

Association of  
Respiratory  
Technicians  
&  
Physiologists

Issue No: 5 September 1977

# NEWSLETTER

Editors: DCS Hutchison  
MF Clay

Chest Unit  
King's College Hospital Medical School  
Denmark Hill, London, SE5 8RX

## The First Year of the Association

by Len Smith

It is now just over a year since the inaugural meeting of the Association took place. At that meeting an Executive Committee was elected to pursue the objectives of the Association. This Committee, along with co-opted members, has met regularly with good attendance, even though this has meant some members travelling many miles. During the many hours of discussion, we have been fully aware that members not directly involved could be excused for thinking that scientific meetings and a Newsletter are the full extent of our achievements. Any lack of communication, I must add, should not be laid at the feet of Spike Clay, who has travelled regularly to London from Cardiff to report for the Newsletter. The fact that the notes are in Welsh and the Editor cannot translate is beside the point!

As we are now approaching an Annual General Meeting on 8th October, I feel as Chairman that it is time to give a brief summary, through the medium of the Newsletter, of what the Executive and co-opted members have been trying to achieve on behalf of the members. Apart from the scientific meetings, which form a major part of our Association, it was obvious that within the Health Service and research establishments there were small groups of specialist scientists and technicians who were bewildered at the rapid rate of change taking place and, what is more important, had little means of influencing this if they so wished.

These groups formed themselves into the Federated Associations of Medical Technology (FAMT), and our first objective was to join this Federation. This we achieved and were accepted as founder members. Other groups have since applied to join and the total membership at present is around 2,500. It is obvious that the DHSS welcomed this Federation, and in its short life its views have been sought on many topics; there is little doubt that the Federation will play a prominent part in shaping the future scientific and technical services. Membership can only be through an affiliated association, and a Newsletter is soon to be sent to all members.

/Cont.

\* \* \* \* \*

Annual General Meeting : Saturday 8th October  
at London Chest Hospital, London, E.2.  
(Programme will be circulated separately)

VACANCY - See inside

\* \* \*

Overdue Subscriptions - See inside

A meeting took place (see Newsletter, January 1977) between the DHSS Senior Scientific Officers and ARTP representatives to ascertain the views of the DHSS on the Zuckerman consultative document and to put forward the various points raised by members. It was felt that the meeting was well worthwhile and the door has been left open for further discussion.

With the introduction in the late seventies of the new technician education and training courses, it has been necessary to spend much time discussing the modules of in-service training of technicians who may undertake respiratory work. A first draft has been prepared to be submitted through the FAMT to the DHSS but owing to the time factor it has not been possible at this stage to ask all members for their views. It is worth noting that one of our members is now discussing the whole question of education and training of technicians directly with the DHSS as a member of the FAMT delegation, and will therefore also submit our proposed training programme direct.

There are obviously many other matters that we have discussed which are much too numerous for me to mention in this summary, so why not come to the AGM in October and express any other points you would like to put forward then. If you cannot do this, why not write or even telephone.

Before finishing this summary, I would like to thank all those who have given so much time to the Association, and I am particularly grateful since this time has to be given in addition to their normal duties.

\*\* \*\* \* \*\* \* \*\* \*

#### OVERDUE SUBSCRIPTIONS

Membership subscriptions fell due in May 1977, but a certain number are still outstanding.

The Treasurer regrets that the Association will be unable to send further Meeting notices or Newsletters to those whose subscriptions remain unpaid.

Cheques or postal orders should be made payable to: Assoc. Resp. Tech. & Physiol., and should be accompanied by name, address, Association number and type of membership, (i.e. Full, Junior, etc.). Send to: Ann Hart,  
Department of Medicine,  
Royal Postgraduate Medical School,  
Ducane Road, London, W.12.

\*\* \*\* \* \*\* \* \*\* \*

#### Education and Training

Doreen Pollard, who has been coordinating the survey on Education and Training, has unfortunately had to give this up owing to increased pressure of work in her own laboratory. She has performed a most important service in getting this off the ground, and we are very grateful to her for her efforts.

Jim Reed is now going to take over this task on behalf of the Association. He is a member of the FAMT delegation to the DHSS, and will be glad to have the views of ARTP members. He can be contacted at the Chest Unit, King's College Hospital Medical School, Denmark Hill, London, SE5 8RX, tel: 01-274 6222 Ext. 2791.

The main task at present is to draw up the Respiratory section for the new 'O' TEC In-Service Training Programme, which will eventually replace the ONC. The idea is that all the colleges will cooperate in producing these courses, and one profoundly hopes that this will result in a common nation-wide standard.

Interdepartmental Liaison

During tea-time chat at the Birmingham meeting, it appeared that technicians employed in a department which does not have a particular item of equipment would have little opportunity of visiting another department to learn something about it. It would be helpful, therefore, for members of the Association to know what tests were being done elsewhere, and particularly of any department prepared to accept visitors wishing to gain experience in a particular method.

To start the ball rolling, Derek Cramer has written asking anyone in the Association to contact him if help is required. The following tests are carried out at the Brompton Hospital:

| <u>Routine tests:</u> | <u>Measurement</u>        | <u>Method</u>       |
|-----------------------|---------------------------|---------------------|
|                       | Lung volumes              | Body plethysmograph |
|                       | Single breath CO transfer | Resparameter        |
|                       | Flow-volume loops         | Ohio Spirometer     |

Tests carried out only on selected patients:

Exercise test  
 Blood gas analysis  
 Lung Compliance  
 Nitrogen washout curves  
 Closing volume

Derek Cramer is the Chief Technician in the Lung Function Unit, Brompton Hospital, Fulham Road, London, S.W.3., tel: 01-352 8121 Ext. 4423.

\*\* \*\* \* \* \* \* \*

VACANCY

REGIONAL CARDIO-THORACIC CENTRE, EAST ANGLIA.  
 PAPWORTH HOSPITAL, PAPWORTH EVERARD, CAMBRIDGE.  
 MEDICAL PHYSICS TECHNICIAN: GRADE III.

This is a joint appointment between the Heart Lung Department and Respiratory Physiology.

Further details and Application Forms from:

Sector Administrator,  
 Papworth Hospital,  
 Papworth Everard,  
 Cambridge, CB3 8RE

BIRMINGHAM MEETING

The third General Meeting of the Association was held at the Post-Graduate Centre, East Birmingham Hospital, on 23rd April 1977. The meeting was arranged in two parts, the morning session being devoted to scientific business. Dr. Steven Haydn from the Queen Elizabeth Hospital, Birmingham, spoke on tests of small airway function and their application to a group of welders in local industry; he was followed by Dr. Keith Prowse of the City General Hospital, Stoke-on-Trent, who discussed the clinical features of bronchial asthma and the methods of assessment.

The afternoon session was concerned with the education and training of technical staff. Mr. B. Jarvis described the developments which have taken place over the last few years and of the plans for the future, after which there was a general discussion. We are most grateful to our three speakers for taking the trouble to come along and give us some very interesting papers. We also owe our thanks to our Secretary, Sally Gough, for her part in organising the meeting. Owing to indisposition she was unfortunately not able to be present, but Sue Bradbury took over at short notice. We are also most grateful to Roger Gooch and Miss Wood at the East Birmingham Hospital for making all the local arrangements. An enjoyable meeting and many thanks to all concerned.

Small Airway Function in Welders: Dr. Steven Haydn, Queen Elizabeth Hospital, Birmingham.

Dr. Haydn described his studies of lung function in a group of welders in local industry. There had been a prior suggestion that welders were more liable to acute respiratory infection due to the inhalation of toxic gases; the effects of cigarette smoking, however, may cause some confusion. Some elaborate tests of small airway function were described, including the slope of the Argon and Helium concentrations following the inhalation of a single breath of the marker gas. Dr. Haydn pointed out that the variability of these tests was considerable, and that the simpler tests such as FEV<sub>1</sub> were as good as any. He was not able to detect any deterioration in lung function among the welders once he had allowed for the effects of cigarette smoking.

Some Aspects of Bronchial Asthma: Dr. Keith Prowse, City General Hospital, Stoke on Trent.

Dr. Prowse discussed the problems of bronchial asthma and dwelt upon some of the erroneous ideas which have arisen. He started by drawing attention to the commonly accepted definition of the disease; this is usually based on reversible or partially reversible airflow obstruction, but he stressed that there is an additional group with little reversibility who behave like patients with chronic obstructive bronchitis.

He also discussed the factors which may bring about an attack. Infection and allergy both play an important part, but in the so-called "intrinsic" group no obvious allergic basis can be found. He also dispelled the notion that the majority of children "will grow out of it"; in fact, less than half do so.

With regard to assessment, simple tests such as FEV<sub>1</sub> and expiratory peak flow may be all that is necessary, and their value is enhanced by measuring the response to bronchodilator aerosol. Diurnal and seasonal variation should also be noted.

Subjective assessment of dyspnoea can be misleading, as it may depend on motivation and the demands of the patient's job; objective measurements, particularly in exercise-induced asthma, are therefore of considerable importance.

Development of Education and Training for Paramedical Technicians: B. Jarvis, Education and Training Officer, Birmingham AHA.

Mr. B. Jarvis, who has had a great deal of experience in this subject, discussed the development of education and training for technicians in the medical field.

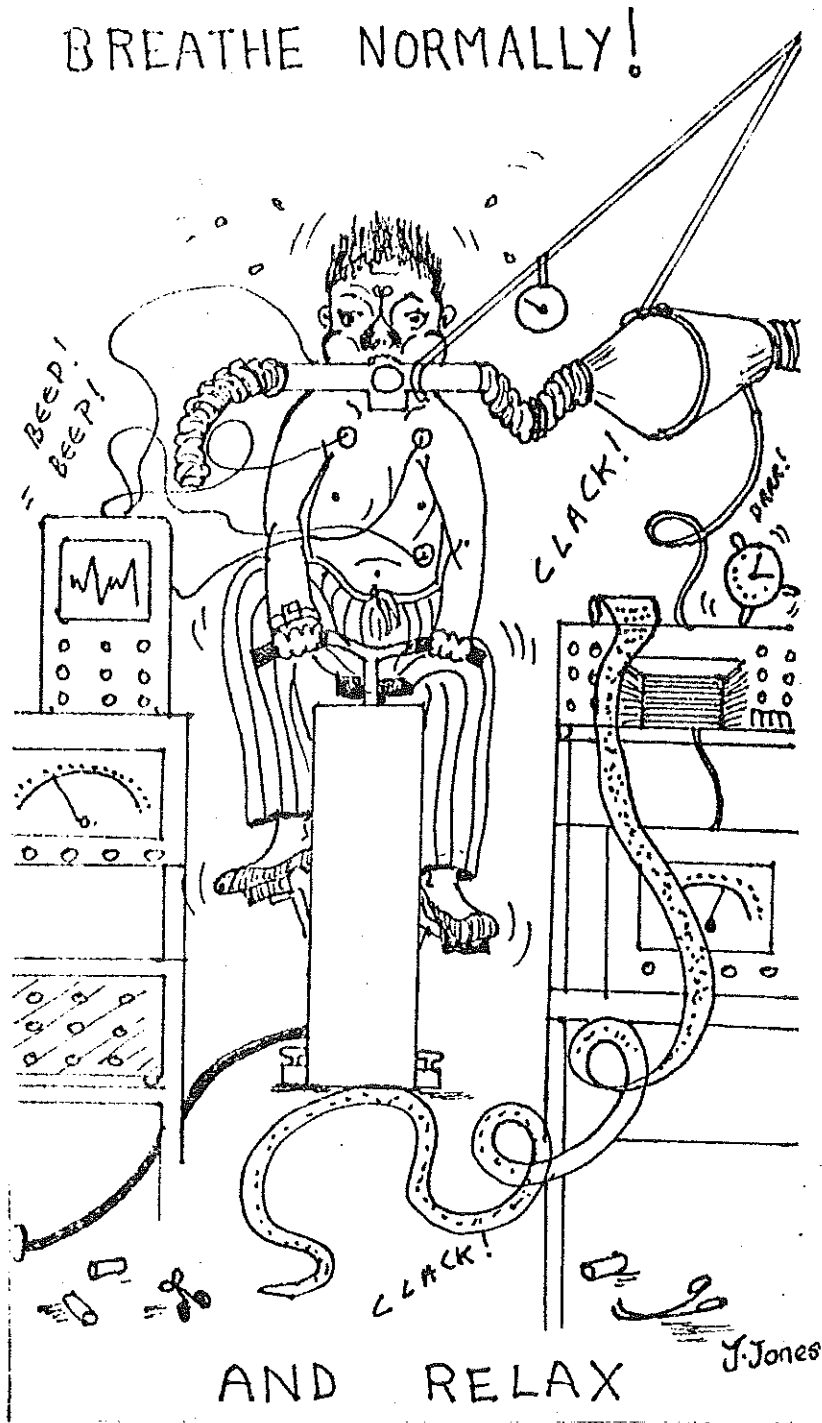
.../Cont.

He reminded us that not so long ago training in clinical departments was undertaken very much on an ad hoc basis; sometimes this had good results, but generally the pattern was a patchy one. Mr. Jarvis pointed to his own experience in medical physics, where in the past many technicians had left the service due to inadequate pay and poor career prospects.

Recently a good deal of thought and effort has gone into the designing of suitable programmes to cover the many different disciplines within the health service, and for this purpose the first ONC courses were introduced in 1968, supported by Paddington Technical College, followed by the HNC in cooperation with Ewell Technical College. These courses have in many ways served their purpose well, but the administrative machinery has been cumbersome, and they are now being phased out in favour of the new Technician Education Council (TEC).

The TEC is in the process of redesigning many of the courses, and a number of different awards will be available. The courses and awards are being designed so that there will be common standards throughout, so that they will be more relevant to the employment available and will enable more mobility between jobs. Additional units of study (or "modules" as they are now called) could be taken in order to add to the student's experience or to act as a refresher course.

Mr. Jarvis felt finally that it was most important for members of our Association to become involved in planning at an early stage. He recommended that we should seek representation on the Education Committee of Technical Colleges to ensure that courses were designed specifically for the needs of our members.



As the AGM is being held at the London Chest, Jane Jones has sent us this diagram to let us know what to expect.