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**Title:** A survey of thoracic ultrasound and pleural procedures in the West Midlands

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**Body:** Introduction Pleural procedures are common in the practice of respiratory medicine and they have been associated with serious complications [National Patient Safety Agency 2008]. In the UK, the British Thoracic Society (BTS) strongly recommends bedside image guidance for drainage of all pleural collections. Criteria for competence in thoracic ultrasonography (TUS) is published [Royal college of radiologists 2008] and level 1 competence is the minimum for independence. Skills laboratory competence in chest drain insertion with TUS is included in the General Internal Medicine (GIM) Specialist Trainee (ST) curriculum. Methods We designed a 10-point questionnaire using a web based survey tool. A link was emailed to all GIM trainees and all Respiratory consultants in the West Midlands. We used the chi-square test. Results We received 80 responses and 43/80 (54%) were Respiratory physicians. More consultants had TUS competence 9/22 (41%) than trainees 12/58 (21%)  $p=0.07$  Most had formal TUS training 40/80 course, 14/80 (18%) 'hands on', and 26/80(32%) had none. Majority use TUS for pleural procedures 34/80 (43%) independently at the bedside, 14/80 (18%) at the bedside with TUS by someone else and 11/80 (14%) TUS done remotely. 18/80 do not do pleural procedures and 3/80 perform procedures without TUS. Radiologists 39/78 perform half the procedures (32/80 respiratory trainees and 7/78 respiratory consultants). Discussion Majority of physicians in the region are not competent at TUS although many have formal training and employ it independently for pleural procedures. Use of TUS and level of competence of operators should be captured in future BTS pleural audits.