ST5**.
For more information please go to the faculty of ICM website: www.FICM.ac.uk

19 **Leave**

- **Study Leave**: This varies between regions but on average trainees receive around 30 days of study leave a year. In some regions study days and budget are used by the HEA to cover mandatory GIM and respiratory training days. Please ensure you check on local arrangements. This may be administrated at trust or Deanery/LETB level.
- **Annual leave:** This varies between regions and currently also by years of experience. In all cases it is vital you check local arrangements and ensure you provide sufficient notice to allow cancellation of clinics, lists and other clinical activity – usually 6 weeks.
- **Rota co-ordinator –** many departments have a StR who is allocated as 'Rota StR' – they may manage rotas for leave, clinic and ward cover. This is a vital role and if the opportunity to take this on arises it provides excellent management experience.

20 **Sub-specialty training**

Certain areas of respiratory medicine may require a period of sub-speciality training outside standard rotations. This includes Cystic Fibrosis, Pulmonary Hypertension, and Interventional

Bronchoscopy among others. This may be achieved through a period of OOPE/OOPR or through a post-CCT fellowship. If you wish to pursue a career in these areas early discussion with your educational supervisor, TPD and training committee will allow appropriate career planning.

We hope 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 Rosie Hassett at the BTS: Rosie.Hassett@brit-thoracic.org.uk

Appendix 1: Sample document

Southwest Region Information

Training Programme Director	
Name	Email contact
Dr	

Deanery/Local Education & Training Board (LETB)	
Name	Contact
Health Education Southwest (HESW)	https://hee.nhs.uk/hee-your-area/south-west/education-training/doctors
As a "mega-deanery" Trainees rotate between 2 LETBs – Severn Postgraduate Medical Education team and Peninsula Postgraduate Medical Education team – both under the Umbrella of HESW. For ease all ARCPs are now organised through Peninsula PGME team but GIM training days are organised separately; although Severn trainees are free to attend peninsula and vice versa. Study leave arrangements differ between the two deaneries.	

STEC Representatives	
Name	Email contact
Dr	

Registrar Group (NOT ALL REGIONS will have this Group)
Registrar Group reg@chestreg.net; http://chestreg.net/ This website and email group keeps all southwest StRs in contact regarding any training issues or educational opportunities; it is also how STEC reps will ask for your feedback Please use the website above to join the group

Training Day Arrangements (Respiratory)
• Quarterly training days spread over 2 days located at Musgrove Park Hospital Taunton (Parkfield Drive Taunton, TA1 5DA) • Free attendance but cost for parking on site; although limited free car parking available on local streets • Lunch provided through Pharma sponsorship with short talk from Representatives • Rolling programme over 2 years covering majority of Respiratory 2010 Curriculum • Each set of days organised and run by individual Hospitals on rolling programme • Talks given by STRs. Consultants and speakers invited by organising trusts • 2-3 StRs responsible for allocating talks and maintaining record of attendance and previous talks. • 2 Training committee consultants act as chief liaison.

ARCP (Annual Review if Competence Progression) Arrangements
• Bi-Annual ARCPs in Taunton in line with training days – Spring and Autumn • One training Committee member acts as lead organiser, current lead organiser:

Overview of Leave Arrangements

- Variable by trust in regards to annual leave
- Study leave collated by LETB through online system

Pleural Ultrasound Training

- August training day often given over to USS theory training
- Practical experience available in all trusts

Sub-speciality Training Opportunities

- *Pleural* – Major pleural research centre based at Academic Respiratory Unit, Southmead Hospital Bristol – 2-3 full time research fellows with regular pleural clinics, thoracoscopy lists and regional mesothelioma MDT. Opportunities for OOPR taken up by local StRs in the past.
- *Interstitial Lung Disease* – Research centre based at Academic Respiratory Unit, Southmead Hospital Bristol with clinical care provided by Bristol Interstitial Lung Disease (BILD) Service. Specialist service with weekly ILD MDT, specialist clinics and 2-3 full time research fellows. Specialist clinics including joint CT-ILD clinics available at Royal United Hospital, Bath, Derriford Hospital, Plymouth and Royal Devon and Exeter, Exeter.
- *Interventional procedures*
    - EBUS – available at Southmead Hospital, Bristol; Gloucester Royal Hospital.
    - Thoracoscopy – available at Southmead Hospital, Bristol; Musgrove Park Hospital, Taunton
    - Endobronchial valve insertion – performed at Bristol Royal Infirmary
- *Cystic Fibrosis* – Adult CF centres based at Bristol Royal Infirmary, Exeter Hospital, Derriford Hospital, Plymouth and Royal Cornwall Hospital, Truro. CF fellow posts available at Bristol Royal Infirmary and Exeter Hospital. All trainees should rotate through one of these centres for 3 months as part of specialist Training.
- *Sleep and NIV* – most hospitals perform assessments for OSA. Regional Sleep and NIV service based at Bristol Royal Infirmary, Derriford Hospital, Plymouth and Royal Cornwall hospital, Truro.
- *TB* – regional service based at Bristol Royal Infirmary with regular specialist clinics and support from specialist TB nurses
- *Pulmonary Hypertension (PH)* – Regional Satellite service run by Dr Jay Suntharalingam and Dr Rob Mackenzie-Ross at Royal United Hospital, Bath under auspices of Royal Free Hospital, London. Referrals taken from all regional hospitals with regular specialist clinics, cardiac catheterisation lists and joint clinics with team from Royal Free.

Local Educational Opportunities

- *West Country Chest Society* – free to join regional respiratory special interest group with twice yearly meetings in Taunton. StR posters and presentations actively encouraged (with cash prize!) Great mixture of local and external speakers and excellent opportunity for local networking. Website: http://wccs.me.uk/
- Local specialist training days – PH day in Bath every 1-2 years, allergy days in peninsula very 1-2 years, Plymouth Acute medicine conference – bi-annual- 2 day GIM conference – low cost and can count as replacement GIM days

Appendix 2 Sample document

_____ Region Information

Training Programme Director	
Name	Email contact

Deanery/Local Education & Training Board (LETB)	
Name	Contact

STEC Representatives	
Name	Email contact

Training Day Arrangements (Respiratory)

ARCP (Annual Review if Competence Progression) Arrangements

Overview of Leave Arrangements

Pleural Ultrasound Training

Sub-speciality Training Opportunities

Local Educational Opportunities

Appendix 3: Log books for Respiratory Medicine

Gold guide GG5.May 2014

Paragraph 7.37:
Each specialty is required by the GMC to map its assessment processes against the approved curriculum and the GMC's Good Medical Practice. A structured report should be prepared by the trainee's educational supervisor (..) The purpose of the report is to provide a summary of progress including collation of the results of the required workplace based assessments, examinations and other experiential activities required by the specialty curriculum e.g. log books.

Respiratory Medicine curriculum August 2010 (amendments May 2014)
Paragraph 3.5:
...for some procedures an anonymised log book should be kept by the trainee and incorporated into the e-Portfolio. This should be signed off by the educational supervisor at the end of the attachment.

Paragraph 7.2:
Trainees should include in their e-Portfolio: an anonymised record of bronchoscopy experience, including details of exact techniques used, for example, transbronchial biopsy and transbronchial needle biopsy, as well as a record of the positive histology rate for visible tumour. An anonymised record of pleural interventional experience.

Although the procedures for which a log-book should be maintained are also specified in the ARCP decision aid (***bronchoscopy***, ***pleural procedures***, ***NIV +/- attendance Lung Function Lab)*** the 2010 Respiratory Curriculum does not provide further specific guidance about how to do this. This has led to a variety of practice between, as well as within, individual deaneries as no agreed standard dataset exists (some deaneries consider the recording of any unique patient identifier, such as hospital number, as inadequate for the purposes of proper anonymisation of patient data).

Specialty specific guidance on documents to be supplied in evidence for an application for entry onto the Specialist Register with a Certificate of Eligibility for Specialist Registration (CESR): http://www.gmc-uk.org/doctors/registration_applications/ssg.asp

The GMC state clearly that '*photocopies of operating lists and theatre record books are not satisfactory evidence of procedures*'; they recommend the following minimum data set should be collected:
- *age and gender*
- *date of the procedure*
- *full name of the procedure*
- *your role in the procedure (assisted/performed personally/performed under direct supervision of someone more senior/supervised a junior)*
- *any critical incidents*
- *name of the hospital or clinic where procedure was performed*
- *outcomes data*

This applies only to procedures that an individual is directly involved in & all such evidence must be validated and anonymised for individual patient data.
Therefore such headings might reasonably form a minimum dataset for each procedure with scope to add further descriptors on a procedure-specific basis if required.

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Log-book draft for a further discussion:

Date	Hospital	Age	Gender	Location	Role in the intervention	Indication	NIV type	Time scale
				in/out-patient	initiation/continuation/initiation and continuation		BPAP/CPAP	acute/chronic

Log-book for NIV

Date	Hospital	Role in the procedure	Age	Gender	Indication	US guidance	Intervention	Critical incidence
		performed under supervision/ performed personally/ supervised a junior				direct/indirect/none		

Log-book pleural procedures

Date	Hospital	Supervisor initials	Age	Gender	Procedure	Findings	Intervention	Histological diagnosis	Critical incidence
						visible tumour/no endobronchial lesion/LN			

Log-book bronchoscopy (± EBUS)

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