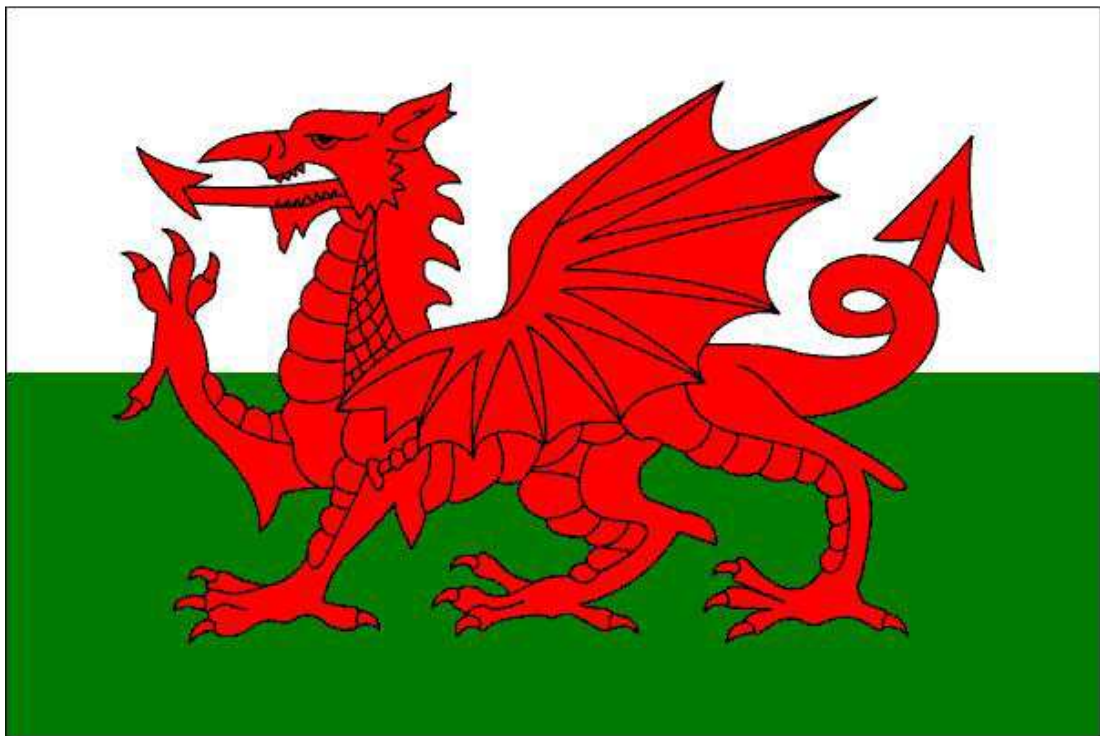


RESPIRATORY MEDICINE



**StR Handbook
Wales Deanery**

WELCOME

This handbook aims to provide you with an overview and important information about the StR training scheme. The Welsh Training Programme in Respiratory Medicine aims to offer the highest quality training in hospitals situated throughout Wales. The five year programme has been designed to provide trainees with dual accreditation in both Respiratory Medicine and General Internal Medicine (GIM), with each clinical placement commencing in the first week of August each year.

We hope you enjoy your time in Wales and look forward to working with you.

Note: If you spot any errors, contradictions, updates or additional sections needed please contact Dr Daniel Menzies or Dr Neil McAndrew. The definitive guides for training and curriculum matters remain the Gold Guide and the specialty curricula.

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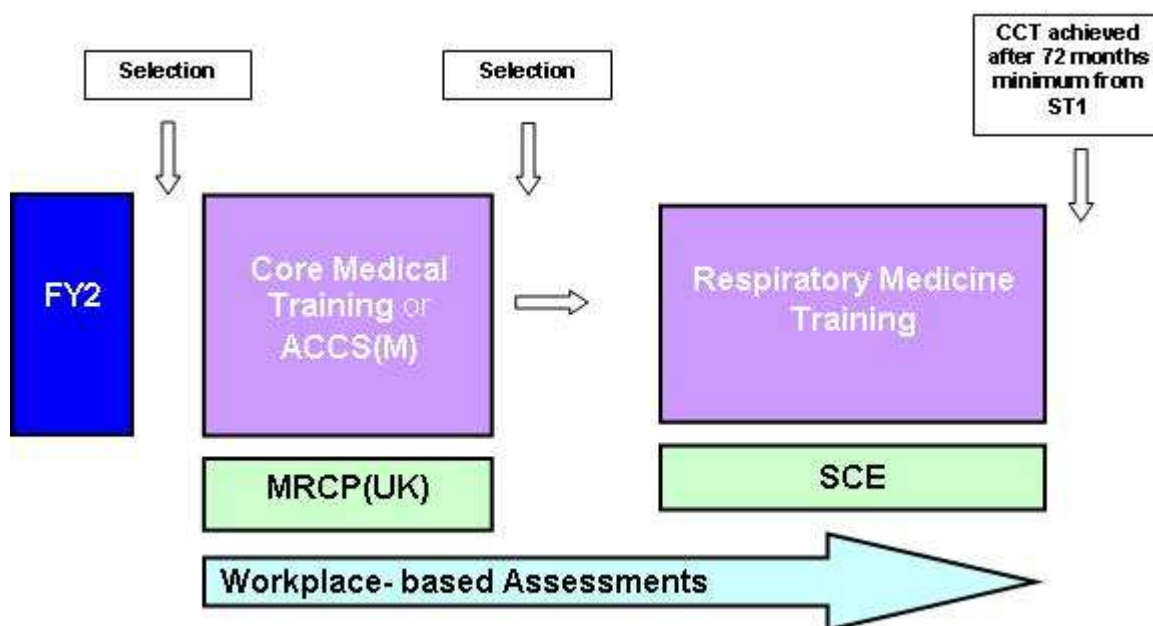
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Wales Deanery

<http://www.walesdeanery.org/>

The aim of the Wales Deanery is to commission, quality assure and support the education and training of trainees in Wales. Respiratory/GIM training consists of a 5-year program as outlined below:



The Deanery manages out of programme experience, flexible training, inter-deanery transfers and ARCPs in conjunction with the Respiratory/GIM STCs.

There are several important people within the Deanery who will monitor and help support your training:

Respiratory Medicine

- Trudy McMullin E-mail: McmullinT@cf.ac.uk
Telephone number: 02920 687483

General Internal Medicine (GIM)

- Ceri Cook E-mail: CookCA2@cf.ac.uk
Telephone number: 02920 687593

Speciality Training Manager

- Hilary Williams E-mail: williamsh3@cf.ac.uk
Telephone number: 02920 687444

Respiratory Specialist Training Committee (STC)

The STC consists of respiratory consultants from each of the hospitals within Wales and trainee representatives. A chair and two training programme directors (TPD) oversee the STC. Together, they are responsible for managing the speciality training programme including recruitment, placements, ARCPs and helping the Deanery in managing trainees in difficulty. In addition there is an education committee that is responsible for organising the two dedicated StR training weeks each year, one of which occurs in the spring and the other in the autumn.

STC Chair

Dr Neil McAndrew

Consultant Respiratory Physician (Wrexham Maelor Hospital)

E-mail: Neil.McAndrew@Wales.nhs.uk

Secretary telephone number: 01978 318282

Training Programme Directors (TPD)

Dr Patrick Flood-Page (Recruitment and Rotations)

Consultant Respiratory Physician (Royal Gwent Hospital, Newport)

E-mail: Patrick.floodpage@Wales.nhs.uk

Secretary telephone number: 01633 656354

Dr Daniel Menzies (Quality control and OOP)

Consultant Respiratory Physician (Glan Clwyd Hospital, Rhyl)

E-mail: Daniel.Menzies@Wales.nhs.uk

Secretary telephone number: 01745 583910 ext 4397

StR Trainee representatives

Ruth Williams

williamsruth52@gmail.com

Alex Brown

alex@alexanddebbie@hotmail.com

BTS specialist advisory committee trainee representative

Maria Wilczynska

mwilczynska@doctors.org.uk

ST placements

On appointment to the training programme, you will be allocated to a training rotation. There are six potential rotations that are outlined below:

Rotation 1

Year 1	Bangor
Year 2	Bangor (ITU)
Year 3	Singleton
Year 4	Cardiff
Year 5	Merthyr

Rotation 2

Year 1	Wrexham
Year 2	Wrexham
Year 3	Newport (ITU)
Year 4	Newport/Cardiff
Year 5	Royal Glamorgan

Rotation 3

Year 1	Rhyl
Year 2	Rhyl
Year 3	Newport (ITU)
Year 4	Newport/Cardiff
Year 5	Bridgend

Rotation 4

Year 1	Morrision
Year 2	Singleton (ITU)
Year 3	Haverfordwest
Year 4	Cardiff
Year 5	Morrision

Rotation 5

Year 1	Llanelli
Year 2	Carmarthen
Year 3	Bridgend (ITU)
Year 4	Cardiff
Year 5	Morrision

Rotation 6

Year 1	Abergavenny
Year 2	Abergavenny
Year 3	Cwm Taf (ITU)
Year 4	Cardiff
Year 5	Newport

The rotations have been designed such that you will receive broad DGH based training in years 1-3, then have then have exposure in more specialised areas of respiratory medicine during placement in Cardiff. In addition, you will do a block in ITU during the first 3 years of training. The expectation is that you will not be permitted to move between rotations, so once you have been allocated a training rotation, there will be a degree of certainty about where you will be geographically located for the duration of your training although this is not totally guaranteed.

There are some other important issues to appreciate about your training rotation.

1. The rotation date will be August each year
2. If you step out of programme for any reason, it is anticipated that you will return to the rotation you left
3. All trainees will rotate through Cardiff in year 4
4. Rotations 2 and 3 spend only 6 months in Cardiff instead of 12. These trainees should spend their time in Cardiff preferentially doing sub-speciality areas such as CF, ILD, neuromuscular ventilation rather than blocks in asthma, COPD and lung cancer which are provided for in other parts of the rotation.
5. If a grace period is required, trainees may need to go back to the beginning of their rotation

6. Ordinarily time out of programme will not be permitted in the first 3 years of training – i.e. OOP should be taken between year 3 and 4, or between year 4 and 5.

Sub-speciality training

There are some requirements of the curriculum that require a degree of planning or special provision. Some of these are provided as part of the 'standard' rotation, whereas others are not. An outline of these areas is provided below

Cystic Fibrosis	Year 4 in Cardiff (NB Curriculum requirements do not mandate a period of time to be spent in a CF unit but that certain experience is obtained, and a trainee could visit Cardiff from another unit to participate in ward rounds, clinic, MDT etc and thereby fulfil the training requirements)
ITU	First three years as detailed above
Pulmonary hypertension	Trainee to arrange (London/Cambridge/Sheffield)
Transplant	Trainee to arrange (London/Cambridge/Manchester)
HIV	Trainee to arrange
Immunology/Allergy	Trainee to arrange

Your educational or clinical supervisor can help with these arrangements, but the onus is on the trainee to ensure they access these curriculum requirements. It is very important to spread out the time you undertake these specialist placements, and as a guide **one such attachment per year** of training should be undertaken. The STC will take a very dim view of any trainee who in year 5 still needs to complete an attachment in PH, immunology, allergy, HIV and transplant!

With the exception of ITU the current curriculum does not specify what constitutes adequate clinical exposure to the above specialist areas, although this will change in the next 12 months. The PYA requirements are therefore currently open to interpretation by the PYA assessor. As a guide, however, the most assessors would deem the following acceptable: 3 - 4 outpatient clinics or inpatient ward rounds/MDT Meetings with a WPBA relevant to the sub-speciality. However, we do have links with Pulmonary Hypertension and Transplant Units and would encourage our trainees where possible to attend a one week placement at each of such centres. Similarly the training programme can allow a longer attachment at the CF unit in Cardiff whilst the registrar is in Cardiff.

Interventional bronchoscopy, EBUS and thoracoscopy

There has been a recent rise in requests from trainees for exposure to and training in EBUS and thoracoscopy. The curriculum is clear that you need knowledge of but do not need to be fully trained in these techniques. Many of the hospitals on the rotation have a service that delivers one or more of these modalities, but not every hospital does.

There is no guarantee that you will become fully trained in thoracoscopy and/or EBUS by the end of the rotation. If you have a particular interest in becoming trained in these techniques there are opportunities to do so, but this may involve training out-of-programme, or a post-CCT fellowship. Of note there are interventional fellowships in both North and South Wales, which have proven popular among trainees wishing to gain this type of experience.

If you are interested in this type of training, then you should speak about potential opportunities to your Educational Supervisor early in your rotation for advice.

Annual calendar

Below is an outline of the principal programme and training events occurring annually. There may be some variance in these dates each year:

ST3 interviews	April / May	(Round 1)
Respiratory ARCPs / PYA's	July	
ST training weeks	April and November	

Hospitals participating in training

Hospital	Consultants
Ysbyty Gwynedd, Bangor	Dr Kilduff Dr McKeon Dr Subbe (AMU) Dr Thahseen
Ysbyty Glan Clwyd, Rhyl	Dr Ambalavanan Dr Ching Dr Davies (AMU) Dr Kilbane (Locum) Dr Menzies
Wrexham Maelor Hospital, Wrexham	Dr Brohan Dr Dyer (AMU) Dr Kelly Dr McAndrew Dr Steel
West Wales General Hospital, Carmarthen	Dr Carol Llewellyn-Jones Dr Gareth Collier Dr Phil Kloer
Prince Philip Hospital, Llanelli	Dr Robbie Ghosal Dr Keir Lewis
Prince Charles Hospital, Merthyr	Dr Sadiyah Hand Dr Anthony Gibson Dr Mohamad El-Nazer
Royal Glamorgan Hospital, Llantrisant	Dr Anita Pandit Dr Amit Benjamin Dr Paul Neil
Royal Gwent Hospital, Newport	Dr Patrick Flood-Page Dr Alison Whittaker Dr Ian Williamson Dr Sarah Fairburn Dr Alina Ionescu Dr Llifon Edwards (AMU) Dr Martha Scott Dr Melissa Hack
Nevill Hall Hospital, Abergavenny	Dr Jose Thomas Dr Matt Jones Dr Deborah Wales Dr Matt Brouns
Morrison Hospital, Swansea	Dr Emrys Evans Dr Kim Harrison Dr David Vardill
Singleton Hospital, Swansea	Dr Gwyneth Davies Dr Stuart Packham Dr Rhian Finn
Princess of Wales	Dr Rohan Mehta Dr Martin Sevenoaks
University Hospital Llandough and UHW, Cardiff	Dr Ramsey Sabit Dr Jamie Duckers Dr Ian Ketchell

	Dr Diane Parry Dr Ben Hope-Gill Dr Dawn Lau Dr Helen Davies Dr Simon Barry Dr Aneurin Buttress Dr Katie Pink
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Educational and Clinical Supervisors

Educational supervisors

At the start of the training programme you will be allocated a single Educational Supervisor (ES) for the period of your training. Your ES has an overview of your training and is responsible for your educational planning and career development.

It is **your responsibility** to arrange regular meetings with your ES and ensure that your e-portfolio is up to date and reviewed. If you have any difficulty arranging meetings with your educational supervisor/any other concerns you should speak with your TPD.

You should have regular contact with your local clinical Supervisor (CS) and ES during each placement. The ES contact should include at least two face to face meetings as well as telephone and possibly VC contact. The following documentation should be completed on the e-portfolio

1. Induction appraisal – within initial 4 – 8 weeks of starting in post
2. Mid point review – around January
3. ES report/review – end of April (prior to ARCP)
4. End of attachment appraisal – end of July prior to rotation to the next post

As you will be dual accrediting, it is important to look at and complete your training requirements for both respiratory medicine & GIM – this includes audits, WBPA/SLE's and attendance at training days.

Clinical supervisors

During your placement one or more clinical supervisors will also supervise you. They are responsible for supervising your day-to-day clinical work, such as endoscopy, outpatient clinics and inpatient work. Your ES will also seek feedback about your progress and performance from your clinical supervisors – this will be recorded in your multiple consultant reports (MCR's). In some cases your clinical supervisor will also be your ES, although this is usually avoided if possible.

Any concerns or problems (either personal or related to your job) that you experience during your placement can be discussed with your clinical or educational supervisor or any other member of the department you feel comfortable approaching. If you do not feel comfortable discussing or are unable to resolve any concerns raised you are welcome to contact one of the training programme directors.

Patient safety concerns

Any concerns you have relating to patient safety should be discussed with either your clinical or educational supervisor. If these concerns potentially relate to your supervisors they should be discussed with the head of department or local clinical director, although you may wish to seek advice from a TPD in the first instance if possible.

Undermining/bullying

If you encounter or witness any undermining or bullying during your placements you should discuss this with either your clinical or educational supervisor. If you feel this involves your supervisors you can discuss this with one of the TPD's.

Curricula

Both the respiratory medicine and GIM curricula and decision aids are available on the JRCPTB website or accessible through links on your e-portfolio (<http://www.jrcptb.org.uk/trainingandcert/ST3-SpR/Pages/Introduction.aspx>). These documents outline the requirements to gain your CCT, including assessments and progress required at each stage of your training. It is important to ensure that evidence of your training is uploaded to your e-portfolio on a regular basis, with adequate linking between your assessments/reflections and relevant curriculum (NB: you can link to more than one part of your curriculum).

Thoracic Ultrasound Training

All trainees are required to attain Level 1 competency in thoracic 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\(12\)17_ultrasound_training.pdf](http://www.rcr.ac.uk/docs/radiology/pdf/BFCR(12)17_ultrasound_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.

- Observe 20 normal ultrasound examinations
- Perform 20 normal ultrasound examinations
- Perform 10 examinations of patients with pleural effusion
- Perform 5 thoracocentesis/drain placements using guided and non-guided techniques

Links

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>

E-portfolio (JRCPTB)

<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. This currently costs £845 (tax deductible) in 2014: note, it is a £845 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).

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 (WPBA's) / Supervised Learning Events (SLE's) 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 ARCP's.

Key points

- Ensure that all of your clinical details including e-mail address are kept up to date
- You should 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 (this information will be used to plan your rotation)
- 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-portfolio 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. (This was changing as this document was being updated, especially with regards to links being made to a sample of the curriculum rather than all parts of the curriculum – please check the JRCPTB website for guidance).
- It is worth using the Royal College of Physicians diary to record your CPD activity – an annual summary can be uploaded as a PDF to your personal library (it is also recommended at your GIM PYA)

- Courses etc can only be validated if certificates are uploaded to your e-portfolio (this usually requires completion of feedback)
- Any **absences from work** should be recorded on your e-portfolio. This may be checked against your medical staffing records

Audits

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.

Teaching 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.

Work Based Placed Assessments (WBPA's)/Supervised Learning Events (SLE's)

The cumulative percentage of assessments required for each year of the training scheme is summarised in the Respiratory and GIM decision aids (links above). An overview is provided below, however this is not exhaustive, and may be subject to change:

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

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

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 anytime 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 views 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.

Quality surveys

The GMC national training survey is to monitor the quality of medical education and training in the UK. It is a mandatory requirement of your training. In addition a deanery administered survey of training quality is administered. We would be very grateful if you could complete this, as it allows the quality and balance of the training rotation to be maintained

Training days and leave

Mandatory Respiratory Medicine Training Weeks

A training week is arranged for all trainees twice a year. In the spring this takes place in Swansea (usually over five days), and in autumn this takes place in Cardiff (usually over 4 days). A minimum of six weeks, and usually 4-6 months notice is provided to all trainees and trainers to ensure that clinical commitments (eg: clinics, endoscopy sessions) can be reduced or cancelled to allow for this. It is the **responsibility of the trainee** to ensure that any on call commitments are swapped to allow attendance.

Please contact Dr Ramsey Sabit (Llandough) about the autumn week, and Dr Martin Sevenoaks (Bridgend) or Dr Gwyn Davies (Singleton) about the spring training week.

Attendance rates form a component of your ARCP. If the trainee does not comply with the minimum attendance percentage (70%), they will obtain an unsatisfactory ARCP outcome.

Any difficulty in obtaining leave for the mandatory training week should be reported to the TPD.

The training week is very high quality, and usually has national and international experts invited to teach. Please note attendance is **mandatory** in years 1 – 3, strongly advised in year 4 and discretionary in year 5 if there has been good attendance in the first 4 years. If you have difficulty obtaining time off because of service pressures, you need to report this to your Educational Supervisor or one of the TPDs.

GIM Training

Several GIM, leadership and management training days are available each year, with dates advertised in your e-portfolio. You are required to obtain 100 hours of external GIM CPD points prior to your CCT, equating to 20 hours per year. However up to 20% (ie: 20 hours) can include respiratory CPD. We advise registering for the RCP CPD diary – a summary of your CPD for each year can be uploaded to your personal library as a PDF (this is also recommendation at your GIM PYA). GIM courses are advertised on the e-portfolio and RCP website.

You are expected to attend at least 3 days of GIM teaching a year, as well as attending training in all of the core areas – there is some teaching arranged by the deanery, both in North and South Wales. You may need to contact the organisers to find out dates and get onto email lists.

Currently the North Wales days are organised by Dr. Peter Drew in Wrexham. Booking contact: Wrexham Maelor Hospital - 01978 727123

Email: deborah.bevan@new-tr.wales.nhs.uk

The South Wales days are organised by Dr. Aled Roberts

Email: aled.roberts2@wales.nhs.uk

GIM core training days are advertised on the deanery website.
<http://www.walesdeanery.org/>

Study Leave

The Wales Deanery defines the study leave budget annually. Each specialist trainee is entitled to 30 days study leave per annum. Attendance at ARCPs and core curriculum for specialist trainees is mandatory and therefore not deducted from your annual study leave.

All study leave must be requested and authorised using the INTREPID 10 online system. This database keeps a record of all leave taken throughout your training and remaining study leave budget available.

Study leave will be granted at the discretion of your departmental leave coordinator. Most hospitals require a minimum of 6 weeks notice to allow cancellation of outpatient clinics and other clinical commitments, although this can vary between different Health Boards (this should be discussed at your local induction meeting).

Annual leave

Similar to study leave, at least 6 weeks notice is often required to allow cancellation of your clinical commitments. The process for gaining annual leave will vary between Health Boards and should be discussed at your local induction meeting at the start of your placement.

Speciality Certificate Examination (SCE)

<http://www.mrcpuk.org/mrcpuk-examinations/specialty-certificate-examinations>

The SCE is a compulsory component of assessment for the Certificate of Completion of Training (CCT) for all trainees who commenced specialist training on or after the 1st August 2007. It should be undertaken from ST5 level onwards.

Once completed, evidence should be uploaded to the 'examination' section of your e-portfolio.

Key Points

- There are no entry requirements for the SCE in respiratory medicine
- You are limited to six attempts at the exam – although you should allow sufficient time for completion before your CCT date. You cannot receive a CCT without this exam and your training may not be extended for more than one year if you fail the exam in your final year.
- It covers the whole of the 2010 respiratory curriculum and comprises two 3 hour 'best of five' papers containing 100 questions each
- It is a computer based examination held in the autumn each year, in Pearson VUE test centres throughout the UK.
- Examination registration: around June to September
- Test centre booking: around July to early October
- Examination date: late October (single sitting per year)
- Current cost - £861 for 2014, this is tax deductible.

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)
- BTS "preparing for the SCE" 1 day course, held the day prior the summer BTS meeting
 - BTS member £70.00 (2014)
 - Non member £300.00 (2014)
- BTS e modules (available from BTS website and includes 3 sets of practice questions for the SCE)

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

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.

Completion of training

- Approximately 6 months before your CCT date you should receive a 'Notification Form' for Completion of Training from the JRCPTB:
 - If you haven't received it then contact them or you may delay your finish date
 - You may also need to chase them if you've extended training for any reason (eg: OOP experience, maternity leave, extensions resulting from ARCPs etc)
 - JRCPTB link:
<http://www.jrcptb.org.uk/trainingandcert/Pages/Completing-Training.aspx>
- The form lists the mandatory and recommended requirements from your PYA (for respiratory & GIM) which must be achieved and signed off by each TPD or STC chair:
 - GIM: Aled Roberts - TPD (UHW) aled.roberts2@wales.nhs.uk
Mike Page – STC chair (Royal Glamorgan) mike.page@wales.nhs.uk
 - Respiratory : Patrick Flood-Page – TPD (Newport)
Patrick.floodpage@Wales.nhs.uk

You will also need to ensure that your final ARCP forms are completed on e-portfolio (Outcome 6) for each speciality. Any registrars from the old system will need to complete a paper RITA G form unless they have been issued with an e-portfolio

- Any enquires can be discussed with the Wales Deanery Postgraduate Training Section:
 - Ceri Cook (GIM) CookCA2@cardiff.ac.uk
 - Trudy McMullin (Respiratory) McmullinT@cardiff.ac.uk
 - Hilary Williams (Specialty Training Manager) WilliamsH3@cardiff.ac.uk
- Once the notification form is signed send a copy to the Wales Deanery Postgraduate Training Section and the original to the JRCPTB (address on form) with an up to date copy of your CV
- It takes about 4 - 6 weeks for the JRCPTB to process this form and you cannot complete your training until they have it. Depending on your employer, some of them will allow you to start the day after registrar training finishes as locum consultant, pending formal acceptance of CCT. This then becomes substantive once you have your CCT
- Once the form is approved the JRCPTB will send a recommendation to the GMC who will then contact you to join the Higher Specialist Register:
 - This currently costs £390
 - GMC website: www.gmc-uk.org (email: gmcregistrationservices@gmc-uk.org)
 - This cannot be done before your CCT date
 - Do not forget to inform your medical indemnity (MDU/MPS)

- You will need to resign from your training number (write to the Welsh Deanery and inform your TPD/STC chair), giving 3 months notice to them and your Health Board:
 - There is an automatic 6 months training extension from your CCT date.
 - This is organised about 6 months before your CCT date.
 - If you resign less than 3 months from your CCT date you will still need to work the 3 months notice. However if you get a consultant post in the same health board you may be able to be a locum consultant until completing the 3 months.

(this part of the guidance was compiled by Dr Hannah Brothers)

Out of Programme (OOP) requests

An ST 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 the Wales 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. **In respiratory medicine you are strongly discouraged from applying for time OOP until you have completed three years of training.** The deanery ask for requests for OOP to be submitted at least 6 months prior to your start date (form available on the deanery website) and after discussion with your ES and Training Programme Director, as StRs can only be released at certain times of the rotation to allow sufficient time for a replacement to be appointed. Any extensions to time out of programme should be discussed and requested through the deanery & signed off by the TPD.

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. In respiratory medicine in Wales these requests will be sent for external peer review
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. This usually includes hepatology when undertaken for subspecialisation.
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.

Acting up as a consultant (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 two 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 required by your employing Health Board to arrange appropriate cover for your existing post (in some cases you may be required to resign from your post within the Health Board).

Flexible/Less Than Full Time Training (LTFT)

<http://www.walesdeanery.org/index.php/en/less-than-full-time-training-ltft/useful-information/1468-extensions-to-training.html>

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

Sadiyah Hand (Consultant Respiratory Physician, Prince Charles Hospital) is the LTFT lead for respiratory medicine in Wales. If you are considering flexible training you should inform the Deanery & your TPD as soon as possible. Application forms are available on the Deanery website – link above). Further information is available in the 'Training and certification' section of the JRCPTB website, including a completion date calculator.

Professional Support Unit (PSU)

<http://walesdeanery.org/index.php/en/careers-and-recruitment/wales-deanery-professional-support-unit.html>

The deanery is responsible for all trainees throughout Wales and for any issues that arise that may affect their training and progress through the training programme. The PSU provides support for any trainees in the form of advice and guidance and access to experts who can deal with specific areas. Trainees may approach the PSU through a need they have identified themselves or after being advised to seek their support after training difficulties have been identified by clinical or educational supervisors or highlighted through ARCP's. Early identification and support will reduce the potential risks to the trainee, colleagues, patients and the organisation.

Useful training related websites

Journals

[Thorax](#)

[American journal of respiratory and critical care medicine](#)

[Chest](#)

[European Respiratory Journal](#)

Respiratory Societies

[Welsh Thoracic Society](#)

[British Thoracic Society](#)

[American Thoracic Society](#)

[European Respiratory Society](#)

Other organisations and foundations

[British Lung Foundation](#)

[Cystic Fibrosis Trust](#)

[Asthma UK](#)

For Trainees

[JRCPTB](#)

[Generic Curriculum booking portal](#)

British Thoracic Society (BTS) membership

BTS reduces the cost of attending BTS winter and summer conferences and courses and includes Thorax subscription. Membership is not required for access to BTS guidelines and the BTS Specialist Trainee Advisory Group (STAG).

There is no compulsion to join the BTS but membership benefits include

- Subscription to Thorax magazine
- Delegate rates for BTS conferences and 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 their Committees or Specialist Advisory Groups, and/or participating in Guideline.

Website: <https://www.brit-thoracic.org.uk>