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Editors Welcome

Hello All

Hope this newsletter finds everyone out there fit, well and winning the fight.

As much as I yearn to write something incredibly prolific, awe inspiringly inspirational or to be honest I would just settle for plain witty at this moment in time, just like my lung function kit, it is too hot for my electronics to function.

This is a little bit of a Heinz 57 issue of eXhale with many little tit bits that may tickle the fancy of you all. In addition to our informative articles, we have some light reading and good news, after badger failed to take over the world, he has returned and is writing for eXhale again.

Please can I stress to all the importance of the MSC update. This is incredibly useful and I have even shared this with my manager this week to further extend his very limited knowledge. Since that meeting, I have not had a single MSC related phone call from him, which is excellent.

I'd also like to congratulate all the students who have had their results and passed their degrees/professional exams this year. Well done to you all, now the hard work begins!

Enjoy the issue.

Modernising Scientific Careers Update

As ARTP lead for MSC I must apologise for not keeping you up to date with issues around the Implementation of the MSC agenda. This has mainly been due to the speed of development and changes within the project. Things are beginning to settle down and therefore it is an ideal time to outline the current status.

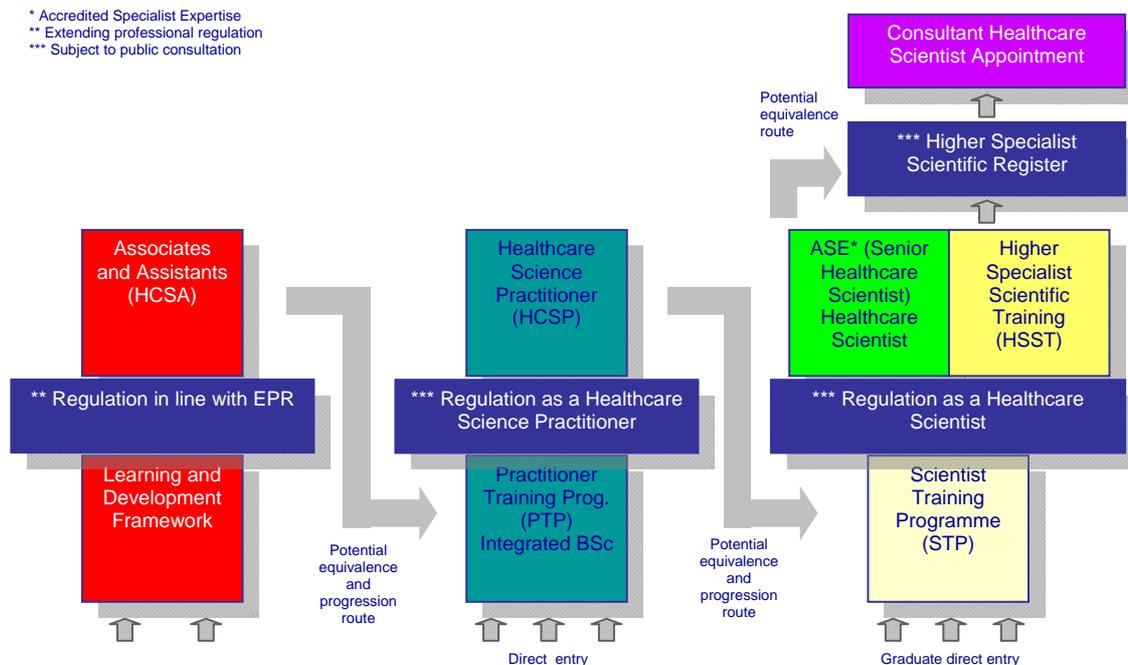
In addition to myself the following people have been actively involved in the project: Brendan Cooper, Julie Lloyd, Jo Shakespeare Martyn Bucknall and Simone De-Lacy, David Jones, Jill Meeres, Jacqueline Bennett for sleep and aided by Martin Allen as the BTS rep.

Background

The MSC is a major reorganisation of the way all Health Care Science (HCS) disciplines are trained and developed. Detailed information is available on the website

http://www.dh.gov.uk/en/Aboutus/Chiefprofessionalofficers/Chiefscientificofficer/DH_086661

It basically divides the HCS into 3 divisions (Physiological Sciences, Life Sciences and Physics & Engineering). For all disciplines the basic career framework is as outlined below.



The MSC project divides the Physiological Sciences into 3 groups:

Cardio-Vascular/Respiratory-Sleep (CVRS)

Sensory Sciences incorporating Audiology, Neurophysiology and Vision

Other professions including Urodynamics and Gastroenterology

Most of the development work has been concentrated at the Practitioner Training Programme (PTP) and Scientist Training Programme (STP) levels. Work has commenced at the Assistant/Associate levels and will soon commence, in collaboration with the Royal Medical Societies, on the Higher Specialist Scientist Training (HSST) scheme.

PTP Programme

This is a new direct entry bachelor degree programme which differs radically with the previous one. The main differences being

1. It is fully funded through the normal university funding mechanisms and as such students will need to obtain grants in the normal way. This is to align Clinical Physiology with all the other degree entry professions
2. The students will not be employed by hospitals but attached for specific periods of time
3. The final level of competencies will be similar to that of the ARTP Part 1 Examination, although this will not be included within the degree but will be available separately.

Full details of the syllabus and training manual are available on the website but the basic timetable is as follows

Year 3 Application to Practice	Professional Practice [10]	Scientific Basis of Healthcare Science Specialism [60]		Practice Based Project [30]	Work-base Training 25 weeks [20]	*46 wks
	Generic Curriculum	Specialism Specific Curriculum				
Year 2 Techniques & Methods	Professional Practice [10]	Research Methods [10]	Scientific Basis of Healthcare Science [60]	Principles of Scientific Measurement [30]	Work-base Training 15 weeks [10]	*40 wks
	Generic Curriculum	Division/Theme Specific Curriculum			Discipline	
Year 1 Scientific Basics	Professional Practice [10]	Scientific Basis of Healthcare Science - Integrated Module across Body Systems will usually include informatics, maths and statistics [60]		Scientific Basis of Healthcare Science [50]	Work-base Training 10 weeks	*36 wks
	Generic Curriculum		Division/Theme Specific Curriculum			

Year 1 has 2 mandatory work-based training elements (5 weeks Cardio/Vascular and 5 weeks Respiratory/Sleep). This is followed by a further 40 weeks in the trainee specialism in years 2 & 3.

ARTP are actively involved with the accreditation process for these new degree programmes

STP Programme

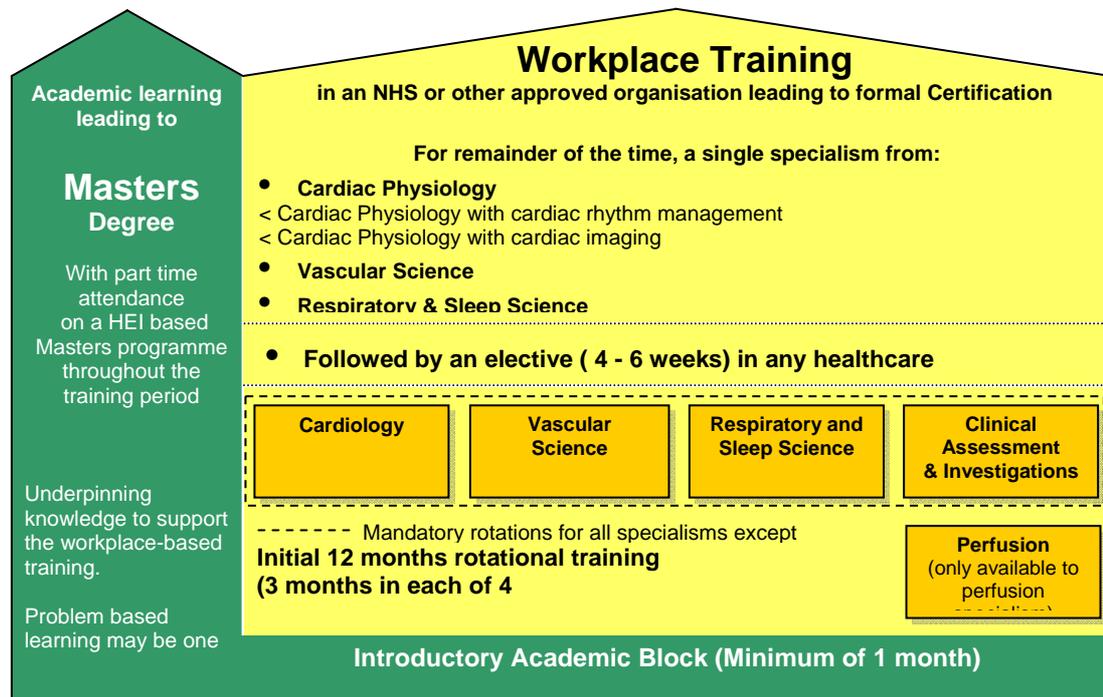
This is a new programme aimed at people already with at least a higher BSc(Hons.) in a recognised science subject. PTP graduates who meet this criterion can also apply for STP sponsorship.

The overall programme is outlined below and the academic syllabus is available on the website. The training programme is in the final stages of approval and should be available soon but is basically the revised ARTP part 2 plus both respiratory and non-respiratory sleep diagnosis and treatment.

Following an initial academic session trainees will spend up to 3 months in each of the CVRS disciplines, during which they will gain experience in Respiratory/Sleep Cardiology and Vascular departments. These attachments will cover basic competencies in routine and advanced procedures and an understanding of relevant common pathways. The 4th option will cover other health care settings (e.g. Imaging Pathology, wards, primary care etc.). This is to ensure that trainees have a broad experience in patient care. Years 2&3 will allow trainees to gain further competencies in Respiratory and Sleep diagnostics and therapy.

At the moment Universities are going through a tendering process to offer the new programme and the outcome will be known in the summer of 2011.

Recruitment to this scheme will be managed by a lead Strategic Health Authority (SHA) with funding provided to cover salary and academic costs. Unfortunately only 3 Respiratory/Sleep posts were identified across the country for 2011 and it is therefore highly unlikely that the programme will run in the first year although departments may be asked to have trainees from Cardiology or Vascular departments for the year 1 respiratory/sleep rotation.



Other Issues

In addition to the above a number of other schemes have been going on

- Skills for Health have been working on programme for Career band 3 posts. ARTP have commented upon the proposals and welcome this in order to provide a minimum standard for such staff. The current certificates in spirometry and blood gases are likely to be included in the overall scheme. It is likely to include both uni-disciplinary and multi disciplinary options.
- A number of hospitals have been involved in the Early Implementer project. Although I have not been involved directly with this they have mainly looked at skill mix and support worker roles.

The above only provides a basic outline of the MSC project; hopefully you will have heard through other sources and may even have attended a local event. There is even an entry about MSC in that font of all knowledge 'Wikipedia'.

ARTP have set up a specific email address (msc@artp.org.uk) for specific questions relating to MSC and this will allow us to populate a frequently asked questions page.

Trefor Watts

VAINS Meeting Report

Title of Meeting: VAINS Spring meeting

Brief Summary of purpose of meeting:

To explore how European respiratory societies can work together to improve the quality of techniques, innovation and equipment suppliers.

Groups represented at meeting: National Lung Function Societies

VVLR (Flanders / Belgium)

ARTP (UK)

IARS (Ireland)

NVLA (Netherlands)

SSPT (Spain)

Date: 21 May 2011

Name of Individual Making Report: Nigel Clayton

Significant Speakers:

Frans Dejongh NVLA

Irene Steenbruggen NVLA

Daniel Schuermans VVLR

Nigel Clayton ARTP

CareFusion Rep

Report:

I was invited to represent ARTP to speak about the association and how ARTP manufacturers liaison has developed over the last 10 years.

VAINS was formed in 2008 to facilitate an exchange of technical issues and points of view regarding national educational programmes across Europe. Three working groups were formed:

1. Time scheduling and time management
2. International system of biological controls in lung function
3. International equipment troubleshooting

Frans Dejongh spoke on how we might gain support from the ERS to take VAINS forward and how VAINS might be involved with future ERS work force groups such as European Spirometry Driving Licence (ESDL) and WOLFAP (World Lung Function Accreditation Project). Discussion included the possibility of VAINS being incorporated as a task force

Irene Steenbruggen spoke on moving forward a European education programme for lung function technologists and the need to harmonise spirometry training by means of the ESDL.

Following publication in *Breathe* (*Breathe* 2011; 7: 258-264), a train the trainer education programme has been organised to take place at future ERS meetings to disseminate how ESDL training should be conducted throughout Europe.

Report of working groups

1. Time scheduling and time management

This group had discussed and researched time scheduling for lung function testing (an ARTP initiative some time ago!). It was decided that this project was too ambitious and it was not appropriate to recommend test times for the many different countries and levels of expertise across Europe.

2. International system of biological controls in lung function

A presentation was made by Daniel Schuermans on the quality of lung function testing in Flanders. As expected, the university hospitals did well, whereas the smaller district hospitals failed miserably on QC and test quality.

Discussion took place on forming an ERS task force to focus on technical quality control and implementing biological controls. This would take forward the initiative of ESDL and WOLFAP. It

was agreed that a subcommittee would be formed by Jellien Makonga, Sven Verschraegen, Robert Schot and Daniel Schuermans.

3. International equipment troubleshooting

Discussion took place regarding how the group can influence the manufacturers to fix software and hardware problems and how we communicate these problems to the manufacturers. I stated that the process the ARTP uses (ARTP Watchdog) works very well and that VAINS members could pool their complaints to see if they are common across Europe. I stated that ARTP would continue to resolve UK problems where possible, but also make known our problems (and solutions) with those of the VAINS countries. These will be sent by email to Jellien Makonga who will compile the European complaints and action will be taken where necessary.

Nigel Clayton

I presented to the group how the ARTP has dealt with the manufacturers via ARTP Watchdog and how we have built relations with the UK manufacturers over the last decade.

- Areas covered included:
- ARTP survey / results
- Manufacturers awards
- Development of Sleep Apnoea Consortium
- ARTP Watchdog
- On the Blower, etc

The other VAINS members were impressed with the progress ARTP has made in dealing with the manufacturers and the links we have forged. They commented on how far behind the other professional bodies were compared to ARTP. The other VAINS members agreed that this model should be adopted within their professional bodies.

Daniel Schuermans presented on the need for more cooperation within Europe to develop new technologies and to involve the manufacturers to fund and develop new technology. He spoke on his involvement in the development of new lung function tests of FeNO, Exhaled breath temp, IOS, MBWO. One particular interesting piece of research has been looking at the change in the phase 3 slope of each breath during a N2 washout measurement. The change in slope can identify indices of conductive (Scond) and acinar (Sacin) ventilation heterogeneity.

(Small Airways Function Improvement after Smoking Cessation in Smokers without Airway Obstruction. Sylvia Verbanck et al. *Am. J. Respir. Crit. Care Med.*, Volume 174, Number 8, October 2006, 853-857)

CareFusion sponsored the meeting and were allowed to present a session on the new Sentry suite of software being developed to run the Jaeger and SensorMedics brands. The software will feature bio QC data base, syringe calibration data base, gas cal data base etc. Spirometry package is currently available with lung volumes and diffusion being developed for release later this year. When asked if current users will need to update their computer systems it was stated that users must use Dell Optiplex XE PCs.

During the course of the meeting the delegates continually referred to France, Germany and Italy having little, if no professional body representation in their respective countries. Consequently the level of training and quality of data from these countries is poor, especially from the independent private clinics. It is important that these countries are involved in taking forward the ESDL and WOLFAP initiatives.

Future meetings.

The next meeting will be held at the ERS conference, Amsterdam 2011.

Following the day long meeting the group went on an early evening tour of old brickworks down by the river Rupel !

STATUTORY REGULATION OF CLINICAL PHYSIOLOGISTS

Patient Safety Matters

As most of the members are aware, the RCCP and professional bodies have been trying to push compulsory registration for some time. Clinical physiology was recommended for statutory regulation by the Health Professions Council in 2004 - however, this has yet to be acted on, with the Coalition Government instead favouring 'assured voluntary regulation'.

The Registration Council for Clinical Physiologists is campaigning for statutory regulation to ensure the highest levels of patient safety.

This Charter recognises the valuable contribution that clinical physiologists make to patient care in the NHS and their importance in developing and delivering a wide range of sensitive diagnostic and therapeutic procedures directly to patients in the disciplines of audiology, cardiology, gastro-intestinal physiology, neurophysiology and respiratory physiology.

All clinical physiologists work independently and whilst the overall standard of practice is high, it is recognised that their roles pose a significant level of risk to patients. Many patients are unaware of the fact that their clinical physiologist is not statutory regulated. Sadly patient safety continues to be compromised because of the Department of Health continuing delay in regulating clinical physiologists.

We make this public commitment that I/we support the RCCP's campaign for statutory regulation of clinical physiologists and;

- Understand that because of the close one to one work clinical physiologists undertake, often in sensitive situations, voluntary registration does not provide patients with adequate protection against those who are unfit to practice.
- Recognize that safety is the key stone of clinical practice and patient care and that we all have a role to play in ensuring that patients receive the highest standard of care.
- Acknowledge that a voluntary register has no power of enforcement, it can only protect patients against practitioners that are voluntary registered.
- Accept that a statutory system is better placed to safeguard patient safety, as only those practitioners registered with the relevant statutory regulatory body can legally practice.
- Urge the Government to ensure statutory regulation is in place for clinical physiologists at the earliest opportunity.

There is an online petition (<http://www.gopetition.com/petition/43153.html>) that the ARTP urge all of it's members to sign to register their support for compulsory registration.

Thank you all.

News from the BLF

As many members are aware, The BLF has been supporting a campaign to change legislation to stop smoking in cars carrying children. The debate took place this month. An early day motion backing the legislation change has already been signed by 36 MPs across all parties.

The bill won the majority vote, with 78 MPs in favour of the legislation change. It will now receive a second reading on 25 November 2011.

This is the next crucial step in the BLF's fight to outlaw smoking in cars carrying children. Earlier this year, a petition was delivered to Downing Street with over 16,600 signatures in support of this legislation. This comes after BLF research showed that over half of children across the UK are exposed to cigarette smoke when confined in the car.

The UK is lagging behind United States, Canada and Australia which have already introduced this legislation. Research published in Canada this year has shown that the impact of its awareness programme to stop people smoking when kids were in the car had minimal effect in comparison to the introduction of legislation. The latter prompted a significant reduction in the exposure of children to passive smoke in the car.

In support of the Ten Minute Rule Bill to stop adults smoking when children are in the car, Miranda Watson, Director of Communications at the British Lung Foundation said:

"While adults are now protected from smoking in public places, children have been left exposed to dangerous concentrations of smoke in cars.

"Governments across the world are leading the way with legislation to protect children from cigarette smoke in the car. Parliament needs to support a second reading of this bill to stop British children being neglected.

<http://www.lunguk.org/media-and-campaigning/media-centre/latestpressreleases/Alex-Cunningham-MP-successfully-tabled-a-motion>

The BLF is currently running a campaign to raise awareness of obstructive sleep apnoea.

They are encouraging visitors to the site not only to take a pictorial Epworth Sleepiness Scale. They are requesting health professionals to help gather data so the BLF can learn more about the problems experienced by people with obstructive sleep apnoea.

The BLF have put together a campaign pack on how you can go about helping them. Inside the pack is a questionnaire form, which contains five questions.

The BLF are asking you to take that questionnaire form and ask members of the public or your family and friends to fill out the questionnaire. In Milton Keynes, we are giving it to all the patients who have been referred for a sleep study.

After you have collected this information please send it to your local BLF office.

Please take the time and assist with this campaign, as it is for the benefit of not just our patients, but =our sleep services to.

http://www.lunguk.org/media-and-campaigning/obstructive_sleep_apnoea/index

ERS Registration

Early bird registration for the ERS is now open!!

It is an honour to be able to welcome for the first time an ERS Annual Congress to Amsterdam, a city renowned for its cultural diversity, world-class museums and one of the world's great orchestras. And, after a full day of Congress sessions, there is nothing better than a stroll along one of the city's many beautiful tree-lined canals.

You will find the RAI Congress centre spacious and easily accessible, just a few tram stops from the city centre – or, in the best Dutch way, a short bicycle ride. All the exciting features and services you have come to expect from the world's most successful respiratory events will be again in evidence - and more.

Our thanks go to the Amsterdam Programme Committee for developing a scientific programme at once comprehensive and rewarding, matching the latest in respiratory research and clinical practice with discussion and debate at the various symposia and grand rounds focusing on issues of concern both to the respiratory professional and a wider public.

We are also proud to welcome the inaugural HERMES European examination in paediatric medicine on the Congress opening day. As many of you are aware, the decision in May 2010 by the Netherlands to use HERMES as a means of implementing an in-training assessment programme for adult respiratory medicine trainees places it in the vanguard of European harmonisation.

The ERS Annual Congress is the once-a-year occasion when the world's respiratory experts and professionals converge on a European city to meet, exchange views and share knowledge. We look forward to seeing you in Amsterdam, September 2011, capital of the Netherlands and, for five days, international capital of respiratory medicine and research.

<http://www.erscongress2011.org/>

NICE clinical guideline group

ARTP are pleased to announce that Angela Key (Chief Physiologist at Aintree) has been recruited onto the NICE clinical guideline group focussing on Idiopathic Pulmonary Fibrosis. It is essential that the voice of scientists/physiologists is heard on these important committees and our views are incorporated. We wish Angela luck with her work on this committee and for flying the ARTP flag.

MBE Congratulations

I am pleased to inform you all that Angela Evans was awarded the MBE (Member of the Order of the British Empire) in the recent Queens Birthday Honours List on June 11th, for her services to healthcare

This is a well deserved award for Angela (and the excellent teams within which she has worked) who has worked tirelessly in respiratory physiology since December 1975. Angela joined the Respiratory Physiology Department at the City General Hospital, North Staffordshire (which evolved into Respiratory Medicine at the University Hospital of North Staffordshire) as a Student Physiological Measurement Technician. Here she stayed for 29 years and was Senior Chief Respiratory Physiologist when she left to join Primary Care in December 2004. The remit of the primary care role was to improve spirometry and respiratory diagnostics within the PCT and to build a Community Respiratory Team - nothing like a challenge there then..... !

Angela has also been involved in a large amount of ARTP work, and has worked on the Education and Spirometry committees and as Primary Care Officer. In 2005, she was awarded an ARTP Special Award to acknowledge her great work followed by a Healthcare Science Award from the Department of Health in 2006 for 'Innovation in Health Improvement and Promotion'.

I would like to take this opportunity on behalf of all in ARTP to offer our congratulations to Angela. In future years, it would be great to see more ambassadors in respiratory physiology following in the footsteps of Angela (and Pat Mitchell), so please get involved in the future and nominate your colleagues who may also be deserving future recipients of these prestigious awards

Angela - we hope you enjoy your special day at Buckingham Palace, collecting your award - and thanks for raising the profile of respiratory physiology in these difficult and changing times

Martyn Bucknall

ARTP Annual Conference 2012

The next ARTP Annual Conference will be at ...

Barceló Hinckley Island Hotel

A5 Watling Street, Hinckley, Leicestershire LE10 3JA

26 - 28 January 2012

A provisional programme is now on the ARTP website.

<http://www.artp.org.uk/en/meetings/artp-conference/>

Obituaries



Respiratory Physiologists all over the world have a lot for which to thank Professor Peter Macklem. He was among those very few colleagues who upgraded our specialty from the old tuberculosis care in sanatoriums to become today's modern physiology. The vehicle that carried us towards the investigation and understanding of underlying mechanisms, scientific diagnostic approach and therapeutic search was PHYSIOLOGY.

Peter Macklem was one of the most dynamic and inspired drivers of this vehicle for over 50 years, from his graduation from Queen's University in 1956 until his recent death on February 11, 2011.

Peter Macklem, who was both a consummate physician and a scientific researcher with deep knowledge and a ceaseless desire for quest, headed a flourishing period at the Meakins-Christie Laboratories and Royal Victoria Hospital of McGill University. During his time McGill University was considered the Mecca, the centre of the world, for respiratory disorders, and thousands of physicians, including many current leaders of our specialty, were trained and employed there, under the passionate and visionary guidance of Peter Macklem. His elaborate and versatile research activities, and especially his inspired research on small airway function, have been considered a turning point in pulmonology.

The transition from health to disease, as described by Peter, has broadened our horizons and increased our understanding of the early stages of asthma, COPD and other airway disorders, and our comprehension of the effects of smoking, resulting in earlier diagnosis and more effective treatment with inhalatory devices and drugs targeted at the peripheral airways.

He described respiratory muscle function and fatigue, and the mechanisms of dyspnoea and respiratory failure, paving the way for the invention by his students of ventilators and non-invasive mechanical ventilation techniques. In recent decades, Peter was the one to express and promote the necessity for better collaboration between Physiology and Biology. He also felt the need to extend his analysis to the complex model of the respiratory system, which, had he had been given the time, might have been progressed to a model of the perfect "artificial lung".

Little comment is needed about his numerous distinctions, since they are completely understandable even for those who do not know them all. Therefore, I invite all his lifetime students to light a mental candle in the memory of the physician, researcher and Professor, Peter Macklem, as a last honorary distinction. Let us, in particular, also honour him from this small country, Greece, which Peter loved so much and in which he worked passionately.

Epaminondas Kosmas
Director of 3rd Department of Pneumology Medicine
"Sotiria" Hospital for Chest Diseases, Athens
<http://www.mednet.gr/pneumon/pdf/24-1-13e.pdf>



Frederick Ernest HARGREAVE, (Freddy) Passed away suddenly and peacefully on Wednesday, June 15, 2011, at the age of 72. He was in every sense of the word a true gentleman and humanitarian and will be greatly missed by his family, his colleagues and all those he touched throughout his life.

A memorial service will take place in Christ's Church Cathedral, 252 James Street North, Hamilton at 2:00 p.m. on Thursday, June 23, 2011 followed by a reception to celebrate his life. In honour of Dr. Hargreave's work and passion, the family requests that in lieu of flowers, donations may be made to the Firestone Institute for Respiratory Health to support his legacy.

<http://www.lifeneews.ca/thespec/profile/204938--hargreave-frederick-ernest-freddy>



Tips for NHS job seekers

- List mental anguish as one of your strengths
- Be prepared to complete multiple health declarations
- Safe guard against identity fraud by attaching a florescent yellow sticker, marked 'confidential documents inside,' to the front of the envelope containing your passport, birth certificate, national insurance details and an array of utility bills
- Erase any notion of starting somewhere else, other than the bottom of a pay band
- Discuss the global economic monopoly of microsoft AFTER your power point presentation
- Don't assume any dates given to you, by human resources, are correct
- If you are asked 'where do you see yourself in 5 years?' Answer honestly, and say, 'working for BUPA'
- Empathising with your interview panel is no rationale for showing up drunk/hungover

NB. Parking: £15, Coffee and sandwich: £75, NHS pension: £550, Look on the face of your boss when you leave: Priceless

Political Spirometry - Technically Difficult Patients

Lib Dems - Can't decide if they want to do the test

Conservatives - Want you to do the test

Labour - Did the test, but did it wrong

BNP - Never got past the nationality questionnaire

Green Party - Completed with a sample



If we've got too many chickens trapped in cages. Then we artificially increase the mass, of the ones that survive. We eat some of 'it' then throw most of 'it' away. Contributing to the 8.3 tonnes/year of rubbish. Isn't it about time we stopped picking on chickens?

Unusual Medical Problems – A little light hearted reading

These are sentences exactly as typed by medical secretaries;

- The patient has no previous history of suicide.
- Patient has left her white blood cells at another hospital.
- Patient's medical history has been remarkably insignificant with only a 40 pound weight gain in the past three days.
- She has no rigors or shaking chills, but her husband states she was very hot in bed last night.
- Patient has chest pain if she lies on her left side for over a year.
- On the second day the knee was better and on the third day it disappeared.
- The patient is tearful and crying constantly. She also appears to be depressed.
- The patient has been depressed since she began seeing me in 1993.
- Discharge status:- Alive, but without my permission.
- Healthy appearing decrepit 69-year old male, mentally alert, but forgetful.
- Patient had waffles for breakfast and anorexia for lunch.
- She is numb from her toes down.
- While in ER, she was examined, x-rated and sent home.
- The skin was moist and dry.
- Occasional, constant infrequent headaches.
- Patient was alert and unresponsive.
- Rectal examination revealed a normal size thyroid.
- She stated that she had been constipated for most of her life until she got a divorce.
- I saw your patient today, who is still under our care for physical therapy.
- Both breasts are equal and reactive to light and accommodation.
- Examination of genitalia reveals that he is circus sized.
- The lab test indicated abnormal liver function.
- Skin: somewhat pale, but present.
- The pelvic exam will be done later on the floor.
- Large brown stool ambulating in the hall.
- Patient has two teenage children, but no other abnormalities.
- When she fainted, her eyes rolled around the room.
- The patient was in his usual state of good health until his airplane ran out of fuel and crashed.
- Between you and me, we ought to be able to get this lady pregnant.
- She slipped on the ice and apparently her legs went in separate directions in early December.
- Patient was seen in consultation by Dr. Smith, who felt we should sit on the abdomen and I agree.
- The patient was to have a bowel resection. However, he took a job as a stock broker instead.
- By the time he was admitted, his rapid heart had stopped, and he was feeling better.

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 - 2011

- Spirometry Course 5th – 6th September Royal Brompton Hospital
- Spirometry Foundation Course 25th September Hinchingsbrook Hospital
- National Strategy Day 4th October Queen Elizabeth & Selly Oak Hospitals
- IARS/ARTP Joint Meeting 20th – 21st October Bewleys Hotel, Dublin

- CPX Course 7th – 10th November Strathallen Hotel,
Birmingham

- Spirometry Course 28th – 29th November Royal Brompton Hospital
- Annual Conference 26th - 28th January Barceló Hinckley Island Hotel

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