eXhale

The ARTP e-Newsletter

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Editors Welcome

Hello to all.

Well, it has been a while since eXhale has been published so I would like to apologise for the delay. I actually didn't think I had enough to put together a good copy, but with some good contributions from others and an adventure or two of my own, it has bloomed into a nice varied issue.

Now the general election is over, and the country is being run by a government that no one elected, changes are afoot, especially in the NHS.

Luckily, the likes of the Year of the Lung, the impending World Spirometry Day and the release of the NICE: COPD update (http://guidance.nice.org.uk/CG101) are ensuring that the profile of respiratory medicine is maintained, despite who holds the purse strings.

As most of us already know, the next few months of cut backs and reorganisation, which will no doubt be managed by non-clinical, non-realistic members of the associated organisations, will bring significant changes to all. In our region alone, smoking cessation and community respiratory teams have sadly already been decommissioned. Hold on to your hats/ toupee people!! It could be a bumpy ride!! As always though, as highly trained individuals we will crack on with a spring in our tail and a quip on our forum.

I would like to thank people for the wonderful contributions that they have made to this edition of eXhale. Not only does it stop the readers getting bored of reading 10 pages of my blah, blah, blah, it also allows people to have a greater understanding of the different experiences and challenges physiologists face around the country.

Happy Reading!!!!

MSC – Healthcare Science Planning Meeting: South Central

In April, I trundled to Newbury to meet the South Central SHA regarding the implementation of the MSC.

The meeting was steered away from politics as with the general election looming, there were no clear cut facts from the politicians and associated bodies. It was interesting to hear the South Central SHA alone had to save £1.6 billion in the next 4 years, which is equivalent to 4000 jobs per annum for the next 4 years!

The meeting was attended by physiologists from both cardiology and respiratory, representatives from the higher education institutes (HEI's), clinical tutors, MSC professional advisors, physicians and lecturers.

The planned implementation date for the MSC is 2011, at which point all funding will be cut for students on the current scheme. Students accepted onto the MSC route will apply for student funding in the traditional way. Places will be applied for through the UCAS/clearing procedures currently used for other courses. Which begs the question, what happens if a current student needs to resit/defer for any reason? Service providers from cardio and resp/sleep departments need to plan to accommodate placement activity for full-time undergraduates from this year.

Oxford Brookes university are planning to take on an earlier cohort in 2010, and the HEI will have to map the first year curriculum into modules that are already validated. This means new students will cover required material, with the aim of validating the new award title for 2011 and transferring the students over. However, I can't help but think, rather than rush people through the door and messing them about, surely it is more beneficial to ensure that the course is validated and fit for purpose before rushing people in?

1st year, there are 10 weeks of placement, aiming to experience all the specialisms of physiology. As another respiratory physiologist stated at the meeting – "how do we glorify phlegm?". At the end of the first year, the student then decides which field they enter.

Funding and educational implications were discussed of cross SHA placements.

The Medical education board (MEB) are responsible for liaising between the HEI's, RCCP and individual accreditation bodies. If you live in sunny Scotland, NHS Education Scotland will be responsible for liaising. It is aimed that the accreditation will be standardised between all fields.

A question was raised about standardisation of supervisors, because currently the HEI's come to students work places to assess the assessors. The HEI's will be responsible for the quality control of supervisors and the system will be similar to that used currently to assess student nurses.

The learning outcomes of the scheme are still being finalised. Each individual competency is penning specific outcomes, and these are still currently being written. It is agreed though that the "training manuals" that are being written will be based on the currently used programmes. In June, the professional bodies will feedback on the presently proposed training Manuel, including the learning outcomes. An electronic assessment strategy was presented to the HEI's, by the SHA.s in March.

The numbers of people enrolled in the course will have to be HEI agreed. For Oxford Brooke, 2011, it is proposed that there will be 20 places across cardio/resp/sleep/vascular.

Southampton University are also planning to provide the course but are aiming for a 2011 start date. In addition to the discussed specialities, Southampton are preparing to also provide training for Neurosensory PTP.

Each trust will have to agree at a local level with their SHA how many students they can rotate on placement at any one time.

It was agreed that advertising this degree would need to be a priority. The suggested grades are BBC (inc. biology and chemistry) to enrol for the course.

HEI's also need to fulfil EU accreditation so this course is valid in the European community. There are no agreements that trusts will employ students post-qualification and graduates will need to apply for jobs in the usual manner.

All trusts that are hoping to have student placement are required to discuss the scheme with the placement co-ordinator for the Trusts.

The drop out/failure rate was also question. According to the SHA, these are not investigated until the rate reaches 13%. However, with class sizes of just 20 people, this is only 2.6 people per annum. There is no contingency plan for drop outs or lack of interest. Therefore, there is no plan B should qualifying numbers drop.

The mapping of placements to HEI's still needs to be completed. Of course, this is dependent on the institutions offering the course and Trusts will to train students.

The placements of students in different years will be staggered. The students must not take any leave in the time that they are on placement. (Ideally students will attend one placement per section. If a trust is offering placement to an HEI, it will total 50 weeks of the year a student will be in the department (10 weeks first year, 15 weeks second year and 25 weeks a third year).

The development of skills labs would be vital in order to aid the delivery of a very intense programme of competencies. This would allow the basic skills to be acquired ahead of clinical placements to maximise meaningful clinical exposure. When addressing the problem of students getting hands on experience at their HEI's, a cardiac physiologist mentioned that maybe a large manufacturer such as Siemens could be approached to sponsor skills labs and supply equipment. At this point, the need for close working relationships between HEI's and clinical staff was emphasised – as a senior lecturer for one of the HEI's made a quip about Vodaphone sponsoring the labs!

The numbers of Science Practitioner trainees agreed by the SHA for funding 2010-2011 was fewer than the workforce demand, due to affordability, and this offers the potential for training placement capacity for full time students in addition to seconded trainees.

Living accommodation was discussed as being a potential issue. If students are doing a placement away from their HEI, there is potential added cost to the student and their parents as 2 separate accommodations would need to be paid. The SHA suggested all Trusts approached their staff accommodation departments. Clinical staff feedback that this would not be appropriate as staff accommodation is in short supply, and not all trusts had this option.

This covers the main information and points that were discussed, in South Central.

At this point, I must mention that a further meeting occurred on the 20th July; "Implementing Modernising Scientific Career – DH Road show. This was the second part to the above. However, I was unable to attend therefore unable to report.

2010 – Year of the Lung

2010 is Year of The Lung, and as part of this campaign, **October 14th 2010** is World Spirometry Day (WSD) – what are you going to do to raise the awareness of our wonderful profession?

For more information, please visit www.yearofthelung.org for more information and for any resources, if you are planning an event

As part of the publicity for WSD, ARTP would like to calculate the number of spirometry tests performed by scientists/physiologists on a given day. Once we have looked at the best way to do this, we will be contacting your Department for your spirometry workload.

ARTP are also looking to be involved in participating in some national events based around spirometry and awareness of the need for lung health

If you are running any local events (however small), I would be grateful if you could let me know (chair@artp.org.uk)

Thanks in advance

Martyn

Introducing the Junior Members Representative

Hi there. I'm Samantha Briscoe and I have recently been appointed to the ARTP executive committee as the Junior Members Representative. I am currently working as a senior medical technologist in Sleep and Respiratory services at Guys and St Thomas' NHS Trust. I have been working in sleep and respiratory physiology for five years now and I completed my Clinical Physiology degree with ARTP part 2 last year.

My role within the ARTP exec. is to provide a link between the junior members and the executive committee, responding to your concerns, representing your interests and raising any issues you may have at the committee meetings.

If you have any questions or concerns you wish to raise, or views you want to put forward to the executive committee please contact me at Juniors@artp.org.uk. I look forward to getting to meet more of the junior members and to having a more active role in the ARTP.

Samantha Briscoe

STEM Ambassadors Work

As part of my work with the STEM Ambassadors programme, I was invited to assist with Chemistry at Work event in a local secondary school. The event was managed by the chemistry society and is run at a national level across schools. I was advised that the demonstrators had already been allocated but assistance was required with setting up etc. As this was the first task I had with STEM, I thought it seemed like an ideal starting point. The organiser was a well experienced educational provider.

In days gone by, I made science fun by burning anything that wasn't nailed down to the desk. I had a pencil case full of slightly charred pencils. The best fun to be had was burning magnesium ribbons or throwing iron filings onto the Bunsen burner – don't pretend that you didn't enjoy fire based chemistry lessons! However, I am led to believe that this is no longer suitable in schools and involves and incredible amount of "health and safety" paperwork. Shame really! Surely, pyromaniacs are easier to guide to putting their skills to use in a suitable situation from an early age!

The day involved several different presentations to the year 9, 10 and 11 children. The presentations were;

- Piping Hot; A demonstration of chemistry at use by plumbers.
- Making Hair Gel; A practical demonstration of how to make hair gel
- Mans Best friend the Horse; A look at how chemistry affects livery
- Providing electricity; A talk about copper cables

After I had assisted in setting up the day, I attended the talks.

The day was interesting and covered a vast range of science. I particularly liked the plumbers as they do not live up to common stereotypes of scientists being older men, with glasses, mad grey hair and white coats on. After all, I don't know Many people in the ARTP that fit this idea. This presentation achieved the days objectives perfectly;

- Show how chemistry affects everyone one in there every day life
- Many careers use chemistry, even if not obvious
- Expel the negative stereotypical image

Overall, the day was brilliant. It was good to see children be able to engage with science and also see how it affects them in every day life, as well as maybe in their career. The demonstration involving the horse was engaging, as the children had never had a horse on the tennis court before (although I didn't envy the grounds men). Also, it showed the youngsters that you don't have to work in a lab to be a scientist – I believe this is a big drive with the chemistry society at the moment.

Using my "critic head", I would have to say that there was one negative. Apart from the plumbers (which were both male), all of the demonstrators were men, with grey hair, of a certain age and they all wore glasses too! Now, I have no problem with any of the above observations but from a woman point of view, or more importantly, an uninspired female teenagers point of view, this could be off putting. This reinforced the idea that scientists are male. In our specialism however, there are far more female than male physiologists. I think it is important at these events to reinforce its not a sex thing, it's a science thing!!!

A Day out with a well known Oxygen Supplier

Authors: Jude Taylor (Senior Respiratory Physiologist)
Caroline Downing (Specialist Respiratory Oxygen Nurse)
QEH Birmingham

As part of gaining a greater understanding of Home oxygen supply and the experience of the receiving patient, myself and the Trust's Oxygen Nurse embarked on a day out with the oxygen supplier in the West Midlands region**.**

The day started with a visit to the central depot situated in an Industrial estate not too far from central Birmingham.

We drew up with caution in unfamiliar surroundings, mainly due to the close proximity of a huge funeral directors and a Nail Technicians college. Getting in the wrong van or going home looking like Liz from Coronation Street were not good options!

The depot itself represented a highly organised unit, where the installation vans were restocked and the days work lists assigned to the waiting engineers. There was also a work shop area where concentrators were stripped down, fixed (hit with a hammer to the untrained eye) and stock-piled for re-issue.

We were split up (probably wise) and assigned an engineer to shadow for the day.
The first visit involved a simple ambulatory cylinder drop, where empties were picked up and new ones supplied in "milk man" style by leaving them in plastic cylinder holders outside the house. This was the learning point as I had assumed patients had to be in to receive new supplies.

The next two visits involved equipment delivery to new ambulatory users. The role of the engineer entailed fully setting up and demonstrating the equipment. He was however asked lots of questions about when and how much oxygen to use. These were questions on which he was not allowed to advise and demonstrated the importance of educating the patient at assessment and consent time.

Both patients concerned had been prescribed on hospital discharge and were not sure exactly how it should be used. I felt this is something that would not happen in physiologist and other discipline led assessment centres.

The fourth visit was for a new concentrator installation. Once again the patient was thoroughly educated on use but this time issues emerged as the household had no concept of the size and extent of the equipment required to deliver therapy. Some quick household remodelling, luckily without the need for "Colin and Justin"or "Lawrence Llewelyn thingy wotsit" solved this problem.

This again highlighted the need for an extensive education by the prescriber. However to be fair as my oxygen nurse colleague pointed out, it is unlikely the prescriber (often a junior doctor) has any idea of the equipment involved or the installation process. In our Trust my aforementioned colleague visits all patients on the ward to be discharged on home oxygen therapy and lets them know what's coming. To continue trumpet blowing, we also supply a leaflet to all patients commencing this form of therapy. This is no way replaces the comprehensive documentation provided by the specific oxygen supplier at time of installation but explains the practicalities before the "A-Team" van arrives to install.

In terms of safety issues and particularly smoking it was learnt the engineers do report back if there is any evidence of smoking whilst on the therapy i.e. catching them red handed. However

despite visiting one house that would have rendered a herring a kipper, this was not sufficient to halt the installation as the householders denied smoking, putting it down to chain smoking visitors. We were nevertheless not sure how many of them were reporting due to the haze. There is no current guidance from the DOH on prescribing oxygen to smokers as I'm sure you know, falling to the discretion of the supplier.

In summary it was highly informative day demonstrating the practicalities of installing and using oxygen therapy, translating into the ability for us to educate the patient on "What goes on" with the whole process start to finish. It also exemplified highly versatile and sensitive engineers dealing with a variety of scenarios particularly palliation which would usually fall into the remit of all those in the caring profession. Thank you to the well known oxygen supplier for their hospitality and the opportunity to see the reality and therefore better inform our patients.

Lab in Focus; Kettering General Hospital

Author: Chris Bossingham

Kettering General Hospital is a DGH in a small market town in Northamptonshire, serving the north of the county. It is known as "the new costswolds" or "North Londonshire" depending on which building development they are on about. The original hospital, like many, is Victorian with many additional buildings joined to it. The hospital serves three outlying centres in Rushden, Wellingborough and Corby. Corby is where British Steel had its works and with the large influx of workers from across the border is known as 'Little Scotland.' Kettering itself was an area of boot and shoe manufacturing. These two now obsolete industries have given rise to most of our workload. Our lab is currently situated in a large cupboard on the same floor as the respiratory ward, but rumour control says we are moving into 3 rooms, something that we have heard frequently in the past. It does however seem positive this time and might just happen.

We are a small lab; there are only 2 physiologists, with a part time administrator. Lynne has been here since Noah was a lad and I arrived 2 years ago. I came here after working for the Dti on the Miners' Compensation Scheme for 10 years, where 6-day weeks, 10-hour days were common. We try to run the lab on strict regimented lines, as we are both ex Army, (both coincidently joined up in 1969). For the older members who can remember the Royal Tournament Gymnastics Display, well that was Lynne, and I did my entire nursing and subsequent physiologist training at military hospitals all over the world.

We offer Spirometry, full PFT's, MIPS/MEPS, LTOT, Skin prick tests, 6-minute walk and ambulatory oxygen assessments and overnight pulse oximetry. We are hoping to organise Challenge tests in the future, and partial poly somnography in conjunction with our colleagues at Northampton.

We work for 3 Respiratory Consultants and in conjunction with our outreach respiratory nurses, who organise amongst other things a pulmonary rehab course.

A little history and name dropping, Kettering was one of the first DGH's to get a body box, Lynne and her consultant T. J. Williams were responsible for the fundraising for most of the cost of the box. They borrowed a field and people were encouraged to buy a square foot, a cow was let to roam and its first deposit was the winning square. The prize was a cruise on the QE2 as Dr Williams was once the ships doctor. I worked for 12 years for CK Connolly; both of these consultants were responsible for a great deal of research. It appears that both Lynne and I were initially trained by a young Mr Hogben at Bloors Lane; we have both used Morgan exclusively ever since. We have recently applied to become a spirometry-training centre.

Joint ARTP/BSS Sleep Survey

BSS/ARTP Sleep Worker Survey 2010

On behalf of the British Sleep Society and ARTP SLEEP we have compiled a Sleep Worker Survey to try and capture information on how Sleep Services are staffed in the UK.

To date, there is very little data available on how many technologists, physiologists and nurses are working in this rapidly developing field or what level of training and qualifications they possess. We feel that this information is crucial if we are to assist in the development of training and education programmes and hopefully formalised qualifications for this evolving discipline of healthcare scientists and nurses.

We would ask that the lead technologist/nurse for every sleep service would take the time to complete **Form A** for an overview of your workforce giving the names of all your clinical co-workers. We would then ask that the lead technologist/nurse and all clinical co-workers (not physicians or admin) complete **Form B** which details of their qualifications, training, grading and percentage of work time dedicated to the sleep service etc. Both forms will shortly be available to be completed on line at the ARTP Website (http://artp.www-live1.pixl8.co.uk/en/sleep/sleep-survey/). Please note that you will need to complete Form B for each Sleep worker (nurse/technologist) employed in your sleep service.

The information we receive will help to direct our input into the Modernising Scientific Careers Programme, national Work Force planning programmes and will be held, confidentially, by both organisations. The demographic details for each sleep service will also be uploaded onto the BSS website.

We hope you will appreciate the value of submitting this information.

If you have any queries or would like additional information/forms please contact me by telephone on 0207 188 3439 or via email: simone.de-lacy@gstt.nhs.uk.

With many thanks in anticipation of your assistance

Yours sincerely

Simone de Lacy BSc RPSGT
President, European Society of Sleep Technologists
Education Liaison Officer, British Sleep Society

ARTP Travel Grants

Please Note: Grants are only available to ARTP Members.

Meeting Grants
Grants are available for the following meetings and must be received by ARTP Admin by the stated date.

Grant Availability (annually)

ERS Meeting	(5 @ £1000)	1st June
ARTP Conference	(10 @ £500 max*)	1st November
CSO Conference	(5 @£300)	1st June

(*If you are applying for your registration fees as a travel grant please also specify this on your ARTP conference registration form)

Travel / Experience Grants
Grants to allow ARTP members to extend their work experience or learning practices are also available.
(£1500 total fund, at the discretion of Executive Committee)

How to Apply for a Grant
To apply for any of these grants please use the form available from the website (About ARTP | Membership | Travel Grants).

Forthcoming Education and Events - 2010

• ARTP Spirometry Course	Sept 6th & 8th	Brompton
• European Sleep Technologist	Sept 14th	Portugal
• ARTP Spirometry Course	Nov 11th & 12th	Glamorgan
• ARTP Spirometry Course	Nov 29th & 30th	Brompton
• AARC Congress	December 6th – 9th	Las Vegas
• ARTP National Strategy Day for leaders in Respiratory /sleep Physiology	December 7th	Birmingham

Badgers Bits

I joined the gym but it costs far too much
So I joined Helping Hands but I'm simply out of touch
Do you think laughing would help my current state?
If you could get me laughing, that would be great!

Dear doctor, Me again; still not feeling any better.
Would it be possible to please amend this sickness letter?
I trust your medicine and your knowledgeable advice,
But sex, drugs and rock 'n' roll are my ONLY vice.

Top 5, bodily fluid, sample analysis, inappropriate receptacles
1) Jam Jar
2) Plastic bag
3) Tissue
4) Floor
5) 2 Specimen pots

Edumacation and being not stupid are my foreseeable goals
Noting the last course I was on, had eighteen holes
Can I enquire about the future of my health care?
As losing you as my doctor would be prognostically unfair!

Political statement - Conservatives 'hung parliament is not a decision to fix 'our' debt.' *[Voice of the Badger]*What!? 'OUR' debt? Health care has never been freer

Inspirational Enterprises

Costa-lot Coffee - In partnership with Subway Fresh Sandwiches
League of Fiends - Not as evil as it sounds
AFC: Agenda for short change - Worked really well
NHS: National Health Shenanigans - 'Everything is fine...'
KFC: Key Skills Framework - Training chickens to be locksmiths

Starter
Custard creams OR Quality Street

Main course
Congealed gelatinous glop with chips OR spaghetti noodles
Special: Rice, orange inferno & bullet proof poppadom
Veggie option: Privets, twigs, fresh air & plant stalk. Garnished with 2 stamps.

Dessert
Cake OR almost-within-date continental sweets

Identifying Healthcare Professionals

Protective apron, gloves, bucket of caustic liquid = chef
Stethoscope, no ID, struggling with 2-way doors = med student
Pyjamas, meandering walk, mumbling to self = surgeon
Stood in the middle of a corridor with a stop watch = physio
Interested in your personal business = receptionist

Discombobulated Badger

Are kippers ever awake?
Nicotine inhalers advertised as 'closest thing to smoking, without smoking.' Surely an unlit cigarette is closer?
A dyslexic walks into a bra
Children laugh 400 times a day. Adults manage 15 times a day
20 seconds of laughing is as useful as 3 minutes on a rowing machine
Have you heard about the 100 pack year undertaker? Has a cough-in' issue
Are we sure cats have 9 lives?

www.artp.org.uk

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