



**ARTP Annual Report 2018/19**

*Welcome to ARTP's annual report for 2018/19. It has been another good year for ARTP through continued delivery of educational courses, input into important national guidance and assistance with production of essential patient information and the continued assurance of quality standards. We continue to be in a strong financial position which has allowed us to develop plans to increase benefits to the membership, which we will introduce in 2019.*

*In 2018 ARTP became a member organisation of the Taskforce for Lung Health. This brought together many professional bodies, patient representative organisations, lay members and patient representatives. The aim of this taskforce was to produce a report highlighting the areas for improvement required to ensure better lung health for the nation. The report includes recommendations from the Taskforce on identifying lung disease in a timelier manner, managing patients with existing lung disease, how to care for those with lung disease in their last years and importantly how to ensure an appropriate workforce to implement these recommendations. Now that NHS England have identified respiratory as a clinical priority, the Taskforce report will assist NHS England with their long term strategy for lung health. We will watch this space with interest to see how respiratory medicine develops over the next few years and you can be assured ARTP will be at the heart of discussions ensuring our concerns are raised for the benefit of our patients.*

*Within this report, you will find further information on the excellent work being undertaken by the various sub-committees and their members. We must bear in mind that contribution from these individuals is on a voluntary basis, all completed in their own time around busy clinical workloads and just as busy home lives. I would like to personally thank each and every one of these dedicated scientists and physiologists for continuing to make the ARTP the world renowned leader in quality standards and education for respiratory and sleep physiology. I am proud to be Honorary Chair of such an excellent organisation and work with such an amazing group of individuals.*



Dr Karl Sylvester  
Honorary Chair, ARTP

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## 1 About the ARTP

The Association for Respiratory Technology & Physiology (ARTP), through standards of training and quality assurance, are the professional guardians of physiological measurement in respiratory and sleep medicine in the UK. With over 40 years of experience in the design and delivery of respiratory physiology services, ARTP provides the only national, professionally recognised, qualifications in Respiratory Function Testing and Spirometry in the UK.

ARTP also recommends standards for the design and delivery of respiratory physiology services through position papers from ARTP Working Groups on the structure, function and content of respiratory physiology and sleep facilities and services in the UK.

An important function of the ARTP is the provision of opportunities for Continuing Professional Development. The ARTP organises an annual Conference, meetings and other educational courses on many respiratory and sleep physiology topics.

Nationally ARTP informs and influences major organisations about the delivery of respiratory physiology services. Furthermore, ARTP links with equivalent national organisations around the world to deliver global standards in respiratory healthcare involving respiratory technology and physiology.

The Association works in conjunction with the British Thoracic Society to produce national guidelines and standards for good practice in the performance of respiratory measurement. It works closely with the Department of Health and Academy for Healthcare Science in formulating policy and in the strategic direction of the profession.

The ARTP hosts the multi-disciplinary Sleep Apnoea Consortium and ARTP now has a membership section for sleep practitioners.

The Association is a founder member of Association of Clinical Scientists Organisation, the Institute of Physiological Sciences and the Federation of Healthcare Scientists.

### 1.1 ARTP Aims & Objectives

To advance for the public benefit the service and practice of Respiratory and Sleep Physiology and allied subjects by;

- a) Delivering and promoting education and training programmes to ensure competence to practice
- b) Establishing relevant standards of practice
- c) Promoting audit and research
- d) Promoting advances in diagnostic, treatment and care of patients with respiratory and sleep diseases
- e) Communicating with all stakeholders
- f) Representing the interests of practitioners at all levels

## 1.2 ARTP Council

Role	
Chair	Dr Karl Sylvester
Vice Chair	Julie Lloyd
Honorary Secretary	Cara Roberts
Honorary Treasurer	Mike Lang
President/Medical	Dr James Hull
Human	Ken Hutchinson
Resources/Workforce	
Financial	Mark Hubbocks
Patient	Richard Harwood

## 1.3 ARTP Executive Board

Committee	Chair
Communications	Chris Jones
Workforce	Claire Haynes
Standards	Ian Cliff
Paediatrics	Paul Burns
Education & Training	Joanna Shakespeare
Events	Kelly Pauley
Sleep	Dr Victoria Cooper/Sara Parsons

ARTP Patron	Professor Greg Whyte
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The following posts are due to be renewed at the 2019 Annual Conference and the membership will be asked to vote on and endorse the following appointments:

**ARTP Vice Chair**

**ARTP Treasurer**

## 1.4 ARTP/BTS Joint Strategy Board

Role	
Co-Chair	Dr Karl Sylvester
Co-Chair	Dr Martin Allen
BTS Representative	Dr Graham Burns
BTS Representative	Dr Martin Johnson
BTS In-Training Representative	Dr Kimberley Scott
ARTP Representative	Julie Lloyd
ARTP Representative	Tracey Fleming
ARTP In-Training Representative	Darren Ramsay
Patient Representative	Richard Harwood

The joint strategy board continue to work on areas of common concern and interest. An extremely successful Respiratory Physiology Study day was organised and well attended. This was primarily aimed at registrars to assist them with their Structured Clinical Exam (SCE) but was open to any healthcare professionals. Physiotherapists and physiologists also attended the course. It was oversubscribed with lots of interest and so we are aiming to hold another course in 2019 and introduce this as an annual event jointly presented by representatives from both ARTP and BTS. The course was designed with the aim of improving respiratory physiology knowledge among junior doctors, which we know from exam responses and surveys is often poorly understood.

ARTP and BTS have been working closely to raise awareness of issues among the workforce, specifically how to ensure more physiologists and scientists are recruited into physiology services. This has been discussed at BTS Board level and ARTP have provided information which can highlight to clinicians how they can get adequate numbers of respiratory and sleep physiologists and scientists into their services. This includes the currently available training pathways, such as modernising scientific careers.

We continue to promote and support laboratory/service accreditation and the increase in quality assured services that accreditation will bring.



## 2 Finance

Targets 2018	Outcome
<b>Review budget setting for ARTP Committees</b>	Completed and ongoing
<b>Continue to utilise independent financial advice</b>	Completed and ongoing
<b>e-merchandising and payments</b>	Completed and ongoing
<b>Business planning process</b>	Completed and ongoing
<b>Reinvest surplus into ARTP (e-portfolios, website, E&amp;T)</b>	Completed and ongoing
<b>Invest in research projects</b>	Ongoing

### 2.1 Statement of financial activity

	Unrestricted funds	Restricted funds	2017	2016
	£	£	£	£
<b>Income and endowments from:</b>				
Charitable activities	473,937	5,000	478,937	442,650
Investments	724		724	728
<b>TOTAL</b>	<b>474,661</b>	<b>5,000</b>	<b>479,661</b>	<b>443,378</b>
<b>Expenditure on:</b>				
Charitable activities				
General	(436,798)	(1,310)	(438,108)	(401,861)
<b>TOTAL</b>	<b>(436,798)</b>	<b>(1,310)</b>	<b>(438,108)</b>	<b>(401,861)</b>
<b>Net Income</b>	<b>37,863</b>	<b>3,690</b>	<b>41,553</b>	<b>41,517</b>
<b>Reconciliation of funds</b>				
Total funds brought forward	394,779	4,191	398,970	357,453
<b>Total funds carried forward</b>	<b>432,642</b>	<b>7,881</b>	<b>440,523</b>	<b>398,970</b>

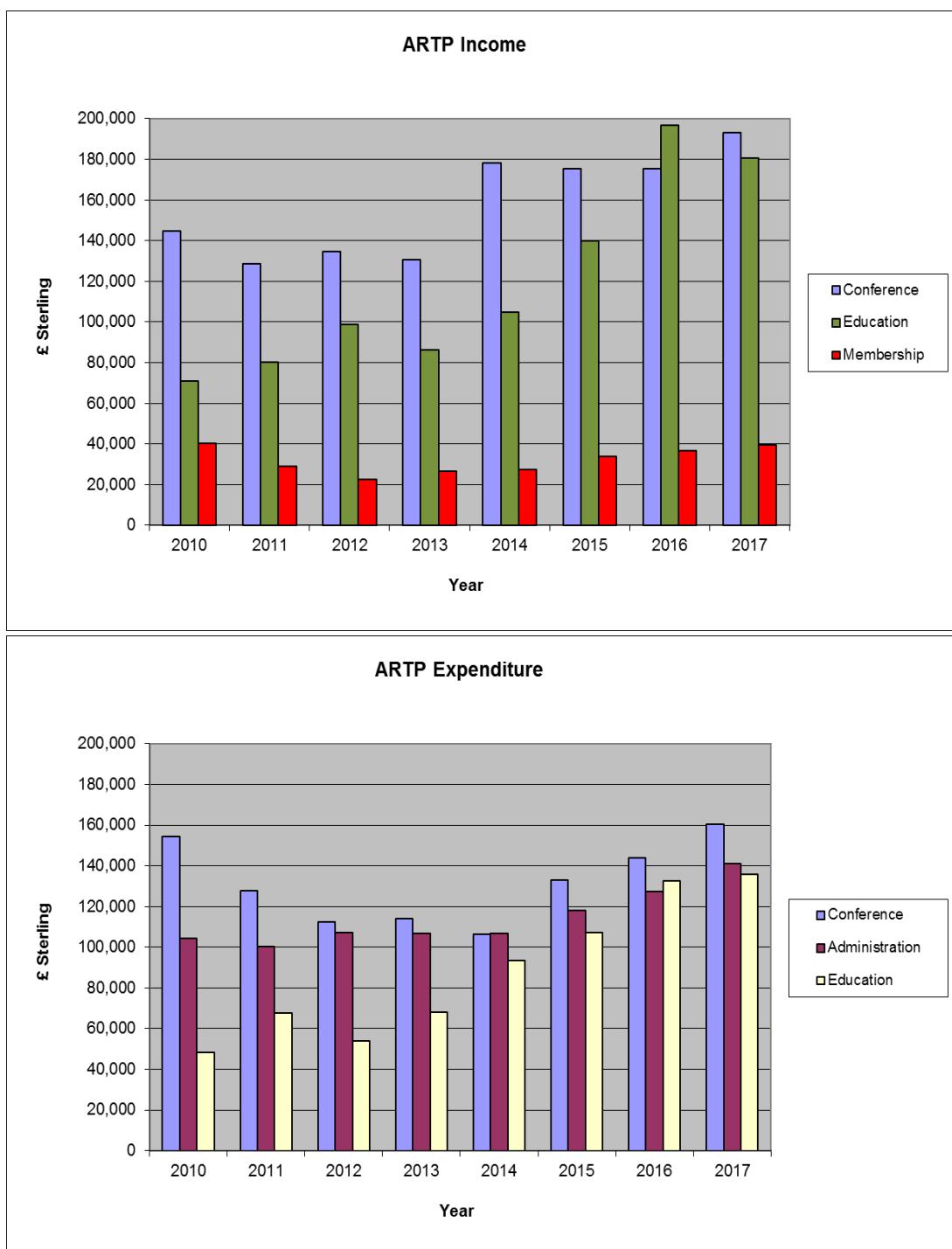
**Total assets around £440K**

2016/17 Surplus of £42K

2017/18 Surplus of £42K

All accounts on ARTP website

<http://www.artp.org.uk/en/members-area/accounts/index.cfm>



## **Objectives 2018-19**

**Maintain financial liquidity including reserves as per policy**

**Manage budget setting for ARTP Committees**

**Utilise independent financial advice to ensure that financial management & reporting is robust**

**e-merchandising and payments**

**Funding new Website implementation**

**Business planning process**

The total assets at the end of the year were £440,523. I am pleased to report that due to the hard work of the Education Committee, EBS and the support of members and manufacturers, ARTP has again finished the year with a surplus, amounting to £41,553, which is almost identical to last year. ARTP will continue to use any surplus to invest primarily in training, education & research, including bursaries and to maintain or minimise increases in current membership fees and course charges.

Funds carried forward are in line with ARTP's Financial Reserves Policy, which should be equivalent to expected annual running costs.

There was a small reduction in income from Education compared to the previous year due to a combination of fewer courses run and some increased costs, whilst maintaining course charges to members. However, Education income remains historically high and spirometry income is again up on the previous year. There remains good support from manufacturers producing income at Conference and other events. Net income from Conference remained stable and robust. Other income comes from sales of books/manuals and advertising. Income from Membership continues to increase gradually though membership fees have again remained unchanged and are significantly subsidised by other income.

Expenditure was in line with expectations with the primary expenditure, as always, being accounted for by Conference, Education and Administration, all of which was again more than offset by the income from Conference and Education. There was also one-off expenditure within the year necessary to procure a new digital partner to develop a much overdue, modern website that will significantly enhance user experience and accessibility for member's, professionals and the public, thereby further raising ARTP's profile.



### 3 Communications

#### COMMITTEE

Chair – Chris Jones (Outgoing)

Vice-Chair – VACANT

Sleep Lead – Trish Matharu

##### **Editorial**

Inspire Editor - Aidan Laverty

Inspire Deputy Editor – Suhilla Hashim

SNEWS Editor - Alison Butler

Dr Andy Robson

Martyn Bucknall

Keith Butterfield

Dr Vicky Cooper

Prof Brendan Cooper

**Regional Groups Co-ordinator** - Geraldine O'Connell-Ramsay

**Social Media Lead** – VACANT

**Campaigns Lead** - VACANT

**Website Development Lead** – Chris Jones

**Data Protection Officer** – Chris Jones

Core Activities include:

- Promote the service and practice of respiratory and sleep physiology
- Production and promotion of the two ARTP periodical publications – Inspire Journal and S-NEWS newsletter
- Produce monthly newsletters that are emailed to the membership that summarise current relevant news, activities and courses
- Produce and maintain the ARTP Website
- Produce, maintain and moderate the ARTP Forums (currently 15 active)
- Moderate the ARTP social media accounts – primarily Twitter, Facebook and LinkedIn
- Assist Education, Spirometry and Events teams with internet-based developments and activities
- Facilitate and support regional ARTP groups
- Liaise between the ARTP and other professional bodies
- Oversee the development of and to protect the ARTP brand

Targets from 2018	Lead
<b>Deliver the new ARTP website</b>	<b>Chris Jones</b>
<b>Continue to deliver our high-quality publications – Inspire Journal and S-NEWS</b>	<b>Aidan Laverty and Alison Butler</b>
<b>To recruit a Social Media Lead and Campaign lead to ensure ARTP fully partakes in national campaigns</b>	<b>Chris Jones</b>
<b>To facilitate and support the development of the ARTP Regional groups</b>	<b>Chris Jones and Geraldine O'Connell-Ramsey</b>

### 3.1 Website Development

In 2018 there has been a large emphasis on completing the contract negotiations with our new website provider (Senior Internet: [www.senior.co.uk](http://www.senior.co.uk)) and to start building the new website, which we are thrilled to announce is underway. This is going to require a lot of work and input from the various ARTP committees, as it is a rebuild from scratch and involves all our data needing to be reviewed and reorganised, the menu structures redesigned and (for the first time in the ARTP's history) the membership databases integrated into the website and running autonomously. This requires extra levels of security to be in place to ensure user data is robust and protected as possible.

It is anticipated that the new website will go live in April-May 2019 to hopefully coincide with the membership renewal dates.

### 3.2 General Data Protection Act

Another focus for us has been to ensure that the ARTP is compliant with the new General Data Protection Act (adopted across the EU on 25 May 2018). Whilst we endeavoured to ensure that we had as much of the necessary paperwork, policies and procedures in place prior to this date as possible, this work has taken until the 3<sup>rd</sup> quarter of 2018 to get us to a satisfactory standpoint.

### 3.3 Development of 'ARTP Wales'

A new development this year was the formation of a Welsh regional group (known as ARTP Wales). Adopting a structure like ARTP Scotland, the development of regional groups encapsulating these countries should enable them to focus on relevant areas specific to its NHS structure as dictated by their devolved status.

### 3.4 Developments for ARTP Governance

The ARTP has been exploring moving most of our core documents, databases, etc. into a central online storage cloud to improve our resilience to data losses and enable sharing and editing these documents via secure platforms. The cost of this was estimated to be somewhere between £3-6k per annum for an organisation the size of the ARTP, and several platforms were investigated. We are pleased to announce that Google could not only provide all the services that we were asking for but would accept the ARTP's charitable status and provide them for free. This included the use of Googlemail for our email, resulting in us being able to send sensitive data from one account to another without the data ever leaving Google's secure environment.

One of the G-Suite tools we are looking to use is GoogleGroups. This functions similarly to YahooGroups, the platform that the ARTP Forum operates upon. There are several advantages to migrating the ARTP Workgroups and Committees over to this platform, including;

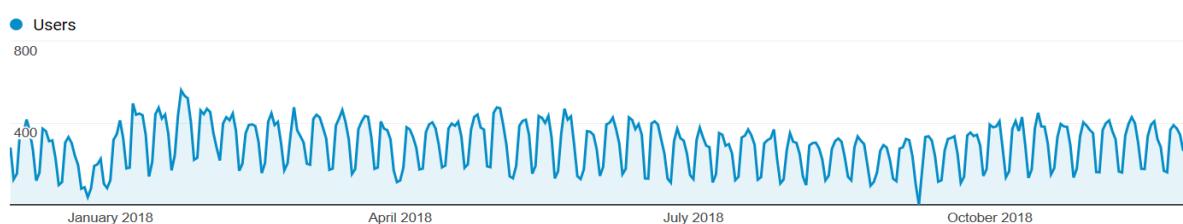
- Security - it is several orders above the security that YahooGroups provide. Yahoo have been hacked several times over the last 5-10 years in which user data has been compromised
- Access – any email account can be used to sign-up to a GoogleGroup, meaning that participants are not required to create a Yahoo account to join

There is no intention to transfer over the main ARTP Forum to GoogleGroups at the moment, but if Yahoo continues to suffer from development and security issues, it is worth ARTP seriously considering this move.

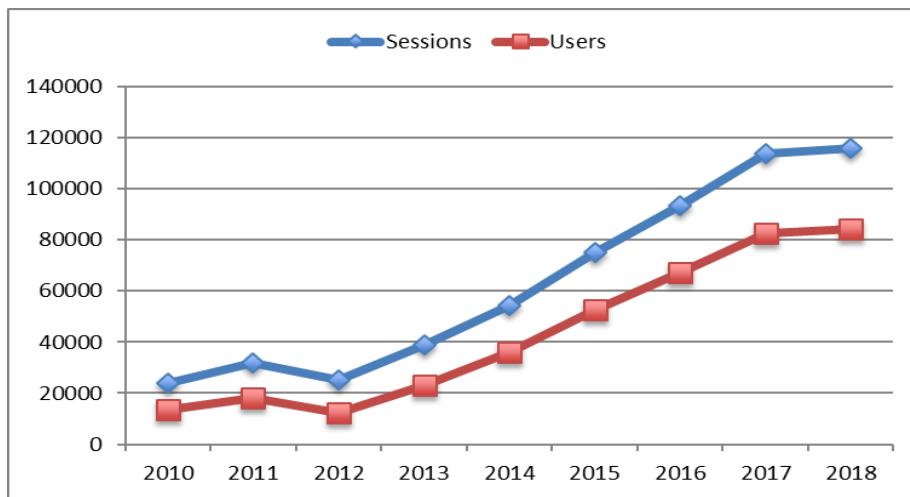
### 3.5 Website Activity ([www.artp.org.uk](http://www.artp.org.uk))

Period: 01 Dec 2017 – 30 Nov 2018

The period that is typically analysed has changed slightly (from 01 Jan – 31<sup>st</sup> Dec to 01 Dec – 30 Nov) to ensure plenty of time for this report to be added to the AGM Report. The website has had another busy year, with activity continuing to increase year-on-year.



The website has had another busy year this duplicates previous para and remains the main focal point and go-to resource for ARTP news and activity. However, this period only saw a +1.7% increase in the number of visits to our website when compared to the previous period and shows a slower increase when compared to the previous 5 years. The current visitor numbers represent an average of 317 visits/day and during these visits, visitors looked at (on average) 3.01 pages/visit. This is slightly down on the previous numbers.



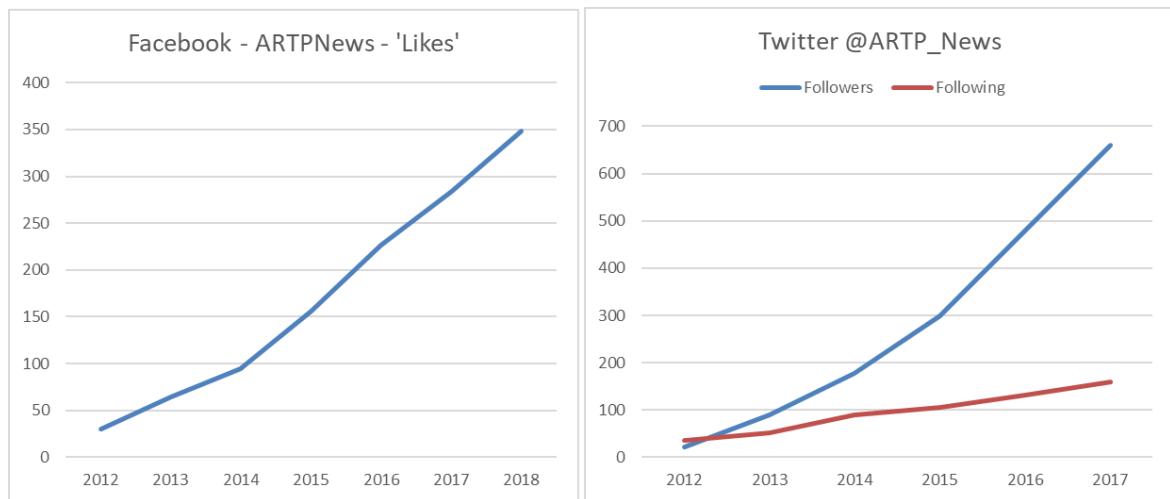
*Figure displaying the number of visits/sessions to the website per year and the number of unique users*

Whilst this significant change in trend could be viewed negatively, analysis shows that it represents many visitors are looking for the ARTP National Spirometry Register, which is now managed by our partners The Institute for Clinical Science and Technology and hosted at: <https://artp-register.org.uk>. Therefore, the change in trend appears to be accounted for by these visitors navigating directly to this separate website.

Ranking	Most Popular Page	Most Popular Country of Origin	Most Popular Search Term
1	Homepage	United Kingdom (60.6%)	Register
2	Patient – Respiratory Physiology Tests	United States (11.0%)	Spirometry
3	Spirometry	India (4.1%)	Reaccreditation
4	ARTP Qualifications	Australia (2.53%)	Spirometry Register
5	ARTP Standards	Canada (1.99%)	Membership

It is apparent that many of the visitors to our website remain focused upon Spirometry and specifically Spirometry Accreditation and Reaccreditation. In addition, both ARTP Standards and Patient Testing scored high as well and so these areas will need to be targeted in the new website design.

### 3.6 Social Media Activity



When we analyse the main ARTP Twitter account (@ARTP\_News) we can observe that we are engaging more and more with other healthcare professionals and organisations. However, we still heavily rely on content generated by a small cohort of individuals and organisations (such as our President, Dr. James Hull, our Chair, Dr. Karl Sylvester, etc) and so we need to improve our ability to become content and conversation generators.

A priority for Communications includes recruiting to the roles of Social Media Lead and Campaign Lead, as both these roles offer not only the opportunity to engage with other organisations and healthcare leaders, and also give opportunities to go to meetings and press releases on the ARTP's behalf. They would offer excellent CPD to the right individual(s), providing advanced notice and insight into future developments in the Respiratory field but without being too labour intensive. In addition, the ARTP Executive Board and Council have agreed to fund a Communications Strategy with the help of a company and/or agency in order to facilitate the ARTP engaging in national and international campaigns.

Objectives 2019	Lead
<b>Deliver the new ARTP website</b>	<b>Chris Jones</b>
<b>Continue to deliver our high-quality publications – Inspire Journal and S-NEWS</b>	<b>Aidan Laverty and Alison Butler</b>
<b>To recruit a Social Media Lead and Campaign lead to ensure ARTP fully partakes in national campaigns</b>	<b>Chair/Vice-Chair</b>
<b>Complete and deploy the ARTP Communications Strategy</b>	<b>Comms Chair/Vice-Chair, ARTP Board &amp; Council</b>

## 4 Education

### COMMITTEE

Chair – Joanna Shakespeare  
Vice-Chair – Rhys Jefferies

#### **Spirometry**

Chair – Dr Vicky Moore  
Vice-Chair – Joanna Purvis

#### **Examinations**

Chair – Sandra Davies  
Vice-Chair – Helen Purcell  
Secretary – Marie Hardy

Jodie Hunt  
Dr Adrian Kendrick  
David Clough  
Trefor Watts  
Jackie Laverty  
Rhea Fielding  
Emma Fettes  
Brett Gregory  
Aliya Kaaba

#### 4.1 Courses 2018

We continue to deliver a large number of training courses which are well attended and received. Our course booklet continues to be well received and so this has been developed again for 2019 and launched at the BTS Winter Meeting in December 2018.

Unfortunately the NIV course and the Masterclass course (Glasgow) were both cancelled in 2018 but plans are in place for these courses to run in 2019.

#### 4.2 Courses 2019

The course flyer and booklet is available detailing the list of courses and locations for 2019. For more information on upcoming courses please visit the ARTP website:  
<http://www.artp.org.uk/en/courses/>

#### 4.3 ARTP Professional Examinations

Examinations were held in April and October 2018. A big thank you to all the centres and examiners that helped ensure these ran successfully again. We are delighted to once again be able to celebrate the success of our candidates at the Conference Gala Dinner.

This year we have had 56 candidates (37% increase on 2017) register for the professional examinations. 36 registered for the practitioner level, 17 for the associate and 3 for the clinical. The pass rate for 2018 was 84% (71% in 2017).

Dates for 2019 are: 27<sup>th</sup> April and 9<sup>th</sup> November.

The Education/Examination committee are still undertaking a review of the professional examination process. There are plans in place to introduce an OSCE type assessment rather than the current practical and clinical viva. This will enable candidates to all be examined in one central location making it easier for candidates and examiners. The OSCE's will be designed to supplement the IRCP and will ensure that all aspects of the syllabus are covered. Further details will be released when they are available.

#### 4.4 Spirometry

The ARTP Spirometry Certificate moved to the new online portfolio and OSCE system, hosted by ICST, in March 2018. During 2018 the spirometry scrutiny board that oversees the process has met twice at both the BTS Summer and Winter meetings. ARTP continues to work with the scrutiny board stake holders to develop and improve the process.

As of 27<sup>th</sup> December 2018, 711 candidates had registered for the new spirometry certificate process. Figure 1 illustrates the split across the certificate levels.

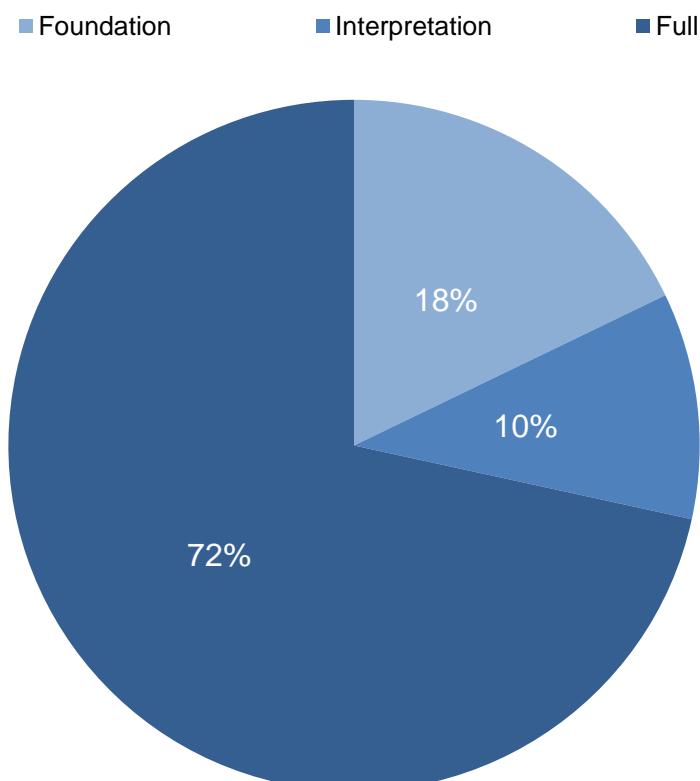


Figure 1: Certificate registrations according to certificate level

To date there are 619 candidates registered and undertaking the e-portfolio. Figure 2 illustrates their progress to date with the electronic portfolio.

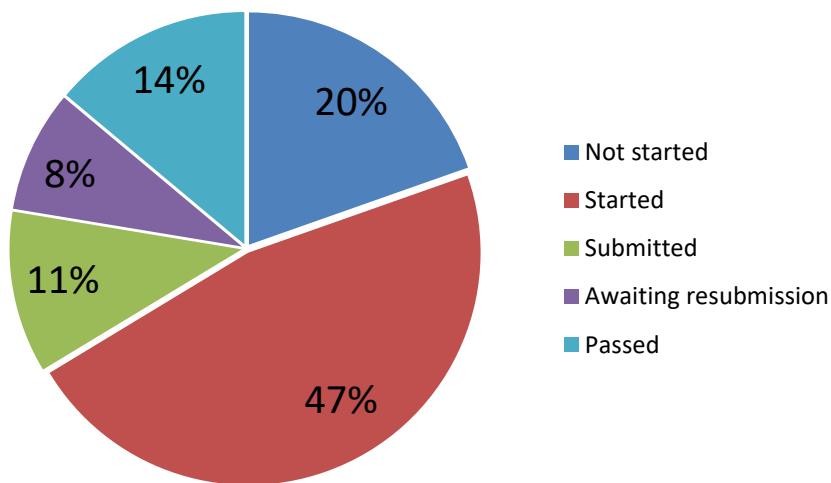


Figure 2: Portfolio status for 619 candidates registered with the certificate process (all certificate levels).

One hundred portfolios have been completed successfully and the certificate levels for these portfolios are illustrated in Table 1.

Certificate Level	Number completed
Interpretation	21
Foundation	18
Full	61

Table 1: Certificate levels for completed portfolios.

## Workshops

There were 24 workshops held between 12th April 2018 and 27<sup>th</sup> December 2018. A total of 226 candidates attended these workshops.

## OSCE Assessments

The OSCE assessments commenced in June 2018. Between June and December there have been 28 OSCE dates. A total of 282 candidates were originally booked however 62 of these cancelled prior to assessment. Of the 220 candidates scheduled to undertake an OSCE 184 passed (84%), 4 failed (2%) and there were 32 DNA's (14%).

## Register

As of 27<sup>th</sup> December 2018 there were 1,867 individuals on the ARTP Spirometry Register. There are 223 individuals whose registration status is due to expire in the next 6 months.

## 4.5 National School of Healthcare Science

In 2018 there were seven successful STP graduates in Respiratory and Sleep. The pass rate for the OSFA's was 100%. We hope that all of the STP graduates are able to join us at conference where they will receive an ARTP certificate for completion of their OSFA's.

The intake for STP students in 2018 has doubled from 2017 with 10 students, thank you to all those department training and developing the future Respiratory and Sleep Clinical Scientists.

Mock OSFA's 2019 – February 13<sup>th</sup>

Live OSFA's 2019 – July 9<sup>th</sup>

## 4.6 Tenures

As reported last year the tenures for Chair, Vice Chair and Chair of Examinations are due to end following conference in January 2019. We are delighted to be able to inform you of those individuals taking on these roles moving forward. We would like to take this opportunity to thank Joanna Shakespeare, Rhys Jeffries and Sandra Davies for their hard work and dedication whilst on the Education Committee.

<b>Chair</b>	<b>Vicky Moore</b>
<b>Vice Chair</b>	<b>Edward Parkes</b>
<b>Chair of Examinations</b>	<b>Helen Purcell</b>

### Objectives 2019

**To continue to support the implementation of the quality assured spirometry programme**

**To review the professional examinations and develop an OSCE style examination**

**To develop a handbook to support the professional examinations**

**To establish an ARTP asthma course**



## 5 Standards

### COMMITTEE

Chair - Ian Cliff

Vice Chair – Peter Moxon

Dr Karl Sylvester

Peter Moxon

Andrew Pritchard

Dr Jane Kirkby

Martyn Bucknall

Michael Hepple

Rasheda Choudhury

Joanne Purvis

Melanie Bryce

Nigel Clayton

### Research & Innovation Sub-Committee

Chair - Edward Parkes

James Stockley

Max Thomas

Dr Samantha Irving

### Manufactures Liaison Sub-Committee

Chair - Matthew Rutter

Prof Brendan Cooper

Alan Moore

### 5.1 Lung Function Testing Recommendations Update

The working group has met throughout the previous year with most of the work being completed through electronic communication. It has been important, wherever possible, to align these recommendations with other ARTP publications, unless new evidence has emerged changing best practice. This included reviewing other pertinent guideline documents, such as the ERS/ATS (2017) Gas Transfer guidelines.

The group have had their final draft meeting with some final amendments being made with the aim of a first draft for publication being ready prior to the ARTP conference.

### 5.2 Consultations

ARTP Standards committee continue to provide feedback through the consultation process on the following documents.

- Chronic obstructive pulmonary disease in over 16s: diagnosis and management (update) (Dec 2018)

- The ISO guidance on patient facing diagnostic services (UKAS)
- How this relates to the Medical Laboratories Requirements for quality and competence (UKAS)

### 5.3 Research Update

The research committee has continued to grow which has increased the knowledge and experience available to the membership.

Much of the work has centred on developments for the launch of the new ARTP website in early 2019. These include video abstracts presented from conference. Additional material is planned to include Cardio-pulmonary exercise testing (CPET), Non-invasive Ventilation (NIV), respiratory muscle function and ventilatory control.

Research and innovation will again have specific sessions at conference to showcase the high standard of work conducted within respiratory and sleep physiology services.

The committee has turned its attentions to specific ARTP research projects that will allow multicentre involvement by means of the pooling of data. Areas of interest include spirometry and Abdominal Aortic Aneurysm (AAA), reversibility significance (% or SD) and automatic scoring systems.

Innovation and research was the mainstay of the standards session at the national strategy day, with presentations on structured light plethysmography and an overview of the research performed within services, which was feedback from a questionnaire commissioned by the committee.

### 5.4 Manufacturers Liaison

We have continued to be the link between Respiratory/Sleep Physiology companies and the membership, providing assistance and advice when needed.

A considerable amount of work has gone into the ARTP Industry Survey (previous Manufactures survey). It is now being completed via Survey Monkey and has been scaled down to make it more effective for users.

- Survey to be available as a printout if necessary
- To be opened at an earlier date and responses monitored
- NSD attendees required or encouraged onsite to complete the survey
- Prize draw reward for completion

The committee is looking at producing a standard PFT's report format that can be disseminated to all manufactures to be included on their equipment. This report then can be modified to meet individual department requirements.

## 5.5 Improving Quality in Physiological Services (IQIPS)

The Standards committee are dedicated to supporting departments attain this nationally recognised accreditation (NHS England, CQC and CCG's) that demonstrates adherence to a national standard. We have completed a number of documents that are available to the membership for adaption and implementation into their service which are now linked to specific IQIPS domains. These include;

- Professional standards
- Health & Safety
- Infection control
- Quality Assurance
- Lung function reporting
- General testing considerations

## 5.6 Other

We have continued to work with the British Lung Foundations and made a significant contribution to their breathing and lung function tests booklet, which was shortlisted at the British Medical Association awards.



### Objectives 2019

**To support the implementation of IQIPS**

**Develop a service standard for departments**

**Provide a forum for the development of knowledge and skills regarding CPET testing**

**Have a significant profile within the new website**

**Support on-going research and innovation**

## 6 Events

### COMMITTEE

Chair – Kelly Pauley  
Vice-Chair – Laura Jess  
Dr Karl Sylvester  
Julie Lloyd  
Alan Moore  
Joanne Purvis  
Karen Lewis-Jones  
Tracy Herod  
Matt Rutter

#### 6.1 Conference 2018 - Brighton

The 2018 conference in Brighton was well received by the membership. It was an exciting conference with a packed programme which was filled with engaging speakers, innovative poster discussions and presentations. The social events were also well received – everyone loved the Dodgems. ARTP Awards for Services to Respiratory Medicine 2018 were given to Prof Andrew Bush, Anwen Evans and Jodie Hunt.

#### 6.2 NSD 2018 – MacDonald Burlington Hotel, Birmingham

The day was an opportunity to keep up to date with what is going on in the world of respiratory and sleep physiology and a chance to talk with the ARTP Board and peers about the issues that matter to delegates. Feedback has shown that the quality of the programme has increased year on year both from delegates and exhibitors. The NSD was very well received with excellent speakers within the sleep, education and standards sessions. Suggestions from delegates on session content will be taken in to account when planning for next year.

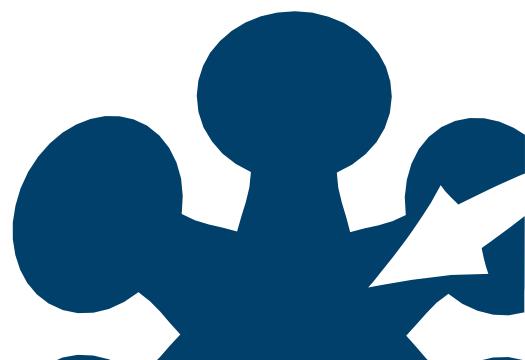
#### Objectives 2019

**Deliver a successful annual conference in Glasgow**

**Source appropriate venue for the next National Strategy Day**

**Deliver a successful National Strategy Day**

**Source and book an appropriate venue for the ARTP conference 2020**



## 7 Sleep

### COMMITTEE

Co-Chair - Dr Vicky Cooper

Co-Chair – Sara Parsons

Vice Chair - Alan Moore

Secretary - Andrew Morley

### Education

Lead - David Clough

### Paediatric Sleep

Lead - Andrew Morley

### Research

Lead - Dr Adrian Kendrick

Sara Parsons (Sleep Committee Co-Chair from January 2018)

### Standards

Lead - Hannah Tighe

Laura Watson

### Communications

Lead - Trish Matharu

### BSS Liaison / Professional Body

Lead - Dr Vicky Cooper

Andrew Morley

### S-News

Editor - Alison Butler

Sub Editor - Diane Clarke

### Expert Advisors

Medical Expert - Dr Ian Smith

Dental Expert – Dr Aditi Desai

Prof. Brendan Cooper

Dr Adrian Kendrick

## **SLEEP APNOEA CONSORTIUM**

### **Chair**

Prof. Brendan Cooper

### **Vice-Chair & Medical Representative**

Dr Ian Smith

### **ARTP Sleep Chair**

Dr Vicky Cooper

### **ARTP Chair**

Dr Karl Sylvester

### **ARTP Representative**

Dr Adrian Kendrick

### **ARTP Manufacturers Liaison Committee**

Alan Moore

### **British Paediatric Respiratory Society**

Dr Colin Wallis

### **British Sleep Society**

Dr Tim Quinnell

### **British Society of Dental Sleep Medicine**

Dr Aditi Desai

### **British Thoracic Society**

Dr Martin Allen

### **Sleep Apnoea Trust Association**

Chris Rogers

Graham Hill

### **Specialist Advisor**

Prof John Stradling

### **Company Representatives**

Drive DeVilbiss	Sally Wright
Fisher and Paykel	Sophie Danks
Philips Respironics	Bernadette Coleman
ResMed	Ewan Cuthbertson
SMed Ltd	Selwyn Sher
Itamar Medical	Eilon Livne
Intus Healthcare	Martin Heller

## 7.1 Education

The sleep committee planned two one day basic sleep courses, February and September. Unfortunately the February course was cancelled due to poor uptake. This course provides a broad introduction in to sleep physiology and pathophysiology of sleep breathing disorders. It also provides and hands on experience of sleep diagnostics and CPAP therapy. This year we incorporated epoch scoring of respiratory signals, which will be built on next year. The feedback from the course has been excellent with an average score of 4.5/5, a marginal improvement from last year.

In June 2018 we ran a two day advanced sleep course. This comprised of one day of a more neurological based sleep physiology and pathophysiology including parasomnias, insomnia, circadian rhythm disorders and sleep disordered breathing. The second day was more respiratory based and built on foundations laid out on the basic course. Again the course was well received and scored 4.4 /5, consistent with last year. However, we have recognised the need to develop hands on full polysomnography scoring practice, which is being planned for next year.

There has been steady interest in the overnight oximetry certificate, although slower for the CPAP certificate, but this was launched later in the year. We are hoping the natural progression will be for those who undertake the oximetry certificate to go on to the CPAP certificate:

- Overnight Oximetry – 42 completed, 4 ongoing
- CPAP – 5 total candidates, all still to submit

We need to continue to advertise these during the courses, conference and on the website.

## 7.2 CPAP Certification

Following on from the successful introduction of certified device testing and status for fixed pressure devices, all the work over the past year and a half has focussed on establishing a draft testing protocol for the certification of auto-adjusting CPAP devices.

Gaining agreement of our industry partners in ARTP Sleep Apnoea Consortium (SAC) in order to move forward has been challenging but the proof is there in that they have agreed to support the process as currently specified and all four major manufacturers have submitted devices for testing. The basis of agreement with our industry partners is that we will not impose a protocol for auto-adjusting devices. Rather, we will test our draft protocol, review the performance, modify the test waveforms if need be and gain an understanding of how the different proprietary algorithms work. We should always bear in mind that we have lots of clinical evidence that these algorithms do work and not a lot of evidence to show that they don't. One company has already agreed to engage with us and share the details of how their algorithms work, initially without a NDA, to enable better understanding.

So far, of four devices tested, two of them failed the precursor testing in fixed pressure mode for short term pressure accuracy. One of the manufacturers quickly identified, as was reported at the National Strategy Day in October, that an older firmware version has been

used containing a known error to rectify a foreign language issue. That manufacturer will be submitting revised firmware for installation and re-testing of the device at their own cost. As for the other device's which failed the short-term pressure accuracy test, there has been constructive and courteous dialogue with that company's clinical team and we await further dialogue with them to establish whether this was a rogue device (which is always possible) or whether there is a genuine problem with design of the motor and pressure control which, given the published technical specification of the device, is entirely possible.

All four auto-adjusting devices have been tested using the waveforms in the draft protocol contained in Appendix D of the ARTP Standards of Care – CPAP Devices (Technical & Performance). Only one device has performed and delivered the expected outcomes. As a result of the initial test runs, we have modified the waveforms used to test the response to central apnoea and hypopnoea. This has produced a better response from all four devices but still only one that delivered the expected outcomes as set out in the draft protocol. This does not, however, mean that there are three sub-standard devices. It simply means that the waveforms and test protocol being used suit one proprietary algorithm.

We will continue to work to develop the waveforms and indeed the test rig itself with Professor Netzel at the independent test laboratory in Hamburg, Germany. We have many good ideas for the way forward.

We will share the results anonymously with SAC at conference and also the actual data for each device confidentially with the submitting company. Professor Netzel will be present for those discussions.

### **In Conclusion**

ARTP SAC continues to engage successfully in a pro-active and collaborative manner with manufacturing members to further standards solely in the interests of providing quality CPAP devices to patients. The work has progressed well in good spirit and we aim to continue to progress in the same manner going forward in the next few years. The name, status and reputation of ARTP have been maintained throughout this process.

## **7.3 EU Medical Device Regulations 2017**

General Medical Devices are grouped into four classes:

- Class I - low risk
- Class IIa - medium risk
- Class IIb - medium risk
- Class III - high risk

Currently, fixed CPAP and APAP devices are classified as either Class IIa or Class IIb medical devices. The classification of a medical devices is dependent on the following:

- How long the device is intended to be in continuous use
- Whether or not the device is invasive or surgically invasive
- Whether the device is implantable or active

- Whether or not the device contains a substance, which in its own right is considered to be a medicinal substance and has action ancillary to that of the device

The intended purpose of the device is determined by the manufacturer which then determines the class category. However, the new EU regulation, which was enacted in May 2017 states under Rule 22:

*“Active therapeutic devices with an integrated or incorporated diagnostic function which significantly determines the patient management by the device, such as closed loop systems or automated external defibrillators, are classified as class III.”*

The implementation period for the regulation is until May 2020, but it is mandatory, as it is a regulation and not a directive, and hence enforceable under EU law unless the UK government changes the enacted regulations post Brexit.

The approval process for a Class III medical device include a full quality assurance system audit, an examination of the device design and the device itself by a European Notified Body. This will change the process of allowing the device to be in the marketplace, and will require the manufacturer to provide evidence from clinical trials to the EU Notifying Body that the device is fit for purpose and does not pose a risk to patient safety. This will naturally incur additional costs of the device coming to market and will be considerably more expensive.

ARTP SAC clinical members became aware earlier in the year that the ISO/IEC joint working group for home-care respiratory devices had made reference to the reclassification issue, but no one was aware as to sphere of regulation the issue arose from. ARTP SAC tracked the issue down to the EU Medical Devices Regulations 2017

Manufacturer's concerns had been raised within the ISO/IEC working group with the impact of rising costs resulting in ultimately less choice on the market. ARTP SAC discussed the issue at their July meeting where the clinical side gave a presentation and it became apparent that a number of industry partners had not heard of this potential reclassification.

ARTP SAC clinical side has engaged in dialogue with Dr Paul Dixon (BSI), who is a UK representative on the ISO/IEC joint working group for home-care respiratory devices, to understand the workings of the ISO committee, its deliberations and decisions and to determine what, if anything the ISO/IEC can do to ensure that this reclassification does not happen. Dialogue is ongoing, and Dr Dixon will be present at the SAC meeting in Glasgow with observer status.

There have been subsequent discussions between SAC clinical representatives and the Vice President of Regulatory Affairs of one of the major CPAP manufacturing companies. The outcome of those discussions is that ARTP is advised that there is not a major issue at this stage. The company's legal team believe that the area is so 'grey' that it is wide open to legal challenge of this rule in relation to APAP devices and especially what the actual definition of 'making a diagnosis' is. ARTP SAC will continue to keep a close eye on developments and ensure that members are appropriately advised in due course.

## 7.4 BSS/ARTP Sleep Liaison

There continues to be a slow uptake for joint membership. We are hopeful this will improve with the new website allowing for easier recognition and joining. We also need to continue to advertise this feature. Nonetheless, the working relationship between the two societies remains a success.

## 7.5 Standards

The MRD document has been updated and is now the subject of discussion with BDSDM as they produced new guidelines in 2017 which we were unaware of.

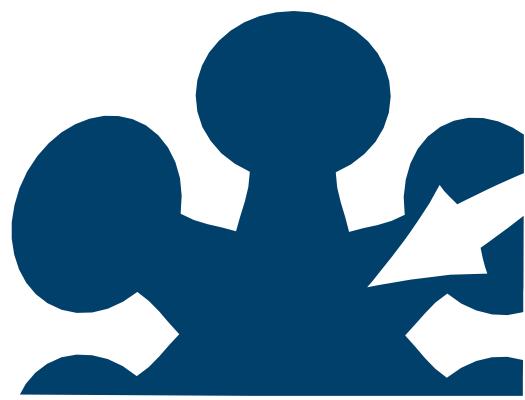
The Diagnostics document update was signed off in August – Version 8.

The Sleep Apnoea Services (Treatment) was reformatted and tidied up in July – Version 7.

This is likely to be expanded significantly in the next year as it is felt by some to be a little lightweight.

The Sleep Committee will agree on formal review dates at the next meeting in Glasgow.

<b>Objectives 2019</b>
<b>Deliver one basic and one advanced sleep course</b>
<b>Continue with supporting the practitioner and CPAP certificates</b>
<b>Continue with supporting the oximetry certificate</b>
<b>Develop a handbook to support the certificates</b>
<b>Support the ARTP Sleep Apnoea Consortium work on standards and accreditation of diagnostic and therapeutic equipment</b>
<b>Development of full polysomnography scoring workshop</b>



## 8 Workforce

### COMMITTEE

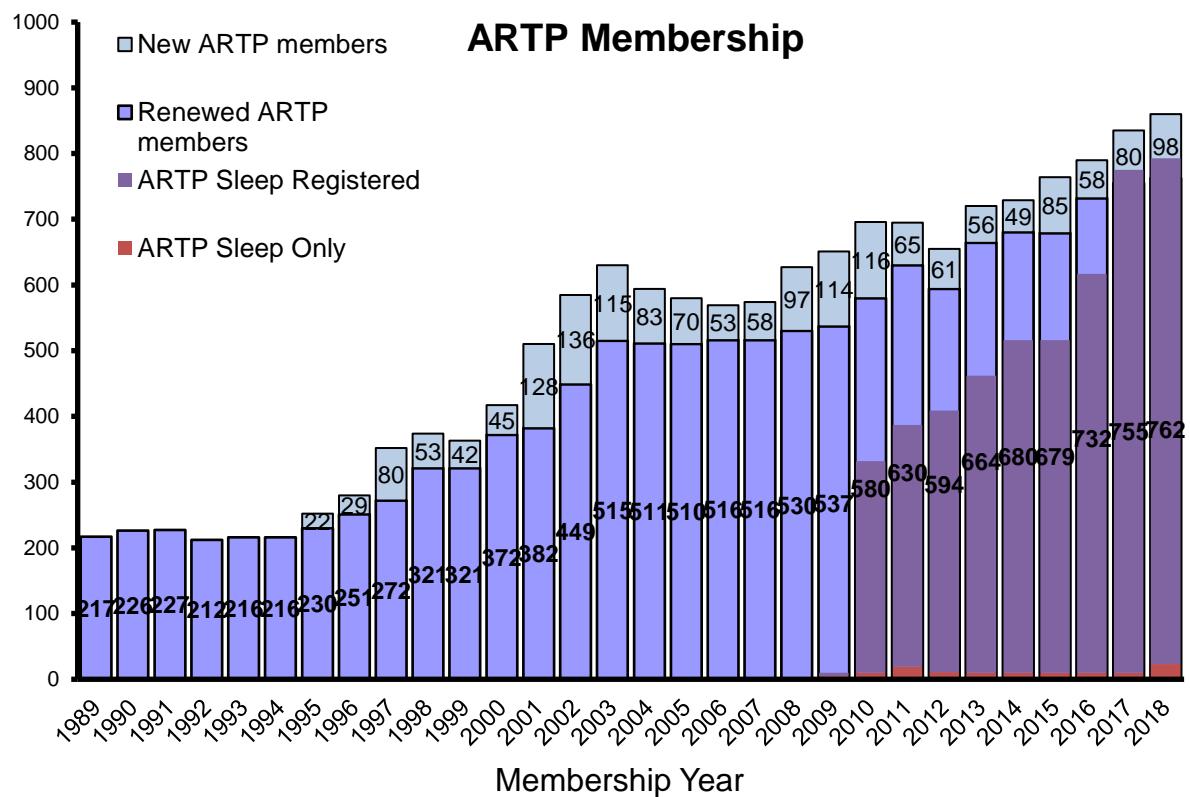
Chair – Claire Stacey  
Vice-Chair – Sara McArthur  
Kelly Pauley  
Tracey Fleming  
Rosemary Fillingham  
Helen Yates

The workforce committee has continued to be active throughout 2018 with a primary focus of continuing to promote the ARTP and to provide its members and stakeholders with up to date information in regards to national matters within the respiratory and sleep field. Throughout the year committee members have had a presence at various conferences such as Primary Care Respiratory Society (PCRS), Interstitial Lung Disease Interdisciplinary Network (ILD-INN), European Respiratory Society (ERS), British Thoracic Society (BTS) Summer/Winter and COPD 10, these have been attended to promote the great work ARTP undertakes to both respiratory physiologists and non-physiologist disciplines and promote the educational opportunities that ARTP offer.

The main focus for the committee this year has been an active involvement with The Taskforce for Lung Health's five year plan. This has been a collaborative piece of work with other professional bodies, patient representative organisations, industry and most importantly patients themselves. The published document sets out a framework to improve the nation's lung health and provide better care for people with lung disease. The 5 year plan was launched in December in both parliament and at the Winter BTS meeting and the ARTP provided information and expertise from a physiology field. The Taskforce for lung health has been incredibly well received from a collaborative and clinical perspective. NHS England named the respiratory programme as a clinical priority area and the Taskforce worked with the NHS to draw on shared knowledge and practical experience to make the case for why, and how, change could be achieved as there has been no improvement in outcomes for people with lung disease for more than 10 years. The full report can be found at <https://www.blf.org.uk/taskforce/plan>

The workforce committee has continued to provide representation on the ARTP and Registration Council for Clinical Physiologists (RCCP) committees. For both societies the committee continues to vet referrals for new membership applications. The committee has also continued to represent the ARTP on regulatory committees such as RCCP, Academy of Healthcare Science (AHCS) and Association of Clinical Scientists (ACS). The committee continues to approve all job vacancy advertisements within the profession advertised via the ARTP.

We continue to strive in our plans for 2019 mainly focusing on the development of a careers and workforce section of the ARTP website, here we wish to promote continuing professional development and to actively promote respiratory physiology as a career.



#### Objectives 2019

**The workforce reviewed all membership categories in 2018 and will continue to monitor these changes in 2019 to ensure these categories are sufficient for our members**

**Develop a CPD section on the ARTP website to help candidates fulfil their CPD obligations - with a sub section to provide guidance on MSc Equivalence**

**Increase registration numbers further**

**Continue to play an active role in the negotiations for statutory regulation**



## 9 Paediatrics

### COMMITTEE

Chair - Paul Burns  
Vice Chair – Dr Jane Kirkby  
Laurie Smith  
Stephanie Rees  
Emma Fettes  
Andrew Morley  
Kylie Russo

#### 9.1 Education & Spirometry

The Paediatric committee has continued to support ARTP Education in its delivery of courses, training and assessment. Spirometry has been the main focus for the committee this year, with Paediatric specific spirometry courses being delivered in Sheffield, London, Cardiff and Dublin.

A large part of the year has been working with the Institute of Clinical Science and Technology (ICS&T) to complement the existing e-learning platform for spirometry training that currently focusses predominantly on adults. We have been busy working on adding content to existing online courses to allow trainees to understand the differing complexities of performing spirometry in a paediatric population. We aim to have this completed early in 2019. In the meantime, we will continue to deliver face to face courses wherever there is demand.

We have supported many of the long standing ARTP Educational courses, such as those for lung function reporting, cardio-pulmonary exercise testing and the basic and advanced sleep courses, raising the profile of paediatric respiratory and sleep physiologists/scientists and the investigations and procedures we undertake within the UK.

We supported the delivery of paediatric sleep physiology sessions at the annual British Paediatric Respiratory Society meeting which was held this year in Cambridge.

The committee have also been working with the Standards committee to produce an update to the Lung Function Guidelines originally published in 1994.

We very much look forward to continuing to support ARTP in delivering its objectives for 2019/20 and in further raising the profile of paediatric physiology in the UK and beyond.