

S-News

Volume 1, Issue 1

Dreaming of a better night's sleep Summer 2010

We're on the Web:

www.artp.org.uk

Inside this issue:

Welcome	1
Wendy's Story	2
Chronobiology	2
Sleep in the News	7
MSC	8
Crossword	9

Welcome to ARTP SLEEP

Well, here it is, the first **S-News** newsletter of the newly founded **ARTP SLEEP** - the new professional body for all practitioners of sleep measurement and treatment.

In 2008 the **ARTP SAC (Sleep Apnoea Consortium)** was established as the host organisation for professional bodies, sleep diagnostics and therapeutics manufacturers, patient groups and other related organisations who are "stakeholders" in sleep apnoea.

The ARTP SAC has been an excellent example of an organisation of interested groups and has been able to focus on NICE CPAP Technological Appraisal, BTS IMPRESS document on

sleep apnoea as well as other important developments in sleep apnoea services and care. It has also acted as a focus for promoting the importance of keeping the profile of sleep apnoea high. However, there is currently no professional body representing all staff who work in sleep measurement in the UK.

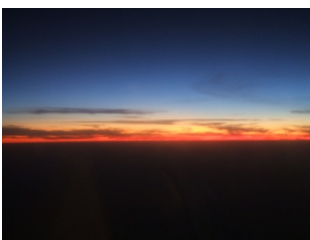
ARTP has been the professional body representing staff in respiratory measurement (both awake patients and during sleep) in the UK for over 33 years. ARTP has a wealth of experience and knowledge in the development of standards of care in physiological measurement, training & development of services in this area.

ARTP want to encourage all staff (nurses, technologists, physiotherapists and research staff) in all **areas of sleep diagnostics and therapeutics** in the UK to become members of ARTP SLEEP.

As members of ARTP SLEEP it is expected that members will receive concessions for attendance at all ARTP SLEEP meetings, conferences and training events on the same basis as those already enjoyed by ARTP members.

We believe that by being part of a team you and your patients will benefit.

This is your ARTP SLEEP and you are expected to contribute to it—and enjoy being a member!



Volcanic Ash:

Beautiful sunsets but causing nightmares for airlines!!

ARTP FAQs: Everything you wanted to know but....

Is it possible to hold joint ARTP/ARTP SLEEP Membership?

Yes. Existing ARTP members may renew and indicate their interest in ARTP SLEEP for no additional charge. New members may apply to join ARTP and indicate interest in ARTP SLEEP. Joint ARTP/SLEEP membership entitles the member to full ARTP and Sleep benefits.

Will I have to pay an additional membership fee/renewal fee to include ARTP SLEEP with my ARTP membership?

There is no additional fee for existing ARTP members to also join ARTP SLEEP. Please just complete the relevant parts of either the ARTP renewal or new membership form.

Can I apply for ARTP SLEEP Membership only?

Yes it is possible to apply for ARTP SLEEP membership. Please complete the ARTP SLEEP new member application form.

Go to the ARTP website

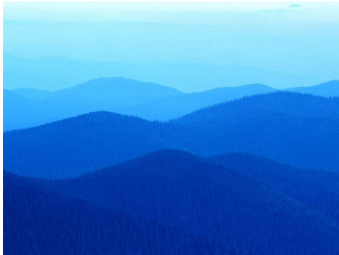
www.artp.org.uk

and select the ARTP SLEEP page

Dates for your Diary

- **ARTP Conference**, Glasgow. 3rd – 5th Feb 2011
- **ERS Congress**, Barcelona 18th – 22nd Sept 2010

Sleep People 1: Wendy's route to Sleep Services



Careers in sleep have traditionally followed some long and winding routes. However, the Modernising Scientific Careers (MSC) programme started by the Department of Health may simplify this. (See Page 5)

We are a busy department but I can genuinely say that I am glad that I changed jobs"

My name is Wendy. I work as an assistant physiologist in the sleep unit at Bristol. I have worked there for 19 months. Previously all of my employment, from age 18 to 45, had been in the Insurance industry as a claims handler for either an insurance broker, company or loss adjustor. That job involved negotiating claims with policyholders, repairers and suppliers usually by email, telephone or letters. Whilst the job involved helping people to resolve difficult situations the stress they were usually under meant it was very rarely appreci-

ated. Often I received verbal abuse but that was considered part of the job.

When I changed jobs and went to the sleep unit I found the job both interesting, rarely do you have the same situation with any two patients, and very rewarding, patients' lives can be transformed by the treatment beyond their wildest dreams. In my post I see patients from their initial referral by GPs for OSA, through diagnosis to treatment and then annual reviews. The more experienced staff in the unit are always willing to help with any queries, and it is the sort of job where

you are always learning new things. I have attended a couple of courses and I have learnt so much about the importance of sleep and the serious and varied problems that can arise when people are deprived of good quality sleep. I enjoy dealing with the patients face to face, not all of them are happy to use CPAP at first but the ones that persevere and have improved lives certainly make the job worthwhile. We are a busy department but I can genuinely say that I am glad that I changed jobs.

Chronobiology

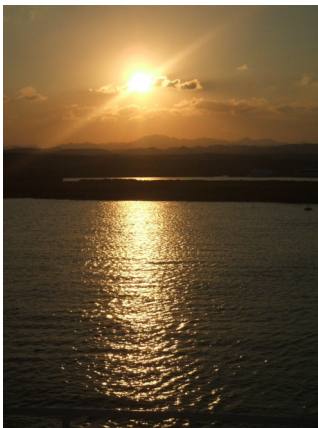
Circadian rhythms

Circadian comes from the Latin circa diem which means about a day. It describes the body's biological clock in which certain biological functions occur at specific times of the day. The most obvious circadian rhythm is that of sleep but other examples include blood pressure,

body temperature and the production of hormones. These rhythms are controlled by a combination of external environmental factors such as temperature and light, and internal factors. The suprachiasmatic nucleus is an area of the brain, located in the hypothalamus and is the body's circadian pacemaker. A number of sleep disorders

are due to the disruption of the body's natural circadian rhythm:

- Jet-lag or rapid time zone change syndrome
- Shift-work sleep disorder
- Delayed sleep phase syndrome (DSPS)
- Advanced sleep phase syndrome (ASPS)
- Non-24-hour sleep-wake disorder



Daylight controls or bodies physiological clocks

SLEEP QUOTES

"Consciousness: that annoying time between naps."

"Sleep is a symptom of caffeine deprivation"

"People who snore always fall asleep first"

Public bodies, including the NHS, have a duty to be politically impartial. As an NHS body, it is important therefore that NICE's conduct and procedures during the general election period did not call the Institute's impartiality into question.

In order to avoid provid-

ing a focus for political debate or detract attention from the general election campaign, NICE did not publish any guidance document, either in draft or final form, after the announcement of the general election. Consultations that started before the election was called continued as

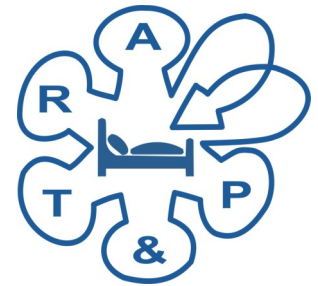
planned. Not publishing guidance during the election period will not significantly lengthen NICE's decision-making for guidance currently in development.

Things were expected to get back to normal after May 10th. (I wonder if we could do that in our sleep clinics???)

What is the Structure of ARTP SLEEP?

The structure and the terms & conditions of ARTP SLEEP has initially been drawn up and shared with leading UK sleep practitioners. It has been ratified by ARTP Executive Committee to allow for ARTP SLEEP to be reasonably autonomous in defining its direction, decisions and strategy. The Terms & Conditions of ARTP SLEEP are available on the ARTP SLEEP Website. Gradually ARTP SLEEP will evolve and

change so it will be led by its own membership with ARTP Executive Committee acting as a “parent organisation” ensuring appropriate governance and compliance with Charitable and Company law.



The ARTP SLEEP Logo

The ARTP SLEEP was designed by Alan Moore, a founder member of ARTP SLEEP. He was apparently lying in bed one night wondering what the logo could look like when.....

ARTP SLEEP Programme of Work

At the inaugural meeting of **ARTP SLEEP** at the annual ARTP Conference at Heathrow airport in January, the Foundation Group drew up a programme of work for ARTP SLEEP.

We decided to produce this newsletter— **S-News** to give you information about the group and to show you how you can contribute to ARTP SLEEP.

We also plan to develop an

ARTP SLEEP Certificate of Competence in Nocturnal Oximetry, which can be used as a measure of attainment in practical competences. This will form part of a suite of ARTP SLEEP certificates for current staff who may not have formal qualifications but who deliver quality services to a high standard.

We will also be developing the ARTP SLEEP

website to provide accurate, up to date and relevant information for staff, other health professionals and patients.

Throughout 2010, ARTP SLEEP will be helping to develop the Modernising Scientific Careers curricula for degree courses for the future workforce.

(See MSC Article on page 7)

**ARTP Sleep
certificates**

Pillow Talk manufacturers news, new equipment and a bit of gossip!

New equipment

A number of manufacturers have launched their new CPAP machines in recent months including Resmed's S9, Resironics' PR system one and Fisher & Paykel's Icon.

New in the way of masks are Resmed's Mirage Softgel and Repironics' EasyLife

DeVilbiss Healthcare Ltd has separated from Sunrise Medical Ltd.

For more information see [here](#).

Resmed say goodbye to Chris Wingfield after 13 years service.

Calling ALL Sleep Service Staff

UK Sleep Service Survey

Dear Colleague

Re: 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 be very grateful if all lead technologists/nurses for sleep services 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 service lead and all their co-workers complete [Form B](#) which details your qualifications and training, grading and percentage of work time dedicated to the sleep service etc.

The survey forms will only take a few minutes and can be completed on-line in the ARTP Sleep section of the ARTP Website at www.artp.org.uk/en/sleep/sleep-survey/

(There is also a link from the BSS website www.sleeping.org.uk.)

Please note that [Form B](#) needs to be completed 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 and departments will also be listed in the ARTP Lab Directory.

We hope you will appreciate the value of submitting this information and that you can **complete data entry by November 1st 2010**.

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

Consultant Technologist and Technical Director

Sleep and Respiratory Services

Guy's & St. Thomas' NHS Foundation trust

London SE1 7EH

0207 188 3439

President, European Society of Sleep Technologists

Useful Websites

Here is a list of useful websites connected to the world of sleep.

Some are professional sites and some are Patient Information sites.

Wherever possible we have not included equipment manufacturers because as a professional body we do not endorse one manufacturer/supplier over another.

More can be found on

the ARTP website

Patient sites:

American Sleep Apnoea Association (ASAA)

<http://www.sleepapnea.org>

The Sleep Apnoea Trust (SATA)

<http://www.sleep-apnoea-trust.org/>

Sleep Matters/Insomnia

[http://www.medicaladvisoryservice.org.uk/html/sleep_matters.html/](http://www.medicaladvisoryservice.org.uk/html/sleep_matters.html)

Professional sites:

British Sleep Society

<http://www.sleeping.org.uk/>

European Society of Sleep Technologists (ESST)

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

European Sleep Research Society

<http://www.esrs.eu/>

World Association of Sleep Medicine

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



"Keep the snoring down, we're trying to have a party next door."

ARTP SLEEP Manufacturer's Liaison:

ARTP has had a Manufacturer's Liaison Committee for over 15 years. This group has been very active in taking manufacturer's to task over poor customer service, faulty equipment, poor performance by staff and discussing new developments in equipment.

Also, at the annual ARTP Conference the Manufacturer Awards are presented at the Gala Dinner. In 2010, the awards were split into Sleep Awards and Lung Function Awards. This year, ResMed won the Manufacturer of the Year Award. In fact it is the 4th time they

have won the award—which says a lot about their products and customer service. Each year Members of ARTP SLEEP will get the chance to vote for their favourite supplier and get an opportunity to praise the good companies—and spur on the poor ones to improve.

"People who say they sleep like a baby usually don't have one."

~Leo J. Burke

New Equipment

There are a lot of new sleep recording multi-channel (AASM Type 3) devices in the market currently. We plan to report on what's available.

ARTP SLEEP is looking to you the membership to write articles about

equipment comparisons that you have undertaken.

We want you to tell us what you think about new features, new concepts, experiences of trials you have conducted or just your opinion on a certain

Brendan Cooper

sector of the sleep market.

This is your chance to be the "Jeremy Clarkson" of the sleep equipment world. Tell us what you think and help others to hear about what's hip-hop and happening—and what's a dodo!

Back Page S-News

The overall objectives of the ARTP SLEEP are:

1. To establish and promote the highest quality and standards of care and practice in sleep study measurement, therapy and physiology in the UK
2. To develop training and education programmes so that there is an appropriate training structure for careers in sleep measurement and therapies
3. To provide accurate, relevant and appropriate independent information for all practitioners measuring sleep and providing therapies in a clinical setting
4. To provide accurate, relevant and appropriate independent information for all patients who may be having measurements during sleep or who have a sleep disorder.
5. To provide a conduit for communication and a forum for sleep practitioners, whatever their background, and to act as a professional body to represent the views of non-medical sleep service practitioners to national organisations and consultations. This is likely to include a website, email forum, committees and meetings as required to develop these objectives

Sleep in the News

If you want an insight into somebody's true personality, then try to catch a glimpse of the way they sleep.

Scientists believe the position in which a person goes to sleep provides an important clue about the kind of person they are.

Professor Chris Idzikowski, director of the Sleep Assessment and Advisory Service, has analysed six common sleeping positions - and found that each is linked to a particular personality type.

"We are all aware of our body language when we are awake but this is the first time we have been able to see what our subconscious posture says about us.

"What's interesting is that the profile behind the posture is often very different from what we would expect."

BBC News

Pupils at schools in Glasgow are being given lessons in how to sleep.

The sessions, run by the charity Sleep Scotland, aim to teach pupils tips such as the importance of a bedtime routine and avoiding late-night television.

Experts say teenagers who seem grumpy and uncommunicative could actually be sleep deprived because they go to bed after midnight - even on week nights.

The advice for pupils is that they should be sleeping for more than nine hours a night. Researchers found that after going to bed at 2300 or midnight, teenagers were staying awake for hours watching television, playing on games consoles, or browsing the internet. Some pupils were getting as little as four or five hours sleep a night.

BBC News

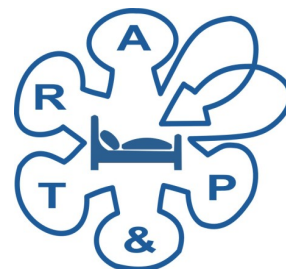
Did you know?

- *Dolphins sleep one side of their brains at a time so that they can keep swimming and breathing!*
- *Narcolepsy is made up of the Greek word "narcosis" (a numbing) and "lepsis" (to overtake).*
- *Sleep apnoea was discovered (i.e. clear cut recognition and description) independently by Gastaut, Tassinari & Duron in France and by Jung & Kuhlo in Germany in 1965.*

ARTP SLEEP

ARTP SLEEP
c/o EBS
City Wharf
Davidson Road
Lichfield
Staffs
WS14 9DZ

Phone: 0845 226 3068
Fax: 0121 355 2420
Email: Admin@artp.org.uk



Dreaming of a better night's sleep

Modernising Scientific Careers

C J Caldwell,

Acting ARTP Honorary Secretary.

Professor Sue Hill, Chief Scientific Officer kindly agreed to come along to the ARTP Conference on 28th January 2010 to answer any concerns that delegates may have over the proposed Modernising Scientific Careers Programme. ARTP incorporated into the programme a hour long session where members of ARTP SLEEP were able to put questions directly to Sue. Questions had to be prepared in advance, so that answers were forthcoming.

Background

Science and innovation are at the heart of high quality healthcare for patients and the public in the 21st century, underpinning the development and implementation of new, safe and effective diagnostics and treatments which have a major impact on health, wellbeing and on overall experience of the health and social care system. It is the healthcare scientist (HCS) workforce which makes the benefits of science and technology a

reality for patients. The MSC document sets out proposals to transform the future training and career pathways of the healthcare science workforce to ensure that the healthcare science workforce is fit for the future in a rapidly changing and evolving healthcare environment.

Extracted from the D of H website http://www.dh.gov.uk/en/Consultations/Closedconsultations/DH_091137

Questions asked to Professor Sue Hill, Chief Scientific Officer, Department of Health , on behalf of ARTP SLEEP Members by Trefor Watts, ARTP Education Committee Member.

When will the MSC policy document be available?

Professor Hill stated that the document is in its final stages of clearance. She explained that once the document had obtained clearance that each of the 4 countries in the UK will communicate a UK policy response. Speaking with respect to England only, she confirmed that there would be a big push to communicate the policy to all relevant parties; hence it would be cascaded via several sources, which would include NHS & CSO bulletins, NHS websites, over arching bodies, local trusts & HR departments.

Please can you explain how students on the proposed new degree will access “Work Based Training” in Hospitals – Will certain Hospitals be set up as “Training providers”, and how will training centres be funded to provide this training”

Professor Hill explained that the MSC programme would change from the existing apprentice style training programme to a 3 year compressed professional training degree, which for healthcare science practitioners will include some initial generic training then two themed options – Cardio/ Respiratory & Neurophysiology /Sleep. Within this programme there would be a set specialist pathway, which would include rotational but local work based training that the HEI's & Strategic Health Authorities (SHA) would oversee & negotiate placements within their local Trusts. She continued by stating that funding would follow the students during their training programme. Training departments & trainers would need to be fit for purpose such that the departments may be accredited & trainers would probably undertake different recognised formal training to ensure national standards are maintained. An Education & Training Board is currently being set up.

Which Higher Education Institutes (HEI's) will provide this degree?

Professor Hill confirmed that there was a provision need for a geographical spread of HEI's across the UK & that this would probably involve some new HEI's. She also noted that this health focused degree would also attract & recruit non NHS staff working within health science.

How will MSC train practitioners in advanced Sleep procedures (i.e. Polysomnography etc)

Professor Hill conferred that the MSC pathway will cater for advanced sleep training at a higher level & acknowledged that there is still some development work to be done in this area.

We have some students currently on a foundation degree and are paid employees doing this (block

release) – They wish to then continue onto the degree programme on completion as part of their work/current job – will they still be able to do this or will they need to enrol on the new proposed full time degree?

Professor Hill explained that the MSC career structure document sets out proposals to transform the future training and career pathways of the healthcare science workforce, such that it will widen access for entry into this field. Thus as well as direct entry students, Trusts will still be able to “grow their own students”. Learning credits for acquired prior learning will enable these types of students to access the MSC route.

What will happen to current professional exams, ARTP Parts 1 and 2 under the new proposal?

Professor Hill explained that the MSC career structure will incorporate to ensure that competency standards are maintained nationally. A Medical Educational & Training board in England will oversee the training programme & that national standards are maintained for practical assessment & all other aspects of the training. Whilst it was acknowledged that the training & assessment programme will change, it was hoped that the Professional Bodies would still be involved with specific aspects of the programme e.g. curriculum development & recommendations & accreditation of assessors & centres.

Workforce planning – We have had a recent letter from the Workforce team asking our trust to review and correct the ESR details, acknowledging that their data is generally unreliable. We note that the coding of respiratory physiologists was poor and confusing. Without accurate and reliable workforce data, how can MSC be implanted and used locally/nationally to forecast workforce requirements.

Professor Hill acknowledged that work still needs to be done within workforce planning; specifically getting the coding accurate for current staffing levels in order to project future healthcare science workforce needs. She confirmed the need for an integrated & tested work forced planning tool kit to obtain the statistics needed to reflect the current & future requirements. She stated that this was something that would hopefully be addressed in the near future.

How will current physiologists/scientists etc be assimilated across to the new proposed MSC pathway?

Professor Hill stated that it was hoped that the MSC pathway could be implemented as early as September 2010, but that it would be a phased implementation, running alongside existing programmes.

Below is a link to Modernising Scientific Careers – the UK way forward, which has been published by the Department of Health. These links include an Ipsos MORI consultation analysis of the responses received during the Department’s consultation exercise that took place.

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113276.pdf

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@abous/documents/digitalasset/dh_113200.pdf

The RCCP is reviewing this report and preparing a suitable response so the RCCP official position can be disclosed at the Council meeting on 23 March 2010. Members of the RCCP are encouraged to feedback on the above documents to the RCCP to form part of the formal response.

ARTP Sleep Open Forum

On the ARTP website (www.artp.org.uk) you will find that you can now access the new ARTP Sleep Discussion Forum.

Full ARTP members will already be familiar with the well-used ARTP Open Forum which is currently run through YahooGroups. This is a similar concept being intended for the discussion of sleep-related issues.

You can access the discussions via the website or, if you prefer, you can use the button on the forum access page to subscribe to receive it via email (full members may find other forums there but they are not operational yet).

When you initiate or respond to any subject it will then be sent to you by email and you can also reply to the discussion by replying to the email. (Please do not alter the subject line which identifies to which discussion the email should be directed.) Also when replying it would be helpful if you delete any of the previous ‘thread’ included in the email otherwise it will be duplicated on the website making it harder to follow a conversation.

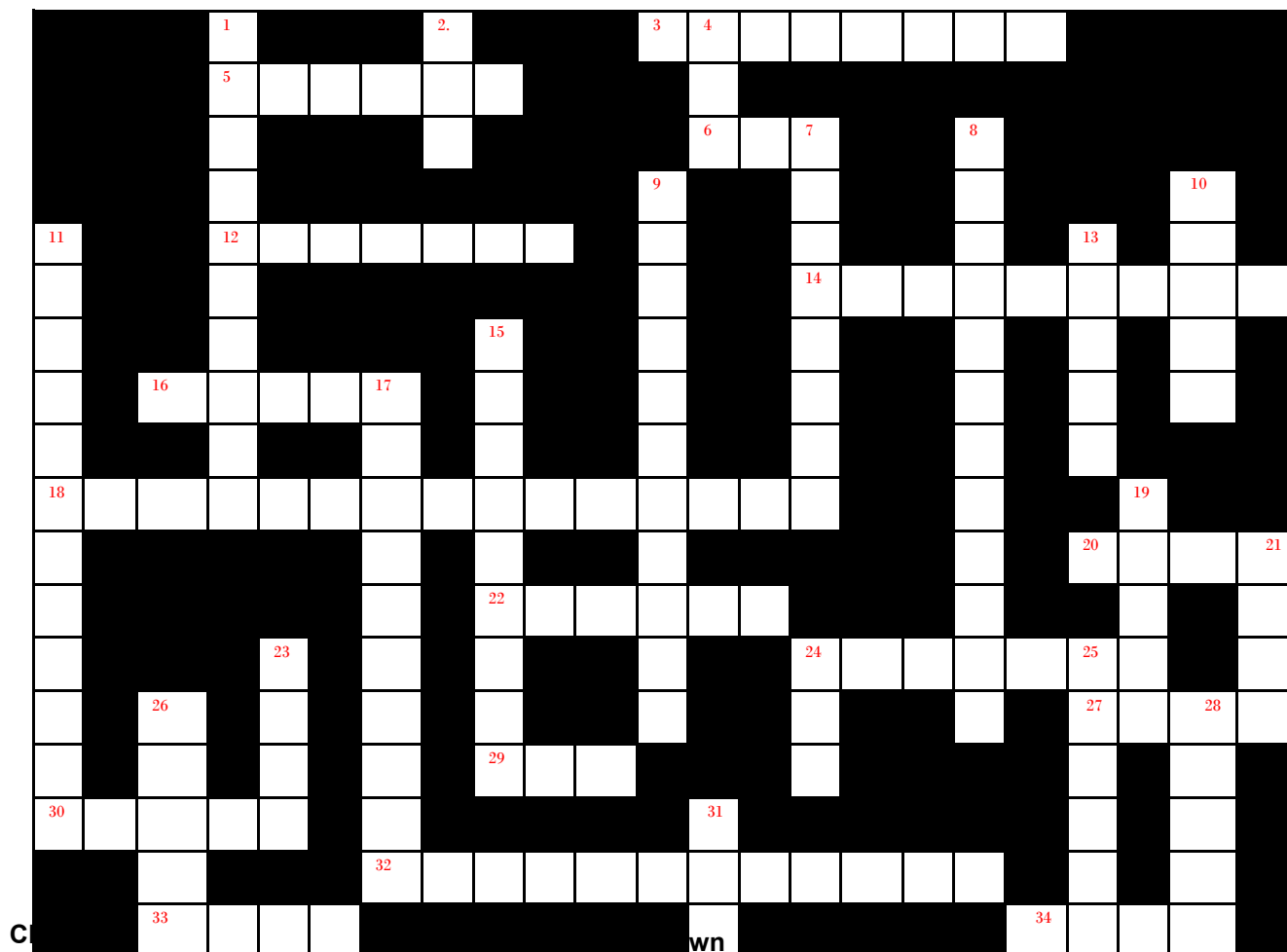
The main difference from the current ARTP forum is that you can only initiate a new topic via the website so I suggest that you bookmark the page for quick access.

You can use the Sleep Forum to instantly access the combined knowledge of the membership and I expect that you will find it an invaluable resource.

Please bear with me as this is the first time we have used the new website Discussion Forum facility so I anticipate some teething troubles. Let me know on webmaster@artp.org.uk if you encounter any trouble.

Keith Butterfield, ARTP Website Coordinator

ARTP SLEEP Crossword: No. 1



Across

3. Most common sleep complaint (7)

5. When the breathing stops! (5)

6. Number of EOG channels (3)

12. Common cause of OSA (7)

14. Drug to ease excessive sleepiness (9)

16. Sleep scoring period (5)

18. Gold standard sleep study (15)

20 & 21 D Deep Sleep Rhythm (4,4)

22. Indentation at bridge of nose (6)

24. Scale of sleepiness (7)

27. If you know your stuff you'll complete this with... (4)

29. Measure of OSA severity (1,1,1)

30. What we all need enough of (5)

32. Ekbom Syndrome (8,4)

33. A test of daytime sleepiness (1,1,1,1)

34 & 28 D Why not join today! (4,5)

1. Condition of sudden sleep onset (10)

2. Stage of sleep or popular music group (1,1,1)

4. Sleep test for impotence (1,1,1)

7. Basic test needs only a finger (8)

8. Dip in SpO₂ (11)

9. Not enough leads to hypoxia (11)

10. Indentation at base of skull (5)

11. Cushions for the nose (5,7)

13 & 25 A slow wave parasomnia (5,6)

15. Reduced airflow (9)

17. Can help stop a runny nose! (10)

19. EEG rhythm of 8-13 Hz (5)

21. See 20 across

23. N.I.C.E. recommends it for OSA (1,1,1,1)

24. Brainwaves! (1,1,1)

25. See 11 down

26. Visual imagery usually in REM Sleep (5)

Answers in the next edition and on the ARTP SLEEP website: www.artp.org.uk