

**JOINT ROYAL COLLEGES OF PHYSICIANS TRAINING BOARD  
(JRCPTB)**

**Annual Specialty Report for Respiratory Medicine to  
The Postgraduate Medical Training Board (PMETB)  
for August 2007 to July 2008**

**1. Establishing Schools**

Respiratory Medicine is part of the school of medicine at each deanery. The SAC is not aware of any problems relating to this in individual regions

**2. Triggered Visits**

No triggered visits have been reported by the respondents and the SAC Chairman is unaware of any in Respiratory Medicine

**3. Effect of changes to the specialty**

I think that the main issue will be that of seamless care across the primary/secondary care divide. The British Thoracic Society has set up a primary/secondary care group to lead on this. As far as the curriculum is concerned, we may have to consider more in the way of community based training in the future.

**4. Key concerns for the future of the specialty**

Training in intensive care medicine is an issue. This is because, to train properly trainees will have to do step 1 +/- step 2 training. However, to get into step one training requires previous anaesthetic experience, which trainees in the future may find difficulty in accessing, as most of them will have come through CMT which won't provide this. Some regions are able to provide top up experience, but not all. The problem is that trainees often only realise that they want to do ITU once they've done the compulsory 60 days as an StR, and it is then very difficult to get the anaesthetic experience.

Another area of concern is that of OOPE. In Respiratory Medicine we believe that research, in particular, is a very important part of training. The current restrictions on duration of OOPE are difficult for some regions, who have high numbers of trainees doing PhDs, to work with.

**5. RITAs/ARCPs.** The following includes the responses we have received from the Heads of Specialist Training for this specialty

All trainees for this specialty have had successful RITAs/ARCPs. For the 538 trainees enrolled in Respiratory Medicine it was been reported that 1 trainee was issued with a RITA D, subsequently receiving a RITA C within 3 months.

**6. European Working Time Directive (EWTd):** The following includes the responses we have received from the Heads of Specialist Training for this specialty

1) All our hospitals will be compliant with EWTD by August 2009, at least on paper. However, trainees are often staying longer than their shifts suggest on paper to improve patient care. We have major concerns about the effects that EWTD is having both on training and on patient care

2) This is a difficult question to answer. From the specialty point of view ie Respiratory Medicine it is likely that we'll be compliant, although many placements are vacant because of lack of locums and therefore registrar and consultant colleagues are overstretched, particularly in the DGHs where there are less registrars. However, Respiratory Medicine is a major contributor to the GIM on call rota and here there are major problems. The lack of registrars I've just alluded to has a major negative effect on GIM on call rotas, which are gravely stretched - again, particularly in the DGHs for reasons already mentioned. I'm sure that most trusts will endeavour to ensure that their trainees are EWTD compliant, but there will be problems maintaining rotas.

### **7. Training Programme Director Report information**

We have not received these reports for every Deanery for this reporting period but intend to include the themes in subsequent reports. However, we have received various Education Committee meeting minutes for this specialty which highlight no training or assessment concerns.

### **8. Examinations**

We do not have examination data available for this reporting period.

### **9. Assessments**

Workplace based assessments for the medical specialties including Direct Observation of Procedural Skills (DOPs), mini CEX, and Multisource Feedback (MSF) have been in place since 2005. Although there have been concerns within each specialty with regard to the time involved to complete these, their use has been widely encouraged so that PMETB standards are met. We continue to pilots further workplace based assessments.

### **10. e-portfolio**

Pilots for the specialty e-portfolios have been completed and the eportfolio for Respiratory Medicine is now live and available for use by enrolled StRs. During the transition period trainees had been advised to complete paper records or to continue to use their CMT e-portfolio.