

Dear Colleague

This is an update on SAC matters following the recent meeting of the SAC on Friday 21 September 2007.

The Structure of the SAC

The structure of the SAC has now changed. Head of Schools of Respiratory Medicine are being appointed as members of the SAC. I am sure that this will contribute enormously to the efficiency of the SAC and will enhance communication between the centre and the regions.

The changes will soon be reflected on the website.

Curriculum

I wanted to apologise for a few typographical errors that were present in the version of the Curriculum recently published on the JRCPTB website. These have now been attended to. However, the Curriculum has to be resubmitted to PMETB before the 'new' version can be published on the website.

Assessment Package

The SAC has drafted an assessment blue print and has derived from it a RITA/ARCP decision aid. This latter provides guidance as to what each trainee needs to have achieved in order to progress between each year of training. The assessment package, as it stands, has been submitted to PMETB. However, final approval is still pending. It is therefore not yet available for dissemination. As soon as it is, it will be published on the JRCPTB website. PMETB have mandated nine principles for assessment systems of postgraduate medical training. The first tranche of work, which we have recently completed, satisfies three of these principles - principles 1, 2 and 5. Work on compliance with the remaining six principles will be undertaken in the next year or two.

Work Place Based Assessment

I hope that all trainees are already undertaking DOPS for bronchoscopy and MSF. Each trainee needs to complete six bronchoscopy DOPS during training and at least two MSF, one near the start of training and one at the end. Work is currently underway on a Knowledge Based Assessment for Respiratory Medicine. This is a joint enterprise between the BTS and MRCP(UK). My understanding is that the question setting will start in January 2008 and that it is anticipated that the first diet of the exam will run next November. Further details will be disseminated as soon as they are available.

Can I also draw your attention to the issue of Mini-CEXs and Case Based Discussion. Trainees should start undertaking these over the next six months. The requirement is to have four of these per year (a total of four, any combination of Mini-CEX and CBDs deemed appropriate); the SAC is not requesting four of each.

JRCPTB are currently working on the development of CBD for ST3 and above. They are also working on 4 other additional assessments: an audit assessment tool, a teaching assessment tool, patient questionnaire and an acute care assessment tool.

E-portfolio

Some of you will be aware of the existence of the e-portfolio. This was devised in Scotland and piloted in Mersey. It is currently being introduced in Core Medical training. It is anticipated that it will be introduced for ST3 onwards over the next 12 months.

Dual CCT Training

This issue remains undecided. There does seem to be some movement towards flexibility. It is hoped that in the future it will be possible for Respiratory Medicine trainees to undertake formal training in Intensive Care Medicine and to obtain a CCT in each Specialty. However, at the time of writing, further clarification of this by PMETB is pending. Discussions on dual training with Allergy are even more preliminary.

Out of Programme Experience for Research

There does seem to be some increasing flexibility on this question. I anticipate that, going forward, those trainees who have the desire, ability and aptitude to undertake research may be allowed to do so. However, I suspect that they will only be allowed to do so if undertaking a formal research degree such as an MD or PhD.

Specialty Specific Questions for the Annual PMETB Trainee Questionnaire

The next iteration of this questionnaire will include five Respiratory Medicine specific questions, which have been constructed to cover quite a lot of ground. Although these have been drafted, at the time of writing I am not able to state whether or not they can yet be made generally available.

Joint BTS SAC Meeting

There is to be a joint meeting between the BTS and the SAC on the 29 November and all Programme Directors and Regional Trainee representative

have been invited to it. A number of important issues relevant to training will be discussed at this meeting.

Workforce Matters

I am sure that most of you are aware that in 2009/10 we are facing quite a large bulge in trainees coming through to CCT. There are some genuine concerns that some of these trainees may not be able to find Consultant posts. The BTS is fully aware of this situation and is doing all it can to help.

I hope that you will find this brief summary of the Respiratory SAC meeting both interesting and useful.

Yours Sincerely

Dr Gerrard Phillips
Chair, Respiratory Medicine SAC