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**Title:** Pleural procedures – Are junior doctors struggling to gain experience?

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**Body:** Introduction: BTS guidelines and UK training curricula highlight the importance of gaining experience in pleural procedures. By the end of core medical training (CMT), trainees are required to demonstrate competency in pleural aspiration and Seldinger chest drain insertion. Aim: To investigate the self-reported competency of junior doctors in performing pleural procedures Method: 'On the spot' questionnaires were randomly distributed to 64 doctors training in a large university teaching hospital. Participants graded their level of competence in performing a variety of pleural procedures and possible reasons for lack of experience. Results: Response rate was 91%; 7 Speciality trainees (ST3-7), 17CMTs, 12 Foundation Year 2 (FY2) and 22 FY1 trainees. 36% reported independent ability to perform pleural tap, 31% aspiration, 21% chest drain insertion, 22% pleurodesis, 45% removal and 34% flushing of chest drains. All STs reported competence, but, 76% of trainees felt they were struggling to gain sufficient practical experience. Those with respiratory experience were more likely to report competence (p=0.001) although only 1/3 could insert a chest drain independently. Top reasons for 'struggling' were increasing use of ultrasound (US) (33%), followed by perceived lack of senior encouragement (17%). Conclusion: Our data suggest that the majority of trainee physicians do not feel competent to undertake pleural procedures independently. With increasing use of US for pleural procedures, trainees are having difficulty gaining experience. For CMTs, UK curricula now state mandatory competency in chest drain insertion for pneumothorax only, but training programmes must ensure adequate exposure to important pleural procedures.