in handling the thoracoscopy equipment and IPC insertion (figure 1). 100% of consultants agreed that the course was mapped to the respiratory curriculum requirements and that the content was appropriate for ST5 trainees. 100% of consultant faculty also agreed that the course structure was adequate; the lectures were delivered at an appropriate level and were happy for the course to be run on a yearly basis. Candidate feedback was positive and indicated that the course would be a useful addition to the training programme.

Conclusion With medical advancements and expansion of Lung Cancer Services nationwide, respiratory doctors are increasingly needed to master MT and IPC insertion skills. Intra-deanery training should be provided for trainees to ensure sustainability of services.

**P74 EXPERIENCES OF A SIMULATED PLEURAL BIOPSY TRAINING COURSE FOR RESPIRATORY REGISTRARS IN A HIGH TUBERCULOSIS INCIDENCE REGION OF THE UK**

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We organised and evaluated a half day training course using a validated porcine and human simulator to train trainees in the skills required for pleural biopsy. This approach is simple to deliver, and trainees appreciated the opportunity to train in a low-stress environment and gain a better understanding of the technique before performing it on a patient. The session was popular and significantly improved trainee competence at this infrequently performed procedure. Trainee confidence improved (1.86, SD 1.21 to 3.83, SD 0.51; p < 0.0001) mean score 4.5, SD 0.51 to 4.26, SD 0.28). 100% of consultants agreed that the course was mapped to the respiratory curriculum requirements and that the content was appropriate for ST5 trainees (100% of consultant faculty also agreed that the course structure was adequate; the lectures were delivered at an appropriate level and were happy for the course to be run on a yearly basis. Candidate feedback was positive and indicated that the course would be a useful addition to the training programme.

**Conclusion** With medical advancements and expansion of Lung Cancer Services nationwide, respiratory doctors are increasingly needed to master MT and IPC insertion skills. Intra-deanery training should be provided for trainees to ensure sustainability of services.

**References**


**P75 PULMONARY PHYSIOGICAL TESTS: TRAINEES EXPERIENCE AND EXPOSURE**

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**Introduction** Knowledge of pulmonary function test (PFT) is essential for every respiratory physician. The level of training and exposure to PFT varies depending on the local facilities, supervisors and the respiratory trainees themselves. Moreover in recently cardio-pulmonary exercise testing (CPET) are becoming more widely available as well.

**Objectives**

1. To test the knowledge of UK respiratory physicians (trainees mainly) on PFT and CPET, identifying what is available locally.

2. To the level of exposure to the tests themselves in terms of how to perform, the process involved and the equipment used/ available locally.

**Methodology** An electronic survey was distributed to the UK postgraduate deaneries for all the respiratory trainees and also to some respiratory physicians, thoracic surgeons and lung function physiologists. Feedback was collected anonymously over a period of 6 months (Dec 2012–May 2013). The questions ranged from simple spirometry, PFT, CPET and basic demographics.

**Results** A total of 160 responses were obtained from 16 deaneries out of 20 (1 from outside the UK - OOPE). 83 (53%) were respiratory specialist/speciality registrars and 61 (39%) consultants.

2 respondents had never seen spirometry performed, and 28 (18%) have not seen a PFT performed. Only ¼ have done a PFT themselves. 70% have seen CPET, 29% have done CPET, 75% have a CPET service locally with cycle ergometer (66%) being the most common method to exercise the patient. Respiratory physiologists and respiratory physicians are the ones mainly reporting CPET results with anaesthetist a distant third.

**Summary** Most trainees have been exposed to spirometry but based on this survey almost 20% have yet to see a PFT performed. Understanding the process of how to do a PFT and CPET, experiencing it personally could influence the number of PFT requests. This aspect of respiratory specialty training is still insufficient based on the feedback of respiratory trainees who answered this survey.

**P76 INVESTIGATING WOMEN’S EXPERIENCES OF ASTHMA CARE IN PREGNANCY: A QUALITATIVE STUDY**

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**Introduction and objectives** Most asthmatic women have normal pregnancies and complications are infrequent when their asthma is controlled (BTS/SIGN 2012). Symptom control and medical treatment concern them, as does the impact of their illness and treatment on their unborn baby (Lim et al 2012). Few qualitative studies illustrate recently delivered asthmatic mothers’ feelings about their care, support and medication during their pregnancy.

**References**
