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“ Me, myself and I ”

Editors Welcome

Hello and welcome to the latest edition of Exhale.

This month the theme feels distinctly informative. With news from the MSC, a new statement regarding the regulation of physiologists and even communication from our colleagues in Ireland there is a large quantity of information flowing.

The fact that information on a huge range of issues is available to us is a sign that we are communicating effectively. Not only does this communication ensure that we all share information but this communication allows our networks of help and support to grow. Through communication we share experience, we learn new ideas and even develop our own ideas.

This communication and flow of information is a credit to us all. It demonstrates that we are all a team and although geographically some of us may be isolated, support and help are never far away.

This brings me to my point, although I took the scenic route. The ARTP and its members are invaluable to each other. The ARTP wouldn't exist without members and the members work to support and seek professional recognition from the ARTP. Together we are a strong, supportive unit and what we can achieve more as a team. Whether we are socialising and discussing the finer points of life over a drink (or maybe a dozen) at the ARTP conference or squabbling over the forum, the key thing is we are communicating.

A new edition to the newsletter this month, we have a prize crossword. Please submit completed crosswords to eXhale@artp.org.uk. All correct crossword entries will be placed into a hat (ok, more likely an empty sharps bin) and a winner pulled out at random on 28th August 2009. All work, no play makes physiologists very boring.

Enjoy the news letter!

If you would like to contribute towards Exhale or you have any ideas/suggestions, please e-mail Kimberley Jenkins at eXhale@artp.org.uk.

The Modernisation of Scientific Careers (MSC) – Update

ARTP meeting report

MSC Deliberative event Liverpool

Wednesday 22 July 2009

MSC Deliberative event London

Monday 27 July 2009

Introduction

Following the release of the MSC consultation document last year, these events were held to gather direct feedback from service managers to help refine the development of MSC. Approx. 60 delegates attended (HCS, HEIs, SHA leads, HR representatives, expert patient) the Liverpool event and 160 delegates attended the London event.

Sue Hill introduced the day stating that more than 900 responses had been received since the consultation process was closed. These are currently being analysed and did not form any part of the discussions during the day.

The roll out of MSC was announced as follows:

- Genetics pilot commencing autumn 2009
- Role out to other disciplines 2010
- Full implementation 2012

Exercise 1

Delegates were split in to 5 groups to discuss their aspirations for MSC in the following 5 areas.

- Patients
- Workforce
- Careers
- Future technologies
- Quality, innovation, productivity and profile

All work was written up on several large white boards and recorded by the MSC team. Feedback from each group was presented to the meeting.

Exercise 2

Delegates were split in to groups to discuss the proposed career pathways for the following:

- Healthcare Science Assistant (HCSA)
- Healthcare Scientist Practitioners (HSCP)
- Healthcare Scientist (HCS)
- Senior healthcare Scientist (SHCS)

Each group focused on the career pathway described in the consultation document and suggested improvements / faults with the proposed pathways.

I sat in the senior healthcare scientists group. Part of the discussion was around the different ways in which health care scientists could register with the higher specialist register. Sue Hill stated that Accredited Specialist Expertise (ASE) portfolios may be presented to the Health Care register for regulation, although this may not be possible for all disciplines. ASE could lead to a consultant position provided it meets Higher Specialist Scientist Training (HSST) programmes.

Since the consultation documentation was released there have been some small changes to the proposed health care scientist training programme. An academic masters degree will run alongside the three years of training.

Group feedback was provided to the MSC team on large white boards.

Exercise 3

Delegates were again split in to groups to discuss implementing / enabling MSC using the following headings:

- Training schools / Train the Trainer.
- Growing your own scientists.
- Curriculum development and delivery.
- Leadership.
- Workforce planning

Conclusion

Following on from the report from the Institute of Physiological Sciences meeting on 30th June, it was clear that Sue Hill had listened to some of the criticism as she did include discussion around opportunities to grow your own staff and how to progress scientists through the career pathway whilst remaining in post. She had also “tweaked” the rotational aspect of the HCS masters training programme.

Most of the feedback generated throughout the day echoed that already submitted by the ARTP, HEIs and other professional bodies. The only advantage was that we could voice our joint opinions in person. Speaking to several university course leaders from across the North West, it became clear the time line for roll out is unrealistic given the time required to prepare and validate courses. It will be interesting to see what happens during the roll out of the genetics pilot.

Nigel Clayton
23 July 2009

The Joint Statement on the Regulation of Clinical Physiologists

The joint statement on the regulation of clinical physiologists highlights the commitment of the four UK Health Departments to the regulation of healthcare scientists. Five groups of healthcare scientists, clinical perfusionists, clinical technologists, clinical photographers, maxillofacial prosthetic technologists and clinical physiologists have been recommended by the Health Professions Council to the Secretary of State for Health in England for statutory regulation. The four UK Health Departments will work with key stakeholders to achieve statutory regulation for these five groups of healthcare scientists for the purpose of improving public protection and patient safety.

A new statement was released by the UK Health Departments. The latest release is dated 2nd July 2009. This is available at the following address.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_101786

A further statement issued on 28/7/09 outlines an interim solution for employers on the issue of employment and regulation of clinical physiologists. This statement recommends that employers should take steps to encourage and support individuals through the registration process.

Joint IARS/ARTP Autumn Meeting

Cead mile failte go dti mBaile Atha Cliath

By now you should all have received your registration form and programme for our joint meeting in Dublin in October. The programme should have something for everyone and give a good flavour of how things are progressing in Europe, the UK and Ireland. We should also learn a thing or two about some new developments in our field. The venue is in a beautiful part of Dublin and only 15 mins from the city centre.

Dublin's fair city will give you a very warm welcome. The food is good and the refreshments are even better!

Looking forward to seeing you in October.

Maria Mc Neill
Chairperson (IARS)

CSO Conference

The CSO Conference is recognised as the 'must attend' conference for senior healthcare scientists. No other conference has its unique combination of key policy makers, including Ministers and NHS leaders, together with world class scientists giving their view of cutting edge science. Add to that a sparkling awards ceremony which recognises the best of the best in healthcare science and the opportunity to network right across the entire professional spectrum and you have an un-missable two day event. The overall theme is quality and invited speakers include David Nicholson, Chief Executive of the NHS and Lord Darzi, Parliamentary under Secretary of State for Health. There will be sessions on regenerative medicine and the extraordinary diagnostics we might see in the next five years and also sessions on leadership and the modernising scientific careers programme.

This year's conference and awards will be held at Guoman Tower Hotel, St Katharine's Way, London on Tuesday 24 and Wednesday 25 November 2009 and will be hosted by Vivienne Parry. The awards will take place on the evening of 24th November. In order to make this unique conference available to the widest possible section of healthcare scientists, the cost of this conference is being held at just £60 to include both days and the dinner.

Who should attend?

- Senior healthcare scientists and healthcare scientist leads from NHS Trusts, Primary Care Trusts, Strategic Health Authorities, Foundation Trusts, Mental Health Trusts, University faculties, Independent Sector, Professional bodies, Special Health Authorities (eg Health Protection Agency, National Blood Service)
- Healthcare science advisors, HR directors, Nursing Directors, Medical Directors and Chief Executives
- Workforce planners, education commissioners, employers and human resource representatives

For more information please see;

<http://www.cso2009.co.uk/>

Important Education Opportunities

The ARTP strives to educate people who are involved in respiratory physiology. The list below provides details of courses available to both members and non-members. These courses are invaluable to develop skills and knowledge within specialist fields.

Basic Sleep Course - 29-30 September

Again this course has proved to be extremely popular and is now full. I am keeping a waiting list for any cancellation places that become available.

Blood Gas Course - 5 October (Sutton Coldfield)

The course taking place on the 5th October is now full and I am keeping a waiting list for places. This course runs twice a year and the next course will now take place in March/April - dates tbc.

Paediatric Spirometry Course - 15 October (Great Ormond Street Hospital, London)

This year a new one-day paediatric spirometry course will be launching at Great Ormond Street Hospital. The course will include: basic paediatric respiratory physiology, QC and Calibration, techniques for measurement of paediatric spirometry, measurement of bronchodilator response and inhaler technique in children and the presentation and interpretation of results. For a full programme and registration form, please contact me off forum on admin@artp.org.uk.

ARTP/IARS Joint Meeting - 15-16 October (Dublin)

I am pleased to announce that a joint ARTP/IARS meeting will be taking place in October in Dublin. An excellent programme of speakers has been compiled for what I am sure will be a very informative and enjoyable event. A pack containing the programme and registration form is in the post, or please contact me for further information.

Advanced Sleep Course - 21-23 October (Bristol)

I am pleased to announce that an ARTP Advanced Sleep Course has been confirmed to take place at Bristol General Hospital. For a copy of the programme and registration form, please see the ARTP website (www.artp.org.uk) or contact me off forum on admin@artp.org.uk.

NIV Course - 29-30 October (Birmingham)

First Announcement!!!

This course is just about to be launched and one day will focus on domiciliary and the second day on acute NIV. To register your interest in this course and receive further information, please contact me on the above email address.

Cardio-Pulmonary Exercise Testing Course - 23-26 November 2009 (Birmingham)

Building on the success of the previous two years, the CPET course will again be taking place at City Hospital Birmingham. This year the course will again be split into two distinct sections, with day 1 & 2 focusing on the practical aspects of CPET testing and days 3 & 4 concentrate on clinical interpretation. The programme and registration form are available on the website or please contact me off forum on the above email address.

This is always a very popular course and places are being booked very quickly!

ARTP Annual Conference 28-30 January 2010 (Heathrow)

The annual conference for 2010 will be taking place in the fabulous Park Inn at Heathrow. Again, a mailing containing the conference programme and registration form is in the post. I am sure you will agree that with an exciting new programme this will be one of the best conferences to date! All conference information will also be added to the website shortly.

For further information please contact admin@artp.org.uk

Stephanie Gunn

ARTP Admin

New INTERIM Secretary and Treasurer Posts filled

On behalf of the Executive Committee, I am pleased to announce that Jane Caldwell and Jason Viner have both been successfully voted on to the ARTP Executive Committee. until the next AGM.



Jane will take over the role over Honorary Secretary. Jane brings a wealth of experience, having previously performed this role in the past.
Jason will take over the Treasurer role.



Web links from this issue

CSO Conference
Association of Clinical Scientists
European Respiratory Society
Health Professions Council
Department of Health
British Thoracic Society

www.cso2009.co.uk/
www.assclinsci.org
www.ersnet.org
www.hpc-uk.org
www.dh.gov.uk
www.brit-thoracic.org.uk

Forthcoming Education and Events

- | | | |
|-------------------------------|--|-----------------|
| • CSO Conference | Nov 24 th & 25 th | London |
| • SPIROMETRY | Sept 7 th & 8 th | Brompton |
| • ERS Annual Congress 2009 | Sept 12 th – 16 th | Vienna, Austria |
| • BASIC SLEEP | Sept 29 th & 30 th | Bristol |
| • SPIROMETRY | Nov 23 rd & 24 th | Brompton |
| • BTS 2009 –Winter Meeting | Dec 2 nd & 4 th | Westminster |
| • ARTP Annual Conference 2010 | Jan 29 th -31 st | Heathrow |

Spirometry of the month

The following trace shows a copy of Spirometry performed in primary care, which was shown at the patient's local lung function laboratory when she attended for further testing.

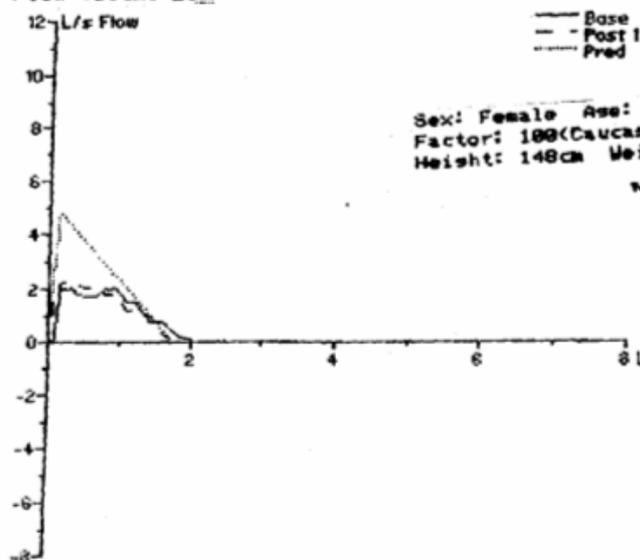
The traces (flow/volume & volume/time) show sub maximal effort and the expiratory flow-volume relationship suggests upper airflow obstruction. The measured PEF was 124 l min^{-1} , but values measured in secondary care were 300 l min^{-1} , with a normal shaped flow volume loop.

The patient's age was entered incorrectly. She was 78 years old at the time of the test (and not 74 yrs as reported)

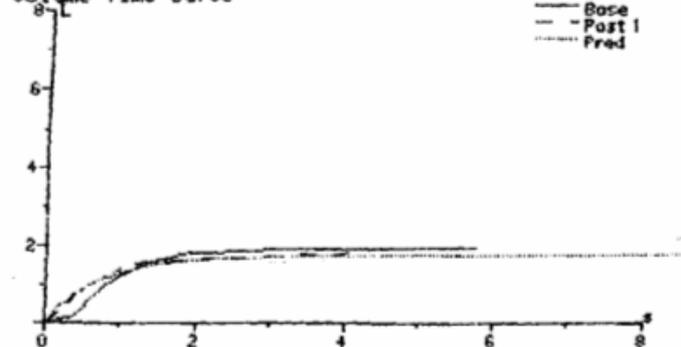
She also had some degree of spinal curvature. Her standing height (148cm) was used to calculate reference values in the example below, but measurement of her arm span in secondary care was 162cm.

```
Best Spirometry Result:
      |--- Normal ---|--- Post1 ---|
      Base %Pr  Min Pred Max  Post %Pr %Chs
FEV1   1.58 107 0.79 1.40 2.02 1.48 106 -1 L
FVC    1.99 113 1.03 1.74 2.45 1.82 104 -9 L
PEF    124  42 200  209 377  131  45  6 L/M
FEV1/FUC 76 100 64 75 96 91 100 7 %
MMEF   1.34 59 0.05 2.25 3.65 1.41 62 5 L/S
Lung Age: 78
Interpretation: Normal Spirometry.
```

Flow Volume Loop



Volume Time Curve



If you would like to submit a "spirometry of the month", please e-mail to eXhale@artp.org.uk. All data must have patient identifiers removed and the contributor will remain anonymous.

Crossword – sponsored by Vitalograph



1						2								3		4
				5						6		7				
8							9									
10		11					12		13							
15	16									17		18				
19								20					21			
				22	23							24				
												25				
26								27								

Many thanks to Vitalograph for sponsoring this crossword and offering a £20.00 book token for the winner.

If other companies would like to sponsor future puzzles, please contact eXhale@artp.org.uk

(Clues on next page)

Crossword Clues

Across	
1	<i>Breathing, too much of a good thing? (16)</i>
7	<i>A Spirometer supplied by Vitalograph (5)</i>
8	<i>Surgical removal of part of the ribs (13)</i>
10	<i>Type of bronchoscope (5)</i>
12	<i>To breathe? (7)</i>
15 across and 4 down	<i>An autoimmune disease that can affect the lungs (8, 14)</i>
17	<i>The lung is one of these, but not the musical type</i>
19	<i>A type of exercise test for those on the up (or down) (4)</i>
21	<i>One of 2 abbreviations for gas transfer (4)</i>
22 and 25 across	<i>Disease causing fatigue of skeletal muscles (10, 6)</i>
25	<i>See 22 across (6)</i>
26	<i>The lungs "overcoat" (6)</i>
27	<i>Found in cigarettes (3)</i>

Down	
1	<i>Venue for 2010 ARTP conference (8)</i>
2	<i>Cardiac test (? That needs repeating) (4)</i>
3	<i>A form of ventilation, on and off (abbr) (5)</i>
4 down and 15 across	<i>See 15 across</i>
5	<i>Deoxygenation of blood increases the ability to carry CO₂, was described effectively by this man (7)</i>
6	<i>Doris tries to be a noisy breather (7)</i>
9	<i>A tingly symptom of 1 across (11)</i>
11	<i>A type of reflex (3)</i>
13	<i>Mix with lime to remove moisture (4)</i>
16	<i>End of a breath? (3,5)</i>
18	<i>Reflux of this can burn (4)</i>
20	<i>A L-R one of these may increase 21 across (5)</i>
23	<i>A form of relaxation, originating in India (4)</i>
24	<i>A mixture of gases predominantly comprising Oxygen and Nitrogen (3)</i>

Please can completed entries be sent to Kimberley Jenkins, Exhale Editor, exhale@artp.org.uk by **28th August 2009**. Entries can also be snail mailed (or posted) to Kimberley Jenkins, Lead Respiratory Physiologist, Ward 14, Milton Keynes NHS Foundation Trust, Eaglestone, Milton Keynes, BS16 3SN.

Please include your name, and contact details. Entrants must be paid up ARTP members and not on the ARTP Editorial committee.

The winner will be drawn at random and notified directly.

www.artp.org.uk

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