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M23

INTEGRATED RESPIRATORY CARE TRAINING FROM THE TRAINEE'S PERSPECTIVE: MIND THE GAP

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10.1136/thoraxjnl-2017-210983.445

Introduction Postgraduate education needs to incorporate more training in community based settings for the '5 Year Forward View' to become a reality. A BTS members survey in 2013 found 62% of respondents agreed integrated respiratory physicians added value, and a subsequent report identified that embedding integrated care into training would be key.^{1,2} We surveyed the views of respiratory registrars to understand the current national training opportunities available in integrated respiratory care.

Methods The BTS Models of Care committee designed and distributed a questionnaire to trainee members in May 2017.

Results 81 trainees responded (43% male; 87% working full time). The sample was representative with responses from all but one region. 80% of trainees participating were $\geq$ ST5. 60% had not received any integrated respiratory care training and of those that had (figure 1); 29% described a single training episode (talk or clinic), 21% attended a one day session, 42% described regular training episodes, e.g., MDT and 2% had organised a placement themselves in an integrated care team for $\geq$ 1 week. 90% of trainees felt it would be beneficial to have more integrated care experience. Key themes identified included a lack of clear definition of integrated care and an appreciation of the increasing relevance of this training.

Challenges identified include lack of training opportunities and incorporation into an already full curriculum.

Conclusions Despite 90% of respondents wanting more experience and 77% considering, in part, some integrated respiratory work in their consultant job plan, only 40% had received any formal training of which 50% had only 1 day. This may be due in part to the 'poor definition' of integrated care which appears to be a persistent common theme. One of the future tasks of the BTS Models of Care Committee will be to provide guidance in developing and delivering programmes of training in Integrated care for Respiratory trainees.

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Idiopathic pulmonary fibrosis treatment update

M24

DO ANTIFIBROTICS IMPACT ON LUNG TRANSPLANTATION OUTCOMES IN IDIOPATHIC PULMONARY FIBROSIS?

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10.1136/thoraxjnl-2017-210983.446

Introduction Antifibrotics slow progression of forced vital capacity (FVC) in patients with moderate Idiopathic Pulmonary Fibrosis (IPF) (FVC 50%–80%).^{1,2} Lung transplantation (LTx) is also a management option in a small cohort of patients who meet stringent eligibility criteria. With increased

Abstract M23 Figure 1