**Respiratory Registrar Trainee Induction Pack**

Both the BTS and the STAG committee feel strongly about the provision of high quality induction packs for StRs (specialist trainees) by all deaneries. An induction pack is designed to support a smooth transition into specialist training; it should include information about respiratory and GIM (General Internal Medicine) training at all the hospitals within the deanery.

**Training Programme Director**

**Thomas Pulimood** email: [thomas.pulimood@wsh.nhs.uk](mailto:thomas.pulimood@wsh.nhs.uk).

West Suffolk NHS FT, Hardwick lane, Bury St Edmunds.

IP332QZ. United Kingdom.

01284 713000 (switchboard)

01284 713843 (Sec Tessa Crocker)

**Chairman Respiratory STC**

Dr Mark Pasteur mark.pasteur@nnuh.nhs.uk

**Structured programme director –**

Dr. Ajay Kamath [ajay.kamath@nnuh.nhs.uk](mailto:ajay.kamath@nnuh.nhs.uk).

Deanery: Contact details for both Respiratory and GIM, Pastoral care/support details.

**Head of school**

**Ian Barton** [I.barton@nhs.net](mailto:I.barton@nhs.net)

**Programme director general medicine:**

[john.firth@addenbrookes.nhs.uk](mailto:john.firth@addenbrookes.nhs.uk)

Administrative Support:

ARCP

If you need support from the secondary care team in HEEoE, please contact Sue Woodroffe ([s.woodroffe@nhs.net](mailto:s.woodroffe@nhs.net))

For matters relating to **ARCPs** [victoria.theobald@nhs.net](mailto:victoria.theobald@nhs.net)

Helen McKee ([h.mckee@nhs.net](mailto:h.mckee@nhs.net)) for recruitment,

Susan Knight ([susan.knight19@nhs.net](mailto:susan.knight19@nhs.net)) for training committees, OOP, LTFT training and Inter-Deanery Transfers and

Maryam Wali-Aliyu ([maryam.wali-aliyu@nhs.net](mailto:maryam.wali-aliyu@nhs.net)) for “Placement Manager”.

Data entry for placement manager GODDARD SHARON (RM1) Norfolk and Norwich University Hospital [SHARON.GODDARD@nnuh.nhs.uk](mailto:SHARON.GODDARD@nnuh.nhs.uk) .

OOP email: [heee.oop](mailto:HEEE.immigration@nhs.net)@nhs.net

LTFT email: [heee.ltft.@nhs.net](mailto:heee.ltft.@nhs.net)

IDTs: New Mailbox

Please note, we now have a new mailbox for all Inter Deanery Transfer (IDT) related enquiries. In order for your IDT email to be actioned please forward to [heee.idt@nhs.net](mailto:heee.idt@nhs.net)

Immigration email: [heee.immigration@nhs.net](mailto:heee.immigration@nhs.net)

**Sophie Hall**

Is secondary Care Co-ordinator, working closely with Karen Hickford and Josie Cookson with Sue Knight as manager, and will be involved with inter deanery transfers, less than full time training, out of programme requests and SAS doctors.

Should you need to reach her for any reason please feel free to do so on this email or the telephone number below.

Sophie also covers issues relating to the Medical Training Initiative (MTI) requests and immigration for the next few months.

Health Education East of England

Secondary Care Team | 2-4 Victoria House | Capital Park | Fulbourn | Cambridge | CB21 5XB

T: 01223 597648

F: 01223 596967

W: [www.eoe.hee.nhs.uk](http://www.eoe.hee.nhs.uk/)

OOP email: [heee.oop](mailto:HEEE.immigration@nhs.net)@nhs.net

LTFT email: [heee.ltft.@nhs.net](mailto:heee.ltft.@nhs.net)

IDT email: [heee.oop.@nhs.net](mailto:heee.oop.@nhs.net)

Immigration email: [heee.immigration@nhs.net](mailto:heee.immigration@nhs.net)

Stay up to date by following HEEoE on [Twitter](http://www.twitter.com/eoeLETB) @eoeLETB

**Revalidation:**

Responsible officer is the post graduate dean.

[Ricard.morgan6@nhs.net](mailto:Ricard.morgan6@nhs.net) is the manager in the deanery overseeing this. Ph 01223 597583.

**Royal college respiratory medicine:**

Emma White 02030751480 on CCT and other RCP matters

STC (specialist trainee committee for respiratory): Current representatives

Role of the STC. The STC meet 2 times a year to discuss all matters relating to the training programme. Representatives from different groups and aspects of the programme are represented with at least 1 representative from each hospital on the programme.

|  |  |  |  |
| --- | --- | --- | --- |
| Dr | Mark | Pasteur | Chair |
| Dr | Ian | Barton | Head of School of Medicine, EOE |
| Dr | Thomas | Pulimood | Training Programme Director |
| Dr | Pasupathy | Sivasothy | Deputy Training Programme Director |
| Dr | Ajay | Kamath | STP Director |
| Dr | Venkat | Mahadevan | Consultant |
| Dr | John | Firth | GIM Representative |
| Dr | James | Nathan | Academic Representative |
| Dr | Andrew | Wilson | Academic Representative |
| Dr | Parthi | Pillai | Consultant |
| Dr | Timothy | Howes | Consultant |
| Dr | Masood | Ali | Consultant |
| Dr | Peer | Mohamed | Consultant |
| Dr | Mohammed | Azher | Consultant |
| Dr | Richard | Dent | Consultant |
| Dr | Keith | Hattotuwa | Consultant |
| Dr | Nicholas | Innes | Consultant |
| Dr | Muhammad | Anwar | Consultant |
| Dr | Nicky | Simler | GIM lead |
| Dr | Michael | Davies | Consultant |
| Dr | Thida | Win | Consultant |
| Dr | Kirsten | Wadsworth | Consultant |
| Dr | Akilesh | Jha | Trainee Representative |
| Dr | Odiri | Eniji | Trainee Representative |
| Ms | Sue | Agger | Quality Manager EOE Deanery |

**Training Days:** these are overseen by Ajay Kamath who is the structured training programme director and are generally held at the West Suffolk Hospital Education centre. Please contact Dr Kamath ([ajay.kamath@nnuh.nhs.uk](mailto:ajay.kamath@nnuh.nhs.uk)) for further details.

**GIM training days** are overseen by [elizabeth.hamilton@wsh.nhs.uk](mailto:elizabeth.hamilton@wsh.nhs.uk)

**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](http://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).

OOPR and OOPT (New Guidance for when the trainee wants the time to count towards training)

Trainees must seek College approval before submitting their OOP application to HEEoE for Postgraduate Dean approval

 Any application without a supporting letter from their College/Faculty/JRCPTB will not be approved by HEEoE

The GMC will no longer accept requests for retrospective approval of applications.

SCE (Specialist Certificate Examination): is an exit 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.

Examination registration: around June to September

Test center booking: around July to early October

Examination date: late October (single sitting per year)

Examination fees 2014: £861

Website: [www.mrcpuk.org/SCE/Specialties/Pages/RespiratoryMedicine.aspx](http://www.mrcpuk.org/sce/specialties/pages/respiratorymedicine.aspx)

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 their Summer Meeting (pre-book to avoid disappointment!). The BTS also has a useful SCE preparation E-learning module with MCQs from previous SCE preparation courses and a mock exam.

Revision links:

MRCP questions and mock examination: http://www.mrcpuk.org/sce-respiratory-medicine-sample-questions

BTS Learning hub: <http://learninghub.brit-thoracic.org.uk/?bts=homepage>

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. The portfolio review normally takes place in June.

Make certain that you link information to the curriculum

Reflect regularly

Complete assessments throughout the year and not just at the end

Organise personal library and up load relevant information (include logbook data) this is what has been suggested in the past but no strict guidance exists.

Update your personal development profile

Make certain that you link information to the curriculum

Abstracts

Acute take activity

Audit

Deanery communication

JRCPTB communications

Log books – see below

Management

Meeting and courses

Attendance certificates

MRCP office communication

Outpatient activity report or log

Presentations

Publications

Research

Teaching activity

Teaching attendance

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!): [eportfolioideas@jrcptb.org.uk](mailto:eportfolioideas@jrcptb.org.uk) or [eportfolioteam@jrcptb.org.uk](mailto:eportfolioteam@jrcptb.org.uk)

Useful websites:

JRCPTB Curriculum (2010):

<http://www.jrcptb.org.uk/trainingandcert/ST3-SpR/Documents/2010%20Respiratory%20Medicine%20Curriculum.pdf>

Decision aid for dual CCT in Respiratory and GIM:

<http://www.jrcptb.org.uk/sites/default/files/2010%20Respiratory%20Medicine%20dual%20CCT%20ARCP%20Decision%20Aid%20(revised%202014).pdf>

Decision aid for single CCT in Respiratory Medicine: <http://www.jrcptb.org.uk/trainingandcert/ST3-SpR/Documents/2010%20Respiratory%20Medicine%20ARCP%20Decision%20Aid%20(revised%202014).pdf>

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!

Website: <http://www.rcplondon.ac.uk/cpd/manage-your-cpd>

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

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 thoracocenteses/drain placements using guided and non-guided techniques

Respiratory Societies and Meetings:

British Thoracic Society (BTS): Has two meetings a year and produces Thorax and website has useful training section including e-learning modules.

Winter (December) the main meeting. Abstracts can be submitted and closing date is usually end of July

Summer (June) smaller meeting and more lecture based and incorporates 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.

BTS membership: 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

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 [andrea.collins@liverpool.ac.uk](mailto:andrea.collins@liverpool.ac.uk)

Maternity leave and LTFT training: contact details for advice, deanery contact: training programme director and Dr Nicky Simler. Deanery contact see above.

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:

Educational supervision

Key features of the revised system of assessment and review    

The assessment tools have not been changed, but the way in which they support learning and the process of linking and reviewing evidence in the ePortfolio have been clarified.  

The ARCP decision aids and the ePortfolio will be adjusted to support the recommendations.  The educational supervisor’s report is pivotal to the annual review of competence progression (ARCP).   Supervised learning events (SLEs) are formative assessments using the CbD, mini-CEX and ACAT tools.

Assessments of performance (AoPs) will not form part of the assessment framework.  

Linkage of evidence in the ePortfolio does not in itself demonstrate competence but shows engagement with the learning process.

The signing off of every competency on the basis of ePortfolio evidence is not considered to be useful or educationally productive.

Structured feedback from clinical supervisors will be captured in the multiple consultant report (MCR) introduced in October 2013 and will be an important source of information for the educational supervisor’s report.

What do supervisors need to know?    Linking of evidence to curriculum competencies  

Trainees should link evidence to competencies in the ePortfolio to demonstrate engagement and learning with the curriculum.

Evidence can include SLEs, DOPS, reflection, certificates and examinations.

The ARCP decision aid provides guidance on requirements for each stage of training.  

The number of times a trainee can link an SLE to curriculum competencies in the ePortfolio should be limited to eight for each ACAT and two for CbD and mini-CEX.  

One piece of linked evidence per competency can be sufficient if the supervisor is satisfied the trainee has engaged with the curriculum topic and demonstrated learning.  

Ten of the common competencies will not require linked evidence, but any concerns must be highlighted in the supervisors’ report.

Sampling of curriculum competencies     It is not necessary for supervisors to examine all competencies in the ePortfolio to make a judgement on a trainee’s progress.  

Supervisors should review a sample of the trainee’s evidence, self-ratings and statements in the ePortfolio and discuss these in detail with the trainee. This process should take place regularly during each placement, ideally at the mid-point and end of attachment appraisal meetings.

We advise that 10-12 competencies across the curriculum should be looked at in detail over the course of the training year. More will be required if evidence is considered inadequate or inaccurate.  

Procedures require individual summative assessment using DOPS. Summative sign off for routine procedures is to be undertaken on one occasion with one assessor to confirm clinical independence.

Summative sign off for potentially life threatening procedures should be undertaken on two occasions with two different assessors (one assessor per occasion).  

Supervisors should record the outcome of the review of trainee evidence in the appraisal documentation. They should identify any areas which require further evidence and must inform the programme director if there are significant concerns following the end of attachment appraisal.

Educational supervisor report    

The ES report provides a vital summary of ePortfolio evidence for the ARCP panel. The ES should use appraisals and reports of other supervisors (via MCRs and MSF) to inform their comments and aid them in making a judgement on the trainee’s overall performance.   The ES report has been revised as follows:  o Report on MCRs and any areas of excellence or concerns included  o Auto-populated count of CbDs, mini-CEXs and ACATs replaces single count of total SLEs  o Info icon explaining sampling of trainee’s evidence  o Re-ordering of sections to improve reporting of evidence and overall performance   The current ES report will continue to be available until the end of September 2014 and will then be replaced with the revised version.

    Quality improvement project assessment tool   The quality improvement project assessment tool (QIPAT) will be available on the ePortfolio from August and can be used as an alternative to the audit assessment tool.

Sources of guidance    

Guidance to support the implementation of the changes to assessment and review can be found on the WPBA page of the JRCPTB website. The following documents are available to download:    > Recommendations for specialty training assessment and review      > Trainee guidance

**ARCP in general medicine**

A year of GIM training should be demonstrated as follows:

**Documentation of GIM training for ARCPs**

Trainees must use the latest curriculum’

Trainees should have created a folder called ‘ARCP GIM paperwork’ in their personal library

Trainees should download a Summary of Training calculator from the ‘forms and guidance’ section of <http://www.jrcptb.org.uk/specialties/general-internal-medicine-gim>

Trainees should change the date on the Summary of Training calculator to this month/year, complete the calculator, and upload it into their ‘ARCP GIM paperwork’ folder

**Other requirements for GIM ARCPs**

The requirements can be found in the ARCP Decision Aid, also downloadable from the JRCPTB website link given above. Key elements are:

At least 10 WPBAs, of which 6 must be ACATs

At least 4 MCRs that comment on GIM training

Appropriate sign off of competencies by the trainee and their educational supervisor

Specific comment about GIM training and progress in the educational supervisor’s report

**Documentation of ARCP**

Two outcome forms must be completed – one for specialty and one for GIM. It is possible to have different outcomes for specialty and GIM. (If a trainee has not been training in GIM since their previous ARCP, the GIM form should be completed with an explanatory note saying ‘not training in GIM since last ARCP’, and an outcome 1 should be recorded).