



# WELCOME TO RESPIRATORY MEDICINE IN THE WEST MIDLANDS

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ST3/4 RESPIRATORY TRAINEE REPRESENTATIVE

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# INTRODUCTION

- West Midlands Deanery
- Structure of training
- Respiratory ARCP
- Logbooks, ultrasound and lung function
- Communication

# WEST MIDLANDS DEANERY CONTACTS

- Dr. K. Srinivasan – Training Programme Director (TPD) & Speciality Training Committee (STC) Chair (Consultant in Telford)
- Dr. Shiva Bikmalla– Chair ST3 / ST4 teaching committee (Consultant in Stoke)
- Multiple other consultants form STC – regular meetings
- Deborah Gregory – Respiratory Admin lead (Stoke)
  - [Deborah.Gregory@uhnm.nhs.uk](mailto:Deborah.Gregory@uhnm.nhs.uk)

# WEST MIDLANDS DEANERY CONTACTS

- Dr. Chris Huntley
  - Trainee rep on the Training Committee
  - [Christopher.Huntley@nhs.net](mailto:Christopher.Huntley@nhs.net)
  
- Dr. Bhavani Adizie
  - LTFT Trainee rep on the Training Committee
  - [janathiagarajah@gmail.com](mailto:janathiagarajah@gmail.com)
  
- Dr Jude Hampson
  - Midlands Thoracic Society Trainee Representative
  - [jude\\_brebner@hotmail.com](mailto:jude_brebner@hotmail.com)
  
- Dr. Manoj Marathe
  - ST3/4 Trainee rep on ST3/4 Sub-committee
  - [Manoj.Marathe@nhs.net](mailto:Manoj.Marathe@nhs.net)

# WEST MIDLANDS DEANERY GEOGRAPHY



- Large Deanery
- Vastly diverse population – rural and urban – ideal for respiratory medicine training
- Excellent culture and large numbers of trainees remain in region on completion of training

# WEST MIDLANDS DEANERY SPECIALITIES WITHIN HOSPITAL

- QEHB – **transplant**, ITU, ILD, Difficult Asthma
- Heartlands – **CF, NIV (Domicillary / MND)**, ITU, Difficult Asthma, Sleep
- Stoke – ITU, Sleep, **NIV (Domicillary / MND), ILD, Pleural and Intervention, CF**
- New Cross – ITU, EBUS
- Sandwell – EBUS, TB
- Worcester – allergy
- DHG – much more scope for bronchoscopy / pleural procedures
  
- **Guide on MTS**

# STRUCTURE OF THE TRAINING

- 5 years (excluding OOP experience) with yearly resp ARCP
  - Dual accreditation in Respiratory and General ( Internal ) Medicine
- Deanery Aim for:
  - 2 years in Large Teaching Hospitals (Stoke, QEHB/UHB, Heartlands)
  - 3 years in District General Hospitals
  - National Curriculum requirement is 12 months I/P and O/P in teaching and district (easily obtained)
  - Submit requests May → Final placement known August → Rotate Nov
- Attachment in ITU during five years, 60 days

# TRAINING PROGRAMME

## ST3 & ST4

- Structured training programme over first 2 years
- 2 year cycle
- ~ 12 training days/ year (need 70%)
- Cover the core areas of the curriculum
- **£200/ 6 months (can be reclaimed against study budget)** – costs reviewed regularly and reduced wherever possible
- Training programme found on MTS

## ST5 & ST6

- No fees after finishing ST4
- Modules – 2 a year where start developing specialist interests
- (guidance on MTS)
- Essay/Written report produced at end of module
- **Training days**
  - Updates in medicine
  - Present outcomes of modules
  - QIPS etc
  - 2 times / year

## GIM training:

- Need to attend regular training days
- **Require at least 4 per year**
  - Should get dates via email
- Can attend other specialty training days



# TRAINING STUDY BUDGET

- Apply to local trust – currently unlimited
- **ST3 / ST4 training days will be compensated**
- <https://www.westmidlandsdeanery.nhs.uk/support/study-leave/trainee-information>
  - **BTS short courses**
  - **Pleural USS**
  - **BTS meetings**

# RESPIRATORY ARCP DECISION AID

- October – 9<sup>th</sup> October this year. Portfolio needs completion 2 weeks prior
- **Respiratory decision aid on JRCPTB site**
  - <https://www.jrcptb.org.uk/specialties/respiratory-medicine>
- **Respiratory Curriculum on JRCPTB site**
  - <https://www.jrcptb.org.uk/sites/default/files/2010%20Respiratory%20%28amendments%202014%29.pdf>
  - 3.4 clinical experience → ICM, lung function requirements etc
  - 4.1 training programme → structure of training

# ARCP DECISION AID (ST3)

	END ST3	END ST4	
<b>Clinical conduct (A1-2)</b>	Satisfactory evidence from e-Portfolio and educational supervisor's report	Satisfactory evidence from e-Portfolio and educational supervisor's report	
<b>Core clinical skills (B1-8)</b>	Evidence of engagement B1-3	Evidence of engagement B1-8	→ <b>History taking, Clinical Examination, Prescribing</b>
<b>Medical leadership (C1-17)</b>	Evidence of engagement 20%	Evidence of engagement 40%	
<b>Patient/Problem Scenarios (D1-7)</b>	Evidence of engagement	Evidence of engagement	→ <b>SOB, Cough, Haemoptysis etc.</b>
<b>Clinical Subject Areas (E1-28)</b>	Evidence of engagement t 20%	Evidence of engagement 40%	→ <b>Asthma, TB, COPD etc. Need 6</b>
<b>Clinical subject area E25-ICU and HDU</b>			
<b>Practical Procedures (F1-13)</b>	Competent F 1,4,7,8	Competent F 1,2,3,4,5,7,8 Experience F 11,12	→ <b>ALS, NIV, Pleural Aspiration, Chest Drain</b>

# CF, LUNG TRANSPLANT, PULMONARY VASCULAR DISEASE

- E12 Pulmonary vascular disease: **Ideally short secondment**
  - **Minimum if not**: regional training programme + 2 O/P sessions in specialised clinic + 1 CBD
- E16 CF: **Ideally 3 month placement with weekly clinics**
  - **Minimum if not**: regional training programme (available every year) + 2 O/P sessions + 1 CBD + **1 MDT**
- E20: Lung transplant: **Ideally short secondment**
  - **Minimum if not**: regional training programme + 2 O/P session in specialised clinic + 1 CBD

# ARCP DECISION AID CONT. (ST3)

- **DOPS** – 2 Bronchoscopy, 1 NIV, 1 Pleural USS, 1 Chest drain
  - Bronchoscopy must include x2 safe sedation
- **Lung function** “experience confirmed by ES”
- **Procedure Logbook** – “Satisfactory record of bronchoscopy, pleural procedures, NIV +/-attendance Lung Function Lab”
- **CXR, CT, Spirometry** – Evidence of engagement
- **Audit and Teaching**
  - 1 QIP in ST3 or ST4 (1 further QIP in ST6 or ST7)
  - Evidence of teaching – DOPS
- **Attendance**
  - 70% of teaching days

# ARCP (FUTURE)

- **LEVEL I USS by ST5**
- SCE exam
  - recommended in ST5 / ST6 / ST7
  - Occur annually (Sept / Oct) – maximum of 6 attempts
  - Covers guidelines, latest evidence
  - Training days / books
- Penultimate Year Assessment (PYA) happens around 12 - 18 months before CCT date
  - What needs completing before CCT
- Out of Programme Placement
  - **Research** (MD / PhD) / **Training** (e.g fellowship or chief registrar) / **career breaks**

# LOGBOOKS

- Link to good log-book (excel) at JRCPTB
  - <https://www.jrcptb.org.uk/eportfolio-information/updates-and-performance>
  - **No patient details**
  - **Record hit rate for bronchs (and follow up pleural patients)**
- Need to record everything
  - **ST3 ARCP** – “show **Satisfactory** record with **branch / USS / NIV** experience”
  - **Final ARCP**
    - **Minimum 100 independent bronchoscopies** recorded to be signed off
    - **Different competency vs experience only (lavage / transbronchial) required**
    - **Competent with NIV**

# PLEURAL USS

- Level I Sign off by end of ST5
- Local supervisors will have slightly different requirements for proof
- **Royal College of Radiologists Focused Ultrasound Training Standards, 2012**

**Appendix 6.**  
**Thoracic ultrasound**  
**competency**  
**assessment sheet**

Trainee:		Trainer:		
	Trainer signature	Date	Trainer signature	Date
<b>Core knowledge base — Level 1</b>				
Physics and technology			Administration	
Practical instrumentation/use of ultrasound controls			Sectional and ultrasonic anatomy	
Ultrasound techniques			Pathology in relation to ultrasound	
<b>Competencies/skills to be acquired — Level 1</b>				
Normal anatomy of pleura and diaphragm			Consolidated lung and its differentiation from effusion	
Identification of heart, liver and spleen			Estimation of depth of effusion and its measurement	
Pleural effusion and different echogenic patterns			Know when to refer to a more expert ultrasonologist	
Pleural thickening and its differentiation from fluid				

**Observe 20 normal**  
**Perform 20 normal**  
**Perform 20 Pleural effusion**  
**Perform 20 thoracocenteses / chest drain**



# LUNG FUNCTION PORTFOLIO

- Combination of practical procedures and interpretation
  - Reasons, contra-indications, appropriateness of requests
  - How to identify errors and implications on accuracy
  - Interpretation of results and advice on how to write reports
- Link via MTS and JRCPTB website – download and print out
- **Will need to be completed by end of ST5**
- **To work through with your consultants / physiologist during placements**
  - **Requires organising local arrangements**
  - Can be difficult but if organised in time can be done within 3 years

# LUNG FUNCTION

## PART A

Test	Observe (enter dates in boxes below)				
PEF					
FeNO					
Spirometry					
Transfer factor					
Static LV (Pleth)					
Static LV (He/N2)					
Skin prick allergy test					
6MWT					
Muscle assess					
O2 assess					
Amb O2					
Fit to fly					
Challenge test					
Limited Sleep Study					
CPET					

## PART C

### 2 Interactive scenarios



Cannock Chase Hospital  
Lung Function Report  
Tel : 01902 695081 x 50691

The Royal Wolverhampton NHS Trust

Last Name:  
First Name:

Identification:  
NHS Number:

Age: 84 Years  
Height: 165.0 cm  
Weight: 66.5 kg  
Operator:  
Saxo:  
Physician: Dr Gregory  
Resting SpO2: 96%

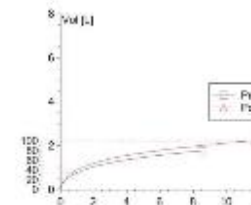
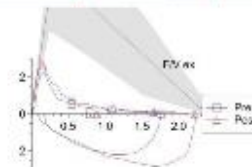
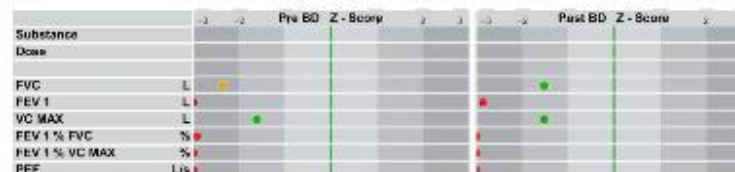
Date of Birth: 01/05/1928  
Gender: male  
BMI: 24  
Ward: --  
Diagnosis: ? Asthma  
Smoker: Ex-smoker

Visit date: 04/10/16  
Visit time: 11:37

Spirometry reference ranges GLI 2012  
Transfer Factor and Lung Volumes ECCS 1993

#### SPIROMETRY

Substance	Pre	Pred	% Pred	Z- Score	Post	% Pred	% Change	Vol Change (ml)
Dose					400 mg via spacer			
FVC	L 1.76	3.04	57.8	-2.37	2.21	72.7	25.9	456.00
FEV 1	L 0.79	2.25	35.2	-3.03	0.89	35.5	12.3	96.94
VC MAX	L 2.18	3.04	71.1	-1.61	2.21	72.7	2.3	48.00
FEV 1 % FVC	% 44.89	74.02	60.3	-2.82	40.12	53.0	-10.0	
FEV 1 % VC MAX	% 36.54	74.02	49.0	-3.64	40.12	53.8	8.8	
PEF	L/s 2.27	6.60	36.0	-3.49	2.70	41.5	18.6	



#### Physiologist Comments

Smoking History: 28 pack years (55years/10day)  
Stopped: 20 years  
Relevant Medications: Ventolin  
Time of last inhaled medication: None on day of test.  
Relative Exposures: Patient was a spray painter and builder  
Good effort and cooperation during tests.

## PART B 58 cases

# PRESENTATION

- ARCP requirement
  - Case report / research / QIP
  - Submission end of March
  - Presentation middle July
  - Last year – Survey on Resp trainee burnout, project on lung cancer waiting times
  - All registrars require to submit presentation and attend

# MODULES

- 2 modules at ST5 / ST6
  - Self selected / directed
  - Literature review / case series / reflection on clinical attachment
  - Explore an area of respiratory medicine
  - Allows you to develop a specialty interest
  - Requires educational supervisor meeting

# ORGANISATIONS

- British Thoracic Society – recommend becoming members of this
  - **Online teaching modules**
  - **Discount for short courses → radiology, NIV etc**
  - **Thorax journal**
  - Good conferences twice a year
- European Respiratory Society - £20 extra if have BTS membership
- JRCPTB – need to enrol to gain access to e-Portfolio
- Royal College of Physicians – if a member get discounts on training days etc
  
- **Midlands Thoracic Society:**
  - <http://www.midlandthoracic.co.uk/>
  - At least 2 meetings/year organised by different hospitals
  - **25<sup>th</sup> October 2019, Telford**

# USEFUL LINKS/ WEBSITES

- [www.midlandthoracic.co.uk](http://www.midlandthoracic.co.uk)
  - Trainee site currently being update
- <https://respnetlondon.com/>
  - For north West trainees but excellent links to guidelines, resources
- <https://www.brit-thoracic.org.uk/>
  - Good e-learning
  - Audit links
  - Lots of guidelines
  - Excellent courses on NIV / imaging
  - **BTS induction information <https://www.brit-thoracic.org.uk/document-library/delivery-of-respiratory-care/working-in-the-specialty/trainee-induction-pack-january-2016/>**

# RESOURCES (PERSONAL PREFERENCES)

- Book
  - Oxford Handbook of Respiratory Medicine
  - Non Invasive Ventilation made simple – 2<sup>nd</sup> edition, William Kinnear
- Bronchoscopy
  - Youtube video **Flexible Fiberoptic Bronchoscopy: Normal Anatomy Federico Venuta**
  - Learn anatomy first!
- BTS / ERS guidelines

# COMMUNICATION

- **Trainee representatives**
- Dr Bikmalla / Dr Srinivasan
- Deborah Gregorary
- Whatsapp group
- Mentor (will get details)
- Regular socials/RED meetings planned



# THINGS TO DO NOW

- Familiarise yourself with MTS website → **BOOK TRAINING DAYS EARLY**
- Familiarise yourself with the **ST3 ARCP** and lung function portfolio
  - **\*\*JRCPTB aids and curriculum\*\*\***
  - **Discuss with consultant and local department**
- **Start a logbook**
- **Register with JRCPTB**
- **Discuss ultrasound level I sign off requirements**
- **Think about end of year ES meeting (still useful after 3 months, not required)**
- **Contacts, email addresses, groups**

# THINGS TO DO NOW

- **RESPIRATORY EDUCATIONAL DINNER (RED) MEETING TONIGHT**
- **18:30**
- *Chung Ying Garden 17 Thorp Street, Birmingham B5 4AT, Birmingham*



# GOOD LUCK

- Any Questions?