

**HIGHER MEDICAL TRAINING**

**CURRICULUM**

**FOR**

**RESPIRATORY MEDICINE**

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This curriculum is available on the JCHMT website:  
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## **INTRODUCTION**

Respiratory Medicine is an attractive specialty which appeals to a broad range of practitioners. The range of pathologies found in Respiratory Medicine is considerable and challenging, and opportunities for the development of a subspecialty interest abound. Research into the molecular pathology of lung diseases is advancing rapidly, holding out the promise of novel therapies for the future.

Anyone now considering a career in Respiratory Medicine is likely to be rewarded by an intellectually satisfying career, with abundant opportunities for improving the health of others.

## **ENTRY REQUIREMENTS**

Applicants for Higher Medical Training (HMT) should have completed a minimum of two years General Professional Training (GPT) in approved posts and obtained the MRCP(UK) or (I). A period of experience in Respiratory Medicine at SHO grade is considered desirable, although not essential, before entry to HMT. A certificate confirming satisfactory performance at an Advanced Life Support course should be obtained before entry.

The applicant should have:

1. a minimum of 2 years in approved posts with direct involvement in patient care and offering a wide range of experience in a variety of specialties
2. 18 months of the 2 years must be spent in posts providing experience in the admission and early follow-up of acute emergencies
3. at least 6 of these 18 months must be spent on a service or services on which the emergency take is "unselected"
4. "unselected take" is defined as acute medical intake encompassing the broad generality of medicine i.e. not restricted to any single or small group of specialties. If any major component of acute medicine (e.g. patients with stroke or myocardial infarction) is excluded from the take, this experience must be obtained in other posts. During the period on "unselected take" trainees should have an on-call commitment which averages no less than 4 takes per month.

Non-UK graduates without the MRCP who compete for HMT posts must provide evidence of appropriate knowledge, training and experience, particularly in the care of acute medical conditions.

## **DURATION AND ORGANISATION OF TRAINING**

The duration of HMT in Respiratory Medicine is four years of which a minimum of three years must be spent in clinical posts. Those who wish to obtain dual certification, to include General (Internal) Medicine (G(I)M), will require at least a fifth year in training. HMT will provide experience in both teaching hospital(s), or other major centres with academic activity, and in DGH(s). The programme to which the trainee is appointed will have named consultant trainers

(Educational Supervisors) for each slot in the programme. In addition, one consultant within the same region will act as Programme Director to the trainee.

### **TRAINING RECORD**

A training record will be maintained by the trainee. It will be counter-signed as appropriate by the Educational Supervisors to confirm the satisfactory fulfilment of the required training experience and the acquisition of the competencies that are set out in the Specialty and Generic Curriculum. It will remain the property of the trainee, and must be produced at the annual assessments. A CCST cannot be awarded unless this is properly completed.

### **FLEXIBLE TRAINING**

Trainees who are unable to work full-time are entitled to opt for flexible training programmes. EC Directive 93/16/EEC requires that:

- i. Part-time training shall meet the same requirements as full-time training, from which it will differ only in the possibility of limiting participation in medical activities to a period of at least half of that provided for full-time trainees;*
- ii. The competent authorities shall ensure that the total duration and quality of part-time training of specialists are not less than those of full-time trainees*

The above provisions must be adhered to. Flexible trainees should undertake a pro rata share of the out of hours duties (including on-call and other out of hours commitments) required of their full-time colleagues in the same programme and at the equivalent stage.

For details of appointment and funding arrangements for flexible trainees, please see the revised "Guide to Specialist Registrar Training" (February 1998).

### **CAREER OPPORTUNITIES**

Career prospects in Respiratory Medicine are excellent. Job availability forecasts depend critically on the rate of expansion in consultant posts, and this in turn depends on political and economic factors that are not only outside the control of the medical profession but also inherently difficult to predict. The Specialty Workforce Committee of the British Thoracic Society has developed a deserved reputation for realistically assessing manpower issues and generating accurate medium-term forecasts. The Specialty Workforce of the British Thoracic Society produces updated forecasts twice a year, which are available on the members' section of the BTS website at <http://www.brit-thoracic.org.uk>.

The Society also publishes an Annual Directory of Training Posts and Services in Respiratory Medicine. This contains details of the training available in each deanery, and much else besides, and is essential reading for anyone interested in a career in respiratory medicine. Copies of the Directory can be obtained, for a nominal sum, from the British Thoracic Society, 17 Doughty Street LONDON WC1N 2PL. (email [bts@brit-thoracic.org.uk](mailto:bts@brit-thoracic.org.uk)).

## **TRAINING PROGRAMME**

### **Clinical placements**

The overall plan for the full training programme for each trainee may be set out at the onset of training but must be flexible enough to allow trainees to follow a special interest without jeopardising core training. Special attention will be paid to the sequence of training to ensure an appropriate progression of experience and responsibility through the programme. This applies in particular to rotations between district and university teaching hospitals and later perhaps between specialist respiratory units, which will be a feature of many training programmes. These will be planned to provide general respiratory training and experience before exposure to more specialised aspects of respiratory medicine. This will usually be achieved by the first year or more of HMT being based in a DGH.

Attachment to other departments in the same or different hospitals or attendance at special training courses may be necessary to deliver some aspects of training and should be planned and integrated at appropriate stages into the overall training programme. The particular contribution of each attachment to the training curriculum should be defined to avoid unnecessary duplication of training and unrewarding repetition of clinical or other activities. Traditionally, training and experience in in-patient work, out patient clinics, investigations and sometimes research have been concurrent, but programme directors should examine the possibility of modular training. Throughout training practical experience must be complemented by a clear programme of educational activities in which the theoretical and scientific bases of practice are taught and discussed. (The structured training programme).

### **STRUCTURED TRAINING PROGRAMME**

It is recommended that each HMT trainee has the equivalent of 30 days per annum to be used exclusively for educational purposes. The equivalent of one half day a week should be for a structured training programme. The Chairman of the Regional Training Committee is responsible for providing training covering the theoretical and scientific background by seminars, discussions, lectures, demonstrations, literature reviews, etc. The remaining allocation should be for research, audit, attendance at medical meetings and modular training in subjects not provided at the base hospitals. The JCHMT training record should contain a certified record of all training days attended and signed by the appropriate programme director. Regional training director shall in addition make sure that days and times of the regional training programme are notified to the hospitals well in advance so that where necessary alteration in the on-call commitments or clinics can be made appropriately.

#### **Research, teaching, audit or other appropriate non-service training**

A period of supervised research or other appropriate non-service training (e.g. audit, undertaking systematic reviews, education or management) is considered a highly desirable part of HMT in Respiratory Medicine. Such a period, relevant to the individuals training, may contribute up to 12 months towards the total duration of HMT, the balance being clinical training. (To a total of four years for one specialty and five years from dual accreditation). Some trainees may wish to spend two or three years in research leading to a MSc, MD or PhD, either before entering HMT or by stepping aside from the training programme for a designated period of time which must receive prior agreement from the Chairman of the Training Committee, the Postgraduate Dean and JCHMT. Only one full year will count towards the

programme. Research undertaken before medical qualification will not be counted. For those undertaking research *after entering the training programme* and obtaining their NTN, a limited amount of additional educational credit may be granted at the discretion of the SAC for clinical work relevant to the programme undertaken in the course of research beyond the initial year. This concession does not apply to those undertaking research *prior to entry* to a higher training programme. Gaining overseas experience is encouraged but trainees must obtain prior agreement from the Royal College and their Postgraduate Dean if they want this to count towards their training.

Trainees are required to perform audit during their training period and to provide evidence of recommendations and closure of the audit loop. These will be documented in the JCHMT training record.

It is an objective of the training programme that consultants of the future will be competent teachers of undergraduate, postgraduate and paramedical staff. Evidence will be required at the penultimate year assessment (PYA) that the trainee has experience of teaching in these three groups. Trainees should be able to demonstrate that they have received training in teaching and that they have been observed whilst teaching and received appropriate feedback. This may be done by attending short courses or in some cases trainees may complete formal courses leading to certificate, diploma or MSc in medical education. These can be done by distant learning or by a period out of programme in a similar manner to research training.

## **Generic Curriculum**

Trainees must comply with the Generic Curriculum as set out by JCHMT.

## **Specialty Curriculum**

### **AIMS**

The trainees will be given the opportunity to become competent in:

1. Establishing a differential diagnosis for patients presenting with clinical features of respiratory disease by appropriate use of history, clinical examination and investigations.
2. Applying knowledge derived from the appropriate basic sciences, which are relevant to respiratory medicine.
3. Applying appropriate and sufficient knowledge and skills in the diagnosis and management of a patient with respiratory disease to ensure safe independent practice.
4. Developing a management plan for the "whole patient" and have sound knowledge of the appropriate treatment including health promotion, disease prevention, long-term management plans and palliative medicine where appropriate.

## **OBJECTIVES**

At the end of the training the trainee will have achieved the following:

- Knowledge - to have acquired the knowledge necessary for the safe practice of respiratory medicine (as outlined in the contents section of this curriculum). The trainee will obtain this knowledge during clinical placements, structured educational activities and independent learning.
- Skills - demonstrate ability and training in the following areas:
  - a) advanced life support
  - b) pleural procedures including pleural intubation and pleural biopsy
  - c) bronchoscopy. The bulk of training of bronchoscopy will be in units performing more than 200 examinations per year. Bronchoscopy will be taught as part of the overall respiratory service with co-operation between physicians, surgeons, radiologist and pathologist. Initially the trainee will be an observer and then perform 30-40 bronchoscopy under direct supervision. During the training period sufficient supervised bronchoscopies to demonstrate competence in the procedure should be performed. Additional supervised training will be provided so that trainees become confident in transbronchial biopsies and bronchoalveolar lavage.
  - d) respiratory function testing. Trainees should know how to perform routine lung function tests, plethysmography, assessment of airways hyper-responsiveness, hypoxic challenge and exercise testing. The trainee should also be competent in reporting the results.
  - e) sleep studies. Trainees should have experience in screening studies, polysomnography and initiation of CPAP.
  - f) non-invasive ventilation. Trainees should have experience in selecting patients who will benefit from this treatment in the acute and chronic situation and have experience of setting up the machinery.
  - g) skin tests – tuberculin testing and allergy skin tests

The trainee will obtain these skills during clinical placements, structured educational activities and practice under supervision.

- Attitude - the trainee will demonstrate a high standard of ethical and professional behaviour in his/her work. S/he will have the ability to work as part of a multi-disciplinary team and to show the appropriate tact, empathy and communication skills in dealing with patients and colleagues. The following behaviour characteristics will be demonstrated:
  - a) Interpersonal skills
  - b) Self confidence together with recognition of own limitations
  - c) Flexibility

- d) Resilience
- e) Decisiveness
- f) Accountability
- g) Non-judgemental approach
- h) Thoroughness
- i) Enthusiasm and drive
- j) Probity

These attitudes will be developed during clinical placements and by the formal training programme.

- Ability to manage a respiratory service – the trainee will be required to demonstrate appropriate management and negotiating skills, participating in multidisciplinary staff organisation and effective supervision of junior staff.
- Competence at teaching undergraduates, postgraduates and paramedical staff
- Recognition of the importance of life-long learning

## **Content**

### **SECTION I: CLINICAL EXPERIENCE**

#### **In-Patient training and experience**

This is best obtained particularly in the early stages of HMT in a unit dealing with the full range of the commoner acute and chronic respiratory conditions. If training takes place in more specialised units appropriate attachments either to other specialised units or to a more general unit will be required to provide a sufficient and balanced range of training and experience.

#### **Out-patient training and experience**

The trainee should undertake at least two respiratory out-patients clinics per week during the years of clinical training and should see new as well as follow-up patients. In the early years outpatient experience is best obtained in general respiratory clinics (unselected respiratory referrals) although additional valuable training and experience can be obtained in specialised clinics dealing with selected conditions. Educational supervisors will specifically aid trainees to obtain skills in effectively organising outpatient services and in communication with referring physicians.

#### **Respiratory anatomy, pathology and microbiology**

Trainees should have a sound understanding of respiratory anatomy and gain experience in pathology and microbiology as related to respiratory medicine during the training period.

#### **Intensive care**

Practical training and experience in intensive care are essential for training in respiratory medicine. All trainees must spend a minimum of 60 whole days training in ICU. Ideally this should be a full time three months allocation but if this is not possible then it can be done in segments of 15 consecutive working days.

## **Palliative medicine**

Trainees should gain experience in palliative care particularly in relation to patients with carcinoma of the bronchus. The trainees should have knowledge of palliative care services and understand the role of the MacMillan nurses.

## **Pulmonary rehabilitation**

Trainees should understand the importance of pulmonary rehabilitation and seek opportunities to gain first hand experience in this area. A knowledge of methods of administration of supplemental oxygen and the appropriate selection of patients is essential.

## **Respiratory physiology**

Dedicated time within the training programme should be allocated for practical training and laboratory experience in measurement and interpretation of lung function tests. Trainees should be involved, with appropriate supervision, in issuing reports on physiological investigations. A period of attachment to a unit regularly performing more detailed assessments of pulmonary physiology is highly desirable. Experience should be gained in plethysmography, assessment of airway hyper-responsiveness, hypoxic challenge and exercise testing.

## **Radiological and imaging techniques**

Training in imaging techniques, whether by formal teaching or by discussion of imaging in relation to individual patients, should involve radiologists as well as respiratory physicians. A short period of formal attachment to a nuclear medicine department and to a CT or MR unit should be considered if there are not very close day-to-day links between these activities and respiratory practices in the training unit. Trainees should be aware of the indications for high resolution computerised tomography and ventilation/perfusion lung scans.

## **Essential areas of training i.e. where care of patients with these conditions should occur during clinical placements**

- asthma including patient education and self management
- chronic obstructive pulmonary disease (including pulmonary rehabilitation)
- lung cancer including surgical management, chemotherapy, radiotherapy and palliative care
- pulmonary infections including the pneumonias
- tuberculosis – respiratory and non-respiratory, contact tracing and DOTT
- pulmonary disorders in the immuno-compromised host
- bronchiectasis
- diffuse interstitial lung disease
- sleep related breathing disorders
- pulmonary vascular disease including pulmonary embolism and infarction, secondary pulmonary hypertension, pulmonary haemorrhage and pulmonary vasculitides
- allergic lung disorders and anaphylaxis
- intensive care medicine (60 days – see pg.8)
- respiratory failure due to obstructive lung disease, adult respiratory distress syndrome and neuromuscular disorders and the use of invasive and non-invasive ventilation (acute and chronic) in the management of these conditions
- disorders of the pleura and mediastinum
- cardiopulmonary resuscitation (trainees must obtain a valid ALS(UK))
- pulmonary manifestations of systemic diseases including collagen vascular diseases

- smoking cessation methods
- palliative care medicine

There are important areas in respiratory medicine practice in which some trainees may receive insufficient exposure in their main training units due to local arrangements for the care of certain categories of patients. It may be necessary for them to attend an approved course (e.g. BTS course) or have a secondment to a specialised unit, local or distant to complete their training experience. These areas include:

- Tuberculosis
- cystic fibrosis
- HIV/AIDS
- respiratory allergy and immunology
- occupational and environmental lung disease
- pulmonary rehabilitation
- genetic and developmental lung disorders
- pre and post operative transplantation
- smoking cessation methods
- hospital at home schemes, early discharge programmes and specialist services delivered at home
- other areas which in the opinion of the SAC have not been adequately covered by the trainee. (Detailed guidance will be given to the trainee and the Chairman of the Regional Training Committee at the Penultimate Year Assessment)

The trainees will have to demonstrate before they receive a RITA G that they have appropriate experience in all these areas. In some very specialised areas this appropriate experience may comprise evidence of attending lectures or seminars, together with attending in a supernumerary capacity a number of ward-rounds or out-patients dealing with the care of a particular group of patients. This evidence will be documented in the training record and countersigned by the appropriate consultant.

### **Other aspects of respiratory management**

At least two years of HST should be undertaken in units with close working links between Respiratory Medicine and surgery. The training timetable should include joint meetings, seminars, consultations between respiratory physicians and surgeons. Similarly close working links between respiratory medicine and clinical oncology and palliative care are also of great benefit, so that all trainees can develop basic expertise in the role of radiotherapy and chemotherapy in the treatment of thoracic malignancy.

### **Training in Respiratory Medicine and Intensive Care Medicine**

Training and experience in intensive care is an essential component of a Respiratory Medicine programme. Trainees may wish to seek additional training in ICU. They may wish to consider

- a) intermediate level training after this they may take the Diploma in Intensive Care Medicine or the European Intensive Care Diploma
- b) CCST in Intensive care.

Details can be obtained from the Secretariat to the Intercollegiate Board on Intensive Care Medicine, 48-49 Russell Square, London WC1B 4JY. Tel 020 7908 7343, email:ehayes@rcoa.ac.uk and the Intensive Care Society website [www.ics.ac.uk](http://www.ics.ac.uk).

## **Training in Respiratory Medicine and Allergy**

Combined training may be undertaken to obtain dual certification. A model joint programme with respiratory medicine is outlined below. It is emphasised that the full curriculum requirements in both allergy and respiratory medicine must be met in order to achieve the award of both CCSTs. The combined training programme will be a minimum of six years duration.

year one	Allergy
year two	Allergy
year three	Respiratory medicine
year four	Allergy/Respiratory medicine
year five	Allergy/Respiratory medicine
year six	Research

The ordering of the above components is flexible. The above model provides a five year programme in Allergy and a four year programme in Respiratory Medicine.

## **SECTION II : STRUCTURED TRAINING PROGRAMME**

It will be the responsibility of the Chairman of the Regional Training Committee to make sure that there is an adequate structured training programme. The trainees will be expected to spend the equivalent of 10-15 days a year (i.e. half day per week, one day a fortnight or similar per year in the university terms) on this educational activity. An attendance record will be kept and detailed in the JCHMT training record. Details of the structured training programme for each region will be provided regularly to the SAC in Respiratory Medicine. The programme including seminars, lectures, discussions, clinical reviews, etc. and must cover the following areas:

- Respiratory physiology - theory and practice
- Respiratory radiology
- Respiratory pharmacology
- Chronic obstructive pulmonary disease (including pulmonary rehabilitation)
- Asthma (including patient education and self management)
- Infection (including tuberculosis, opportunist infection, cystic fibrosis)
- Thoracic oncology including palliative care medicine)
- Smoking cessation
- Genetic and developmental lung disorders
- Disorders of sleep, chronic respiratory failure
- Disorders of pleura and mediastinum
- Diffuse lung disease
- Pulmonary vascular disease
- Allergic respiratory disease
- Occupational and environmental respiratory disease
- Pulmonary manifestations of systemic disease
- Cardiological aspects of respiratory disease
- Critical care respiratory disease

The trainee should have the equivalent of 30 days a year for use in educational activities, audit, study leave, teaching, research or attending secondment to specialised units local or distant to cover particular areas of the curriculum which are not covered in the clinical rotation to which the trainee is placed. This 30 days also includes the time spent on the structured training programme. Approximately 10-15 days or equivalent of this time will be spent on the structured training programme. Trainees should attend an approved management course preferably in the last year of training. It is likely that during the last year of the training programme the trainee will spend most of the time allocated for education concentrating on special areas of training (including modules) rather than attending the structured training programme as in earlier years. Throughout the training course well organised inhouse educational activities focused on respiratory medicine may be counted towards the trainees' time allocated to education.

### **SECTION III: PRACTICAL PROCEDURES**

<b>Objective</b>	<b>Subject Matter</b>	<b>Teaching/ Learning Method</b>	<b>Assessment</b>	<b>Evidence of competence for inclusion in Record</b>
To provide trainees with the skills and knowledge to be able to use and/or perform specialist investigations at consultant level	Respiratory function testing	Observe Discuss with senior staff	Indications & interpretation of respiratory function tests	Logbook. Educational supervisor's report
	Bronchoscopy	Observe & perform under supervision	Observe competence & test knowledge of indications/hazards	Logbook. Educational supervisor's report
	Intercostal tube placement	Observe & perform under supervision	Observe competence & test knowledge of indications/hazards	Logbook. Educational supervisor's report
	Pleural biopsy	Observe & perform under supervision	Observe competence & test knowledge of indications/hazards	Logbook. Educational supervisor's report
	Sleep studies	Observe. Discuss with senior staff	Indications and interpretation	Logbook. Educational supervisor's report
	Non-invasive ventilation	Observe & perform under supervision	Observe competence	Logbook. Educational supervisor's report
	Advance life support	ALS course (UK)	Certificate of ALS (UK)	Logbook
	Tuberculin skin testing	Observe and perform under supervision	Observe competence	Logbook
	Allergy testing (skin tests)	Observe and perform under supervision	Observe competence	Logbook

## **TEACHING AND LEARNING METHODS**

It is the responsibility of the Chairman of the Regional Training Committee to make sure that the trainees are provided with:

1. An appropriate structured training programme covering the syllabus of the JCHMT training programme in respiratory medicine.
2. The equivalent of 30 days per year for educational purposes. Ten to 15 days per annum should be for the structured training programme. The remaining can be used for inhouse medical education, attending courses, secondments to other units, research, audit or training and education.
3. Appropriate clinical placements to enable the trainee to fulfill the requirements of the curriculum. It is emphasised however that it is the responsibility of the trainee at all times to assume appropriate responsibility for self-assessment, continuing self-directed learning and the maintenance of competence. Trainees must be familiar with appropriate literature and using modern technology to acquire information from all the currently available sources and databases and be able to critically assess such data. The clinical placements will include:
  - Ward-rounds under consultant supervision
  - Ward-rounds conducted by the trainee
  - Clinics under consultant supervision where some the cases can be discussed
  - Clinics conducted independently but with senior advice available if required
  - Lectures
  - Tutorials
  - Knowledge of clinical trials (evidence based medicine)
  - Multi-disciplinary groups
  - Discussion groups
  - Independent study
  - Research
  - Audit
  - Web-based research and use of the web for clinical information retrieval
  - Journal clubs
  - Attendance at national and international courses and conferences

## **ASSESSMENT OF COMPETENCE (SEE TABLES 1 & 2)**

When awarded an NTN the trainee should immediately apply to JCHMT for a training record which will be completed regularly throughout the training period. This training record will be taken to each annual assessment where a RITA C, D, E or F will be awarded. The annual assessments should be organised by the Chairman of the Training Committee. All penultimate year assessments must be attended by a member or the SAC or their nominated deputy. It is the responsibility of the Chairman of the Training Committee to arrange these penultimate assessments six months in advance so that appropriate outside assessors can be present.

The trainee's progress is assessed by:

1. JCHMT training record at the annual RITA assessments. This includes observations by the Educational Supervisor and records in the portfolio of achievements.
2. A multiple choice and problem solving test must be passed before the trainee can proceed to Y5 of training. This examination can be taken twice a year and can be taken in Y3 or Y4 of training.
3. During Y5 trainees will be assessed conducting a ward round, outpatient clinic and fiberoptic bronchoscopy by an outside assessor who is not the supervising consultant. These assessments may take place up to three times. On the third occasion a member of the SAC must be present. If the assessment is still unsatisfactory the trainee must repeat a year i.e. RITA E will be issued.
4. At the end of the training period the trainee will send to the Royal College of Physicians a)  
evidence that the JCHMT training manual has been completed,  
b) proof of passing Y3/Y4 examination  
c) proof of passing Y5 assessment  
d) evidence of having a valid ALS(UK)  
e) evidence of having completed any gaps in training identified in the penultimate year assessment  
f) evidence of completing a course or training in:  
i) teaching, ii) ethics, iii) legal issues, iv) appraisal, v) management, vi) communication skills.  
g) RITA G.

The SAC will examine these documents and if any evidence of deficiency is found the trainee and the Chairman of the STC will be required to rectify this before a recommendation is made to the STA that a CCST is granted.

Table 1: Assessment of trainees in respiratory medicine

To test	Methods
Knowledge	Multiple choice and problem solving examination Y3/Y4. 80% pass mark. This must be passed before the trainee can enter Y5 of training. The examination may be taken twice a year.
Diagnostic and management skills	This will be tested in the Y3/Y4 examination and also in the assessment carried out in Y5
Practical procedures	Details recorded in JCHMT training record
History taking, examination, investigation & patient management	JCHMT record, educational supervisor, observed clinic and ward round in Y5 by an independent assessor. Clinic letters. Discharge summaries
Attitudes and behaviour	Educational supervisor's report. Observation of independent trainer during assessment of ward-round and out-patient clinic in Y5. 360° assessment.
Portfolio of achievements	Training record will have copies of all publications, details of presentations, audit, critical literature reviews and course attendance at the structured training programme. Trainee's attendance at the structured training programme will be signed by the educational supervisor and will be considered each year at the annual RITA assessment

Table 2: Provision and assessment of treatment for patients referred for a specialist respiratory opinion

Objective	Subject matter	Teaching/ Learning method	Assessment	Evidence of competence
To provide the trainee with the skills and knowledge to be able to carry out a specialist assessment in a patient referred for a specialist opinion in respiratory medicine	<ol style="list-style-type: none"> <li>1. History taking from patient</li> <li>2. Physical examination</li> <li>3. Appropriate investigation</li> <li>4. An effective treatment plan</li> </ol>	<p>Observation of, assisting and discussion with senior staff (1-4)</p> <p>Task specific on the job training (1-4)</p> <p>Personal study (3,4)</p> <p>Appropriate postgraduate education courses (3,4)</p> <p>Supervised clinical experience (1-4)</p>	<p>Accurate observation (1-2)</p> <p>Detailed &amp; reliable history taking and recording of appropriate clinical details (1)</p> <p>Detailed, correct and reliable physical examination (2)</p> <p>Accurate diagnosis of conditions &amp; formation of appropriate treatment plans (3,4)</p> <p>Appropriate successful patient outcome (1-4)</p> <p>Observable confidence of junior staff (1-4)</p>	<p>Educational supervisor's reports</p> <p>Correctly maintained an up-to-date JCHMT training record</p> <p>Examination taken in Y3/Y4</p> <p>Detailed observation of WR, OPD, FOB, Discharge Summaries, Clinic Letters Y5</p> <p>Views of colleagues and patients</p>

## **GRIDS FOR LEARNING OBJECTIVES**

The Grids outline the objectives, knowledge, skills and attitudes for each learning objective in the curriculum. They are divided into clinical and procedures.

### **Learning methods**

- A. Ward-rounds under consultant supervision
- B. Ward-rounds conducted by the trainees
- C. Clinics under consultant supervision where some the cases can be discussed
- D. Clinics conducted independently but with senior advice available if required
- E. Lectures
- F. Tutorials
- G. Knowledge of clinical trials (evidence based medicine)
- H. Multi-disciplinary groups
- I. Discussion groups
- J. Independent study
- K. Research
- L. Audit
- M. Web-based research and use of the web for clinical information retrieval
- N. Journal clubs
- O. Attendance at national and international courses and conferences
- P. Assessment at Regional Specialty Training days

### **Assessment methods**

1. JCHMT training record: a) observation by educational supervisor b) record of portfolio of achievements reviewed at RITA assessments annually
2. Multiple choice and problem solving tests Y3 or Y4
3. Ward round, outpatient clinics and bronchoscopy assessment , outpatient letters and discharge summary review
4. Views of colleagues and patients e.g. 360° degree assessment

Subject: Clinical 1 – Asthma

Objective	Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> <li>▪ Be able to carry out specialist assessment and treatment of asthma.</li> <li>▪ Trainees must care for inpatients and outpatients with asthma during their clinical placements.</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Causes of asthma</li> <li>▪ Investigation of asthma</li> <li>▪ Differential diagnosis of asthma</li> <li>▪ Treatment and management of patients with asthma</li> <li>▪ Pharmacology of drugs used</li> <li>▪ Complications</li> <li>▪ Relevant guidelines</li> <li>▪ Patient education and self management</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Skin testing</li> <li>▪ Respiratory function testing</li> <li>▪ Ventilation</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ As outlined in generic curriculum</li> </ul> <p>Learning methods A-E, H, I</p> <p>Assessment methods 1, 3, 4</p>

Subject: Clinical 2 – Chronic obstructive pulmonary disease (COPD)

Objective	Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> <li>▪ Be able to carry out specialist assessment and treatment of COPD.</li> <li>▪ Trainees must care for inpatients and outpatients with COPD their clinical placements.</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Causes of COPD</li> <li>▪ Investigation of COPD</li> <li>▪ Differential diagnosis of COPD</li> <li>▪ Treatment and management of patients with COPD</li> <li>▪ Pharmacology of drugs used</li> <li>▪ Complications</li> <li>▪ Relevant guidelines</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Skin testing</li> <li>▪ Respiratory function testing</li> <li>▪ Non-invasive ventilation</li> <li>▪ Sleep studies</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ As outlined in generic curriculum</li> </ul> <p>Learning methods A-E, H, I</p> <p>Assessment methods 1, 3, 4</p>

Subject: Clinical 3 – Lung cancer

Objective	Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> <li>▪ Be able to carry out specialist assessment and treatment of lung cancer.</li> <li>▪ Trainees must care for inpatients and outpatients with lung cancer during their clinical placements.</li> </ul> <p>Learning Methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Causes of lung cancer</li> <li>▪ Investigation of lung cancer</li> <li>▪ Differential diagnosis of lung cancer</li> <li>▪ Treatment and management of patients with lung cancer</li> <li>▪ Pharmacology of drugs used</li> <li>▪ Complications</li> <li>▪ Relevant guidelines</li> <li>▪ Skills of surgeons, physicians, radiologists, chemotherapists, and the multi-disciplinary team in management</li> <li>▪ Palliative care</li> </ul> <p>Learning methods A-P</p> <p>Assessment Methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Bronchoscopy</li> <li>▪ Pleural biopsy</li> <li>▪ Respiratory function testing</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ As outlined in generic curriculum</li> </ul> <p>Learning methods A-E, H, I</p> <p>Assessment methods 1, 3, 4</p>

Subject: Clinical 4 – Pulmonary infections

Objective	Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> <li>▪ Be able to carry out specialist assessment and treatment of pulmonary infections including the common cold, influenza, pneumonia, bronchitis</li> <li>▪ Trainees must care for inpatients and outpatients with pulmonary infections during their clinical placements.</li> </ul> <p>Learning Methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Causes of pulmonary infections</li> <li>▪ Investigation of pulmonary infections</li> <li>▪ Differential diagnosis of pulmonary infections</li> <li>▪ Treatment and management of patients with pulmonary infections</li> <li>▪ Pharmacology of drugs used</li> <li>▪ Complications</li> <li>▪ Relevant guidelines</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Respiratory function testing</li> <li>▪ Ventilation</li> <li>▪ Bronchoscopy</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ As outlined in generic curriculum</li> </ul> <p>Learning methods A-E, H, I</p> <p>Assessment methods 1, 3, 4</p>

Subject: Clinical 5 – Tuberculosis (TB)

Objective	Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> <li>▪ Be able to carry out specialist assessment and treatment of tuberculosis.</li> <li>▪ Trainees must care for inpatients and outpatients with TB during their clinical placements.</li> </ul> <p>Learning Methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Causes of TB</li> <li>▪ Investigation of TB</li> <li>▪ Differential diagnosis of TB</li> <li>▪ Treatment and management of patients with TB</li> <li>▪ Pharmacology of drugs used</li> <li>▪ Complications</li> <li>▪ Relevant guidelines</li> </ul> <p>Learning methods A-P</p> <p>Assessment Methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Tuberculin skin testing</li> <li>▪ Respiratory function testing</li> <li>▪ Bronchoscopy</li> <li>▪ Pleural biopsy</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ As outlined in generic curriculum</li> </ul> <p>Learning methods A-E, H, I</p> <p>Assessment methods 1, 3, 4</p>

Subject: Clinical 6 – Pulmonary disease in the immunosuppressed host

Objective	Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> <li>▪ Be able to carry out specialist assessment and treatment of pulmonary disease in the immunosuppressed host e.g. AIDS, transplant patients, immunodeficiency patients.</li> <li>▪ Trainees may care for inpatients and outpatients with pulmonary disease in the immunosuppressed host during their clinical placements but trainees may have to be seconded to a specialised unit to gain experience as this is not available in all placements</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Causes of immuno-compromised patients (ICP)</li> <li>▪ Investigation of ICP</li> <li>▪ Differential diagnosis of ICP</li> <li>▪ Treatment and management of patients with ICP</li> <li>▪ Pharmacology of drugs used</li> <li>▪ Complications</li> <li>▪ Relevant guidelines</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Skin testing</li> <li>▪ Respiratory function testing</li> <li>▪ Ventilation</li> <li>▪ Bronchoscopy</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ As outlined in generic curriculum</li> </ul> <p>Learning methods A-E, H, I</p> <p>Assessment methods 1, 3, 4</p>

Subject: Clinical 7 – Bronchiectasis

Objective	Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> <li>▪ Be able to carry out specialist assessment and treatment of bronchiectasis</li> <li>▪ Trainees must care for inpatients and outpatients with bronchiectasis during their clinical placements.</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Causes of bronchiectasis</li> <li>▪ Investigation of bronchiectasis</li> <li>▪ Differential diagnosis of bronchiectasis</li> <li>▪ Treatment and management of patients with bronchiectasis</li> <li>▪ Pharmacology of drugs used</li> <li>▪ Complications</li> <li>▪ Relevant guidelines</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Skin testing</li> <li>▪ Respiratory function testing</li> <li>▪ Ventilation</li> <li>▪ Bronchoscopy</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ As outlined in generic curriculum</li> </ul> <p>Learning methods A-E, H, I</p> <p>Assessment methods 1, 3, 4</p>

Subject: Clinical 8 – Diffuse interstitial lung disease (ILD)

Objective	Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> <li>▪ Be able to carry out specialist assessment and treatment of diffuse interstitial lung disease.</li> <li>▪ Trainees must care for inpatients and outpatients with ILD during their clinical placements.</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Causes of ILD</li> <li>▪ Investigation of ILD</li> <li>▪ Differential diagnosis of ILD</li> <li>▪ Treatment and management of patients with ILD</li> <li>▪ Pharmacology of drugs used</li> <li>▪ Complications</li> <li>▪ Relevant guidelines</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Respiratory function testing</li> <li>▪ Ventilation</li> <li>▪ Bronchoscopy</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ As outlined in generic curriculum</li> </ul> <p>Learning methods A-E, H, I</p> <p>Assessment methods 1, 3, 4</p>

Subject: Clinical 9 – Sleep Related Disorders

Objective	Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> <li>▪ Be able to carry out specialist assessment and treatment of sleep related disorders</li> <li>▪ Trainees must care for inpatients and outpatients with sleep related disorders during their clinical placements.</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Causes of sleep related disorders</li> <li>▪ Investigation of sleep related disorders</li> <li>▪ Differential diagnosis of sleep related disorders</li> <li>▪ Treatment and management of patients with sleep related disorders</li> <li>▪ Pharmacology of drugs used</li> <li>▪ Complications</li> <li>▪ Relevant guidelines</li> <li>▪ Role of the ENT surgeons</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Respiratory function testing</li> <li>▪ Non-invasive ventilation</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ As outlined in generic curriculum</li> </ul> <p>Learning methods A-E, H, I</p> <p>Assessment methods 1, 3, 4</p>

Subject: Clinical 10 – Pulmonary Vascular Diseases

Objective	Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> <li>▪ Be able to carry out specialist assessment and treatment of pulmonary vascular diseases e.g. pulmonary embolism and infarction, primary and secondary pulmonary hypertension, pulmonary haemorrhage and pulmonary vasculitides</li> <li>▪ Trainees must care for inpatients and outpatients with pulmonary vascular diseases during their clinical placements.</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Causes of pulmonary vascular diseases</li> <li>▪ Investigation of pulmonary vascular diseases</li> <li>▪ Differential diagnosis of pulmonary vascular diseases</li> <li>▪ Treatment and management of patients with pulmonary vascular diseases</li> <li>▪ Pharmacology of drugs used</li> <li>▪ Complications</li> <li>▪ Relevant guidelines</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Respiratory function testing</li> <li>▪ Bronchoscopy</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ As outlined in generic curriculum</li> </ul> <p>Learning methods A-E, H, I</p> <p>Assessment methods 1, 3, 4</p>

Subject: Clinical 11 – Allergic Lung Disorders and Anaphylaxis

Objective	Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> <li>▪ Be able to carry out specialist assessment and treatment of allergic lung disorders and anaphylaxis</li> <li>▪ Trainees may care for inpatients and outpatients with allergic lung disorders and anaphylaxis during their clinical placements but trainees may have to be seconded to a specialised unit to gain experience as this is not available in all placements.</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Causes of allergic lung disorders and anaphylaxis</li> <li>▪ Investigation of allergic lung disorders and anaphylaxis</li> <li>▪ Differential diagnosis of allergic lung disorders and anaphylaxis</li> <li>▪ Treatment and management of patients with allergic lung disorders and anaphylaxis</li> <li>▪ Pharmacology of drugs used</li> <li>▪ Complications</li> <li>▪ Relevant guidelines</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Skin testing</li> <li>▪ Respiratory function testing</li> <li>▪ Advanced life support</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ As outlined in generic curriculum</li> </ul> <p>Learning methods A-E, H, I</p> <p>Assessment methods 1, 3, 4</p>

Subject: Clinical 12 – Respiratory failure

Objective	Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> <li>▪ Be able to carry out specialist assessment and treatment of respiratory failure</li> <li>▪ Trainees must care for inpatients and outpatients with respiratory failure during their clinical placements.</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Causes of respiratory failure</li> <li>▪ Investigation of respiratory failure</li> <li>▪ Differential diagnosis of respiratory failure</li> <li>▪ Treatment and management of patients with respiratory failure</li> <li>▪ Pharmacology of drugs used</li> <li>▪ Complications</li> <li>▪ Relevant guidelines</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Respiratory function testing</li> <li>▪ Ventilation (non-invasive and intubation)</li> <li>▪ Bronchoscopy</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ As outlined in generic curriculum</li> </ul> <p>Learning methods A-E, H, I</p> <p>Assessment methods 1, 3, 4</p>

Subject: Clinical 13 – Disorders of Pleura and Mediastinum

Objective	Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> <li>▪ Be able to carry out specialist assessment and treatment of disorders of pleura and mediastinum</li> <li>▪ Trainees must care for inpatients and outpatients with disorders of pleura and mediastinum during their clinical placements.</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Causes of disorders of pleura and mediastinum</li> <li>▪ Investigation of disorders of pleura and mediastinum</li> <li>▪ Differential diagnosis of disorders of pleura and mediastinum</li> <li>▪ Treatment and management of patients with disorders of pleura and mediastinum</li> <li>▪ Pharmacology of drugs used</li> <li>▪ Complications</li> <li>▪ Relevant guidelines</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Skin testing</li> <li>▪ Pleural biopsy</li> <li>▪ Respiratory function testing</li> <li>▪ Bronchoscopy</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ As outlined in generic curriculum</li> </ul> <p>Learning methods A-E, H, I</p> <p>Assessment methods 1, 3, 4</p>

Subject: Clinical 14 – Pulmonary Manifestations of Systemic Disease

Objective	Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> <li>▪ Be able to carry out specialist assessment and treatment of pulmonary manifestations of systemic disease</li> <li>▪ Trainees must care for inpatients and outpatients with pulmonary manifestations of systemic disease during their clinical placements.</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Causes of pulmonary manifestations of systemic disease</li> <li>▪ Investigation of pulmonary manifestations of systemic disease</li> <li>▪ Differential diagnosis of pulmonary manifestations of systemic disease</li> <li>▪ Treatment and management of patients with pulmonary manifestations of systemic disease</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Respiratory function testing</li> <li>▪ Bronchoscopy</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ As outlined in generic curriculum</li> </ul> <p>Learning methods A-E, H, I</p> <p>Assessment methods 1, 3, 4</p>

Subject: Clinical 15 – Cystic Fibrosis

Objective	Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> <li>▪ Be able to carry out specialist assessment and treatment of cystic fibrosis</li> <li>▪ Trainees may care for inpatients and outpatients with CF during their clinical placements but trainees may have to be seconded to a specialised unit to gain experience as this is not available in all placements.</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Causes of CF</li> <li>▪ Investigation of CF</li> <li>▪ Differential diagnosis of CF</li> <li>▪ Treatment and management of patients with CF</li> <li>▪ Use of multidisciplinary team</li> <li>▪ Pharmacology of drugs used</li> <li>▪ Complications</li> <li>▪ Relevant guidelines</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Respiratory function testing</li> <li>▪ Ventilation</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ As outlined in generic curriculum</li> </ul> <p>Learning methods A-E, H, I</p> <p>Assessment methods 1, 3, 4</p>

Subject: Clinical 16 – HIV and the Lung

Objective	Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> <li>▪ Be able to carry out specialist assessment and treatment of HIV and the lung</li> <li>▪ Trainees may care for inpatients and outpatients with during their clinical placements but trainees may have to be seconded to a specialised unit to gain experience as this is not available in all placements</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Causes of HIV lung disease</li> <li>▪ Investigation of HIV lung disease</li> <li>▪ Differential diagnosis of HIV lung disease</li> <li>▪ Treatment and management of patients with HIV lung disease</li> <li>▪ Use of multidisciplinary team</li> <li>▪ Pharmacology of drugs used</li> <li>▪ Complications</li> <li>▪ Relevant guidelines</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Respiratory function testing</li> <li>▪ Ventilation</li> <li>▪ Bronchoscopy</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ As outlined in generic curriculum</li> </ul> <p>Learning methods A-E, H, I</p> <p>Assessment methods 1, 3, 4</p>

Subject: Clinical 17 – Occupational and Environmental Lung Disease

Objective	Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> <li>▪ Be able to carry out specialist assessment and treatment of occupational and environmental lung disease</li> <li>▪ Trainees may care for inpatients and outpatients with occupational and environmental lung disease during their clinical placements but trainees may have to be seconded to a specialised unit to gain experience as this is not available in all placements</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Causes of occupational and environmental lung disease</li> <li>▪ Investigation of occupational and environmental lung disease</li> <li>▪ Differential diagnosis of occupational and environmental lung disease</li> <li>▪ Treatment and management of patients with occupational and environmental lung disease</li> <li>▪ Pharmacology of drugs used</li> <li>▪ Complications</li> <li>▪ Relevant guidelines</li> <li>▪ Preventative measures</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Skin testing</li> <li>▪ Respiratory function testing</li> <li>▪ Bronchoscopy</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ As outlined in generic curriculum</li> </ul> <p>Learning methods A-E, H, I</p> <p>Assessment methods 1, 3, 4</p>

Subject: Clinical 18 – Genetic and Developmental Lung Disease

Objective	Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> <li>▪ Be able to carry out specialist assessment and treatment of genetic and developmental lung disease</li> <li>▪ Trainees may care for inpatients and outpatients with genetic and developmental lung disease during their clinical placements but trainees may have to be seconded to a specialised unit to gain experience as this is not available in all placements.</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Causes of genetic and developmental lung disease</li> <li>▪ Investigation of genetic and developmental lung disease</li> <li>▪ Differential diagnosis of genetic and developmental lung disease</li> <li>▪ Treatment and management of patients with genetic and developmental lung disease</li> <li>▪ Pharmacology of drugs used</li> <li>▪ Complications</li> <li>▪ Relevant guidelines</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Respiratory function testing</li> <li>▪ Bronchoscopy</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ As outlined in generic curriculum</li> </ul> <p>Learning methods A-E, H, I</p> <p>Assessment methods 1, 3, 4</p>

Subject: Clinical 19 – Lung Transplantation

Objective	Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> <li>▪ Be aware of the patients that may benefit from lung transplantation</li> <li>▪ To carry out an initial assessment and refer as appropriate to the lung transplant centre</li> <li>▪ Be able to administer emergency care to an ill post-transplant patient prior to transfer to the transplant unit</li> <li>▪ Trainees may care for inpatients and outpatients pre-and post-transplant during their clinical placements but most trainees will have to be seconded to a specialised unit to gain experience as this is not available in all placements.</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Indications for lung transplantation</li> <li>▪ Investigation for lung transplantation</li> <li>▪ Contra-indications for lung transplantation</li> <li>▪ Preparation of a patient for transplantation</li> <li>▪ Outline of surgical procedure</li> <li>▪ Pre- and post-operative care</li> <li>▪ Pharmacology of drugs used</li> <li>▪ Complications</li> <li>▪ Relevant guidelines</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Respiratory function testing</li> <li>▪ Ventilation</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ As outlined in generic curriculum</li> </ul> <p>Learning methods A-E, H, I</p> <p>Assessment methods 1, 3, 4</p>

Subject: Clinical 20 – Hospital at Home Schemes

Objective	Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> <li>▪ Understand patients who benefit from homecare</li> <li>▪ Understand the equipment and staff necessary for good home care</li> <li>▪ Trainees may see good home care schemes during their clinical placements but trainees may have to be seconded to a specialised unit to gain experience as this is not available in all placements.</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ What can be achieved by providing home care for respiratory patients</li> <li>▪ Requirements for successful care in the community</li> <li>▪ Appreciation of home care as a cost saving measure for the NHS</li> <li>▪ Appreciation of homecare as a preferred method of treatment for many patients</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Management of oxygen therapy</li> <li>▪ Non-invasive ventilation</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ As outlined in generic curriculum</li> </ul> <p>Learning methods A-E, H, I</p> <p>Assessment methods 1, 3, 4</p>

Subject: Clinical 21 – Respiratory Anatomy, Physiology and Microbiology

Objective	Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> <li>Know basic respiratory anatomy and to be able to apply pathology and microbiology expertise to the patient with respiratory diseases</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>Anatomy as applied to the patient with respiratory disease</li> <li>Pathology as applied to the patient with respiratory disease</li> <li>Microbiology as applied to the patient with respiratory disease</li> <li>Value of meetings with pathologists and microbiologists</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>Pleural biopsy</li> <li>Chest aspiration</li> <li>Bronchoscopy</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>As outlined in generic curriculum</li> </ul> <p>Learning methods A-E, H, I</p> <p>Assessment methods 1, 3, 4</p>

Subject: Clinical 22 – Imaging Techniques

Objective	Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> <li>▪ Be able to request appropriate imaging tests for the patient with respiratory disease</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Chest xrays and CT scans relevant to the respiratory patient</li> <li>▪ Magnetic Resonance scans indications</li> <li>▪ Ventilation perfusion scans indications and interpretations</li> <li>▪ Value of regular meetings with radiologists</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Detailed observation of images produced by varying techniques</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ As outlined in generic curriculum</li> </ul> <p>Learning methods A-E, H, I</p> <p>Assessment methods 1, 3, 4</p>

Subject: Clinical 23 – Smoking Cessation

Objective	Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> <li>▪ Be able to assist patients to stop smoking</li> <li>▪ During their training, trainees must attend some smoking cessation clinics</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Effects of smoking on health</li> <li>▪ Treatments available for smoking cessation</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Ability to advise patients on smoking cessation and support measures</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ As outlined in generic curriculum</li> </ul> <p>Learning methods A-E, H, I</p> <p>Assessment methods 1, 3, 4</p>

Subject: Clinical 24 – Pulmonary rehabilitation

Objective	Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> <li>▪ Understand the organisation of specialist pulmonary rehabilitation services.</li> <li>▪ Trainees may care for inpatients and outpatients undergoing pulmonary rehabilitation during their clinical placements but trainees may have to be seconded to a specialised unit to gain experience as this is not available in all placements.</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Patients most likely to benefit from pulmonary rehabilitation</li> <li>▪ Methods of pulmonary rehabilitation</li> <li>▪ Role of the multidisciplinary team including GPs, consultants, nurses, dietitians, physiotherapists, occupational therapists, medical social workers</li> <li>▪ Role of patient education</li> <li>▪ Basic techniques of chest physiotherapy</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Be an active member of a rehabilitation team</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ As outlined in generic curriculum</li> <li>▪ As above with special emphasis on smoking prevention, return to work, driving, sex and exercise</li> </ul> <p>Learning methods A-E, H, I</p> <p>Assessment methods 1, 3, 4</p>

Subject: Clinical 25 – Intensive Care and High Dependency Units (HDU)

Objective	Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> <li>▪ Be able to recognise patients who will benefit from intensive care or high dependency units</li> <li>▪ Understand care provided in intensive care and high dependency units</li> <li>▪ Trainees may care for inpatients on ICU and high dependency units during their clinical placements. Trainees must also have at least 60 working days in an intensive care unit, ideally in one block. If this is not possible 4 units of 15 consecutive working days are acceptable.</li> <li>▪ Trainees may have to be seconded to a specialised unit to gain experience as this is not available in all placements</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Conditions requiring ICU and HDU provision</li> <li>▪ Requirements for an adequately staffed and equipped unit</li> <li>▪ Interaction of surgeons, anaesthetists, physicians</li> <li>▪ Role of the multidisciplinary team in ICU and HDU</li> <li>▪ Knowledge of measures used to support all vital systems in an intensive care unit</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Advise and manage a respiratory patient on ICU or HDU</li> <li>▪ Give advice on the respiratory care of a general patient on ICU</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ As outlined in generic curriculum but with special emphasis on legal and ethical issues, team work, breaking bad news, communicating with relatives</li> </ul> <p>Learning methods A-E, H, I</p> <p>Assessment methods 1, 3, 4</p>

Subject: Clinical 26 – Palliative Care

Objective	Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> <li>▪ Be able to recognise when palliative care is appropriate</li> <li>▪ Understand the services required for effective palliative care</li> <li>▪ Trainees must care for inpatients and outpatients receiving palliative care during their clinical placements</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Indications for palliative care</li> <li>▪ Practice of palliative care</li> <li>▪ Importance of team work in palliative care</li> <li>▪ The use of a palliative care team</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Empathy with patient and their relatives</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ As outlined in generic curriculum with special emphasis on legal and ethical issues, team work, breaking bad news, communicating with relatives and honesty</li> </ul> <p>Learning methods A-E, H, I</p> <p>Assessment methods 1, 3, 4</p>

Subject: Procedures 1 – Advanced Life Support

Objective	Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> <li>▪ Be able to carry out and supervise effective resuscitation</li> </ul> <p>Learning methods E, F, G, L, O, P</p> <p>Assessment methods 1, 2, 4</p>	<ul style="list-style-type: none"> <li>▪ Causes of cardio-respiratory failure</li> <li>▪ Principles of cardio-pulmonary resuscitation</li> </ul> <p>Learning methods E, F, G, L, O, P</p> <p>Assessment methods 1, 2, 3</p>	<ul style="list-style-type: none"> <li>▪ Be proficient in basic and advanced life support</li> <li>▪ Be competent in the use of defibrillators</li> </ul> <p>Learning methods E, F, G, L, O, P</p> <p>Assessment methods 1, 2, 4</p> <ul style="list-style-type: none"> <li>▪ Trainees must pass the ALS (UK)</li> <li>▪ Trainees' JCHMT training record must show they have performed successful resuscitation</li> </ul>	<ul style="list-style-type: none"> <li>▪ As outlined in the generic curriculum with general emphasis on ethics and legal issue, breaking bad news and support of relatives, familiarity with "do not resuscitate orders"</li> </ul> <p>Learning methods E, F, G, L, O, P</p> <p>Assessment methods 1, 4</p>

Subject: Procedures 2 – Lung Function Testing

Objective	Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> <li>▪ Know how to perform lung function tests</li> <li>▪ Trainees must care for inpatients and outpatients having lung function tests during their clinical placements</li> </ul> <p>Learning methods E, F, G, L, O, P</p> <p>Assessment methods 1, 2, 3, 4</p>	<ul style="list-style-type: none"> <li>▪ How to perform simple lung function tests</li> <li>▪ Methods used for complex lung function tests</li> <li>▪ Reporting of lung function tests</li> <li>▪ Understand and to have seen plethysmography</li> <li>▪ Assessment of airway hyper-responsiveness</li> <li>▪ Hypoxic challenge test</li> <li>▪ Exercise testing</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Perform simple lung function tests including blood gases and spirometry</li> </ul> <p>Learning methods A-P + attendance at lung function lab</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ As outlined in generic curriculum</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1, 3, 4</p>

Subject: Procedures 3 – Bronchoscopy

Objective	Knowledge	Skills	Attitudes
<p>▪ Be safe and efficient at fiberoptic bronchoscopy</p> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Indications for fiberoptic bronchoscopy</li> <li>▪ Safe sedation for bronchoscopy</li> <li>▪ Techniques of fiberoptic bronchoscopy</li> <li>▪ Bronchoalveolar lavage</li> <li>▪ Transbronchial biopsies</li> <li>▪ Patient consent and adequate explanation of risks and benefits</li> <li>▪ Appropriate guidelines</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Safely perform fiberoptic bronchoscopies A minimum of 200 should be recorded in the JCHMT training record. Initially the trainee will be an observer and then perform 30-40 bronchoscopies under supervision</li> </ul> <p>Learning methods E, F, G, L, O, P</p> <p>Assessment methods 1, 3, 4</p>	<ul style="list-style-type: none"> <li>▪ As outlined in generic curriculum</li> </ul> <p>Learning methods E, F, G, L, O, P</p> <p>Assessment methods 1, 3, 4</p>

Subject: Procedures 4 – Pleural Biopsy

Objective	Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> <li>▪ Be safe and efficient at pleural biopsy</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Indications of pleural biopsy</li> <li>▪ Technique of pleural biopsy</li> <li>▪ Patient consent and explanation of risks and benefits</li> <li>▪ Knowledge of appropriate guidelines</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Safely perform pleural biopsies. A minimum of 10 should be recorded in the JCHMT training record.</li> <li>▪ Initially trainee will be under the supervision of a senior colleague skilled in the performance of this technique and then perform independently</li> </ul> <p>Learning methods E, F, G, L, O, P</p> <p>Assessment methods 1, 3, 4</p>	<ul style="list-style-type: none"> <li>▪ As outlined in generic curriculum</li> </ul> <p>Learning methods E, F, G, L, O, P</p> <p>Assessment methods 1, 3, 4</p>

Subject: Procedures 5 – Intercostal tube placement

Objective	Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> <li>▪ Be safe and efficient at intercostals tube placement</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Indications of intercostal tube placement</li> <li>▪ Technique of intercostal tube placement</li> <li>▪ Indications for suction</li> <li>▪ Effective fixing of intercostal tube so it does not become displaced</li> <li>▪ Patient consent and explanation of risks and benefits</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Safely perform intercostals tube placement. A minimum of 20 should be inserted and recorded in the JCHMT training record. Initially trainee will be under supervision</li> </ul> <p>Learning methods E, F, G, L, O, P</p> <p>Assessment methods 1, 3, 4</p>	<ul style="list-style-type: none"> <li>▪ As outlined in generic curriculum</li> </ul> <p>Learning methods E, F, G, L, O, P</p> <p>Assessment methods 1, 3, 4</p>

Subject: Procedures 6 – Sleep Studies

Objective	Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> <li>▪ Have experience of screening studies for sleep disorders, polysomnography and initiation of CPAP and NIPPV</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Causes of sleep related disorders</li> <li>▪ Methods of screening for sleep related disorders</li> <li>▪ Polysomnography</li> <li>▪ CPAP and NIPPV</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Perform screening studies</li> <li>▪ Interpret sleep studies</li> <li>▪ Initiate CPAP and NIPPV</li> <li>▪ Initially trainee will be under the supervision of a senior colleague skilled in the performance of this technique and then perform independently</li> </ul> <p>Learning methods E, F, G, L, O, P</p> <p>Assessment methods 1, 3, 4</p>	<ul style="list-style-type: none"> <li>▪ As outlined in generic curriculum</li> </ul> <p>Learning methods E, F, G, L, O, P</p> <p>Assessment methods 1, 3, 4</p>

Subject: Procedures 7 – Non-invasive Ventilation

Objective	Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> <li>▪ Be able to initiate CPAP and NIPPV</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Indications for CPAP and NIPPV</li> <li>▪ How to set up and train a patient to use the equipment</li> <li>▪ Importance of physiotherapist input</li> <li>▪ Methods available</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Set up patients on CPAP and NIPPV</li> <li>▪ Document 50 patients in JCHMT training record</li> </ul> <p>Learning methods E, F, G, L, O, P</p> <p>Assessment methods 1, 3, 4</p>	<ul style="list-style-type: none"> <li>▪ As outlined in generic curriculum</li> </ul> <p>Learning methods E, F, G, L, O, P</p> <p>Assessment methods 1, 3, 4</p>

Subject: Procedures 8 – Tuberculin Skin Tests

Objective	Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> <li>▪ Be able to perform tuberculin skin tests</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Types of tuberculin tests</li> <li>▪ Indications of tuberculin tests</li> <li>▪ How to read tuberculin tests</li> <li>▪ Appropriate guidelines</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Perform and read tuberculin tests</li> <li>▪ Document 30 patients in JCHMT training record</li> </ul> <p>Learning methods E, F, G, L, O, P</p> <p>Assessment methods 1, 3, 4</p>	<ul style="list-style-type: none"> <li>▪ As outlined in generic curriculum</li> </ul> <p>Learning methods E, F, G, L, O, P</p> <p>Assessment methods 1, 3, 4</p>

Subject: Procedures 9 – Skin tests to demonstrate “Allergy”

Objective	Knowledge	Skills	Attitudes
<ul style="list-style-type: none"> <li>▪ Perform skin tests for allergy</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Indications for skin tests</li> <li>▪ How to perform skin tests</li> </ul> <p>Learning methods A-P</p> <p>Assessment methods 1-4</p>	<ul style="list-style-type: none"> <li>▪ Perform and read skin test to common allergies</li> <li>▪ Document 30 patients skin tested in JCHMT training record</li> </ul> <p>Learning methods E, F, G, L, O, P</p> <p>Assessment methods 1, 3, 4</p>	<ul style="list-style-type: none"> <li>▪ As outlined in generic curriculum</li> </ul> <p>Learning methods E, F, G, L, O, P</p> <p>Assessment methods 1, 3, 4</p>