

This checklist has been adapted from the RCGP Curriculum Guide, updated Manchester Rating Scales and RCP Curriculum for Respiratory and updated in line with current practice and changes. It is designed as a self-rating scale to help to inform areas that the healthcare professional may wish to learn more about or study in more detail as part of their PDP and CPD programme).

Name	
Date of this assessment	
Next planned review date	

Please note:- Curriculum = is the planned interaction of pupils with instructional content, materials, resources, and for the processes for evaluating the attainment of objectives; Syllabus = subjects in a course of study or teaching.

When you review this document it can be used to:

- a. discuss with a colleague / mentor / appraiser to clarify areas
- b. identify areas that are quick and easy to learn about now or in very near future
- c. identify areas that are "sticky" or need more work which would be suitable for one of the areas in your professional development plan (PDP)
- d. help to inform you producing a short reflection on your clinical practice in respiratory care for your portfolio

Disease Areas	l feel very	l feel quite	I need to learn a	I need to learn a	This is not
	confident	confident	bit more	lot more	relevant
	about	about	about	about	to my
	this	this	this	this	practice
Asthma					
Prevalence, aetiology, pathophysiology	0	0	0	0	0
Diagnosis	0	0	0	0	0
Differential diagnosis of asthma,					
including from other causes of wheeze					
such as vocal cord dysfunction,	0	0	0	\circ	\circ
hyperventilation, laryngeal disease,	\cup	V	U	\cup	\cup
foreign body, tumour, COPD and					
obliterative bronchiolitis					
Use of investigations	0	0	0	0	0
Management	0	0	0	0	0
Asthma self-management plans	0	0	0	0	0
Factors which may be associated with					
poor asthma control, including smoking,					
environmental factors, psychosocial	0	0	0	0	0
factors, drugs, poor inhaler technique,	Ŭ	Ũ	Ŭ	Ŭ	Ũ
poor compliance, chronic rhinosinusitis,					
ABPA, bronchiectasis and gastro-					
oesophageal reflux					
Asthma and exercise / asthma and	0	0	0	0	0
aspiring "elite" athletes	~		~		
Factors impacting management at the	~		~	~	
transition between childhood/ teenage	O	O	O	O	O
and adult care	1				



	l feel very	l feel quite	l need to	l need to	This is not
	confident	confident	learn a bit	learn a lot	relevant
	about this	about this	more	more	to my
			about this	about this	practice
Acute asthma diagnosis					
Acute asthma management		0	0	0	0
Indications for admission in acute	0	0	0	0	0
asthma		-			
COPD				<u> </u>	
Prevalence, aetiology, pathophysiology	<u> </u>	0	0	0	<u> </u>
Diagnosis	0	0	0	0	O
Differential diagnosis	0	0	0	0	0
Management	0	0	0	0	0
Management of acute exacerbation				_	
(including indications for admission)	0	0	0	0	0
Use self-management plans and					
"Just in Case" medications	0	0	0	0	0
Discussion and management of					
end of life care	0	0	0	0	0
Principles of oxygen therapy	0	0	0	0	0
	<u> </u>			Ŭ	Ŭ
Carcinoma of the lung					
Prevalence, aetiology, pathophysiology	0	0	0	0	0
Early diagnosis	ŏ	ŏ	ŏ	ŏ	ŏ
Management during treatment	- ŏ	ŏ	ŏ	ŏ	ŏ
End-of-life issues (inc. SVCO etc.)		ŏ	ŏ	ŏ	- ŏ
Bronchiectasis					
		\frown	\cap	\cap	
Prevalence, aetiology, pathophysiology					
Early diagnosis					
Management		0	0	0	0
Interstitial lung disease and other rare					
conditions	-				
Prevalence, aetiology, pathophysiology			0	0	0
Early symptoms and diagnosis	0	<u> </u>	0	0	0
Management in primary care	0	0	0	0	0
Smoking and smoking cessation					
Prevalence, aetiology, pathophysiology	\sim			\sim	
and demographics	<u> </u>		\cup	<u> </u>	Ŭ
Assessment and brief interventions	0	0	O	0	0
Smoking cessation treatment	-		_	_	
pharmacology and counselling	0	0	O	O	0
Pleural Effusion					
Prevalence, aetiology, pathophysiology					



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	_		about this	about this	practice
Early diagnosis					
Sleep breathing disorders					
Prevalence, aetiology, pathophysiology	0	0	0	0	0
Early diagnosis / referral pathways	ŏ	Ŏ	ŏ	ŏ	Ŏ
Long term management and co-	-		-	-	
morbidities	0	0	0	0	0
Pulmonary Embolus		•			
Prevalence, aetiology, pathophysiology	0	0	<u> </u>	0	0
Early diagnosis / referral pathways	0	0	0	0	0
Breathing pattern disorder and					
psychological aspects of respiratory					
symptoms					
Prevalence, aetiology, pathophysiology	0	0	0	0	0
Diagnosis	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ
Management	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ
Occupational Lung Disease		-	-		
Prevalence, aetiology, pathophysiology	0	<u> </u>	0	0	0
Early diagnosis	0	0	0	0	0
Long term management	0	0	0	0	0
Respiratory failure					
Prevalence, aetiology, pathophysiology	0	0	0	0	0
Early diagnosis	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ
Management including end-of-life					- Ŭ
care and involving specialist	0	0	0	0	0
support	Ŭ	Ŭ	Ŭ	Ŭ	Ŭ
Infectious disease					
Childhood infections (measles,		\sim		\sim	
whooping cough, bronchiolitis)	$\underline{\vee}$				
Upper Respiratory Tract Infections	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Tuberculosis	0	<u> </u>	<u> </u>	0	Q
Influenza	0	0	0	0	0
Influenza and pneumococcal	\cap	\cap	\cap	\cap	
immunisation					
Evidence based use of antibiotics	0	0	0	0	0
Bronchitis diagnosis and management	0	0	0	0	0
Pneumonia – diagnosis and	\cap	\cap	\circ		
management (including when to admit					



					-
to hospital)					
	l feel very	l feel quite	I need to	I need to	This is not
	confident about this	confident about this	learn a bit more	learn a lot more	relevant to my
	about this	about this	about this	about this	practice
Ear, nose and throat problems					procee
The catarrhal child	0	0	0	0	0
Tonsillitis / sore throat	ŏ	ŏ	ŏ	ŏ	Ŏ
Sinusitis	ŏ	Ŏ	ŏ	Õ	Ŏ
Hoarseness	ŏ	ŏ	ŏ	ŏ	ŏ
Hay fever / allergic rhinitis	ŏ	ŏ	ŏ	ŏ	ŏ
Allergic Problems					
Allergic rhinitis	0	0	0	0	0
Food allergy and asthma	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ
Anaphylaxis	ŏ	ŏ	ŏ	ŏ	ŏ
Use of RAST and Skin Prick Tests	ŏ	ŏ	ŏ	ŏ	ŏ
Co-morbidities					
Heart failure	0	0	0	0	0
Primary and secondary prevention of		Ť	~		Ť
CHD	0	0	0	0	0
Detection of CHD (risk factors, early					
diagnosis, management)	0	0	0	0	0
Osteoporosis (risk factors, early					
diagnosis, management)	0	0	0	0	0
Anxiety (risk factors, early diagnosis,					
management)	0	0	0	0	0
Depression (risk factors, early					
diagnosis, management)	0	0	0	0	0
Symptoms in respiratory disease					
assessment, diagnosis to management					
Cough	0	0	0	0	0
Breathlessness	0	0	0	0	0
Chest pain (including pleuritic chest	\cap	\cap	\circ	\cap	\circ
pain)	0	0	0	0	0
Fatigue	0	0	0	0	\frown
Use (and abuse) of investigations					
Use of microspirometry and					
interpretation	0	0	0	0	0
Indications and contraindications for					
spirometry	\cap	0	0	0	0
Performing spirometry	ŏ	Ťŏ	ŤŎ	ŤŎ	ŏ
Interpreting quality and results of					
spirometry	0	0	0	0	0
Sph Officer y	1	1		L	1



Use of pulse oximetry	0	0	0	0	0
	l feel very	l feel quite	l need to	l need to	This is not
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			about this	about this	practice
Use (and overuse) of chest x-ray	0	0	0	0	0
investigations	Ŭ	<u> </u>	<u> </u>		Ŭ
When to refer for more complex	0	0	0	0	0
imaging (e.g. HRCT)					
Inhaler devices					
Patient choice and use of inhalers	\cap	\cap		\cap	\cap
Teaching inhaler device use					
Indications for differing devices	0	0	0	0	0
Travel					
Flying with lung disease	0	0	0	0	0
Diving with lung disease	ŏ	ŏ	ŏ	ŏ	ŏ
Wider aspects of care					
Outlines health needs of particular					
populations e.g. ethnic minorities, and					
recognises the impact of health beliefs,					
culture and ethnicity in presentations	\sim	\sim			
of physical and psychological	0	0	0	0	0
conditions					
Respects the rights of children, elderly,					
people with physical,					
	0	0	0	0	0
mental, learning or communication difficulties	\cup	\cup	U		U
Recognises personal beliefs and biases					
and understands their impact on the	0	0	0	0	0
delivery of health services				<u> </u>	
Local formulary and its use		<u> </u>			0
Repeat prescribing and monitoring	0	0	<u> </u>	0	0
Medical certification	0	<u> </u>	<u> </u>	0	0
Invalidity / disability benefits	<u> </u>	<u> </u>	0	0	0
Attendance allowance	0	0	0	0	0
Mobility allowance / motobility	0	0	0	0	0
Self Help Groups (BLF, Breathe Easy,	\frown	\frown	\frown	\frown	
Asthma UK) – local and national					
Confidentiality of information	0	0	0	0	0
Rationing care	Ŏ	Õ	Ŏ	Õ	Ŏ
Role of others in care of respiratory					
patients	0	O	O	0	0
		1	1		



	l feel very confident about this	l feel quite confident about this	l need to learn a bit more about this	l need to learn a lot more about this	This is not relevant to my practice
Communication					
Breaking the diagnosis of asthma / COPD	0	0	0	0	0
Breaking bad news	0	0	0	0	0
Improving compliance and adherence	0	0	0	0	0
Developing a long standing professional relationship	0	0	0	0	0
Effective use of time in the consultation	0	0	0	0	0
Gives adequate time for patients and carers to express their beliefs ideas, concerns and expectations	0	0	0	0	0
Respond to questions honestly and seek advise if unable to answer Record keeping	0	0	0	0	0
Appropriate use of templates and coding	0	0	0	0	0
Use in identifying compliance / concordance	0	0	0	0	0
Use of review and recall systems Use of audit in clinical practice	0	0	0	0	0
Local services, integrated care and community teams					
Assessment of complex problems Pulmonary rehabilitation	00	00	00	00	00
Oxygen assessment and review	0	0	0	0	0
Hospital at home and early discharge services	0	0	0	0	0
Local formulary development	0	0	0	0	0
Commissioning in Primary Care					
Current changes to commissioning and service delivery	0	0	0	0	0
Key stakeholders in respiratory medicine	0	0	0	0	0
Health inequality, variation and data to inform care in respiratory	0	0	0	0	0
Understand improvement methodology and analysis	0	0	0	0	0



	l feel very confident about this	l feel quite confident about this	l need to learn a bit more about this	l need to learn a lot more about this	This is not relevant to my practice
Understand and be able to project manage	0	0	0	0	0
Understand and be able to manage change in organisations	0	0	0	0	0
Understand key drivers in system that influence commissioning in respiratory (guidelines, standards, frameworks)	0	0	0	0	0

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