EDITORIAL: ALLIED RESPIRATORY PROFESSIONALS' ASSEMBLY

Allied respiratory professionals

Allied Respiratory Professionals' Assembly contribution to the celebration of 20 years of the ERS

**B.G. Cooper^{*}, T. Troosters[#], G. Burge[†], D. Field⁺, S.S. Hrafnkelsdottir[§], F. Pitta^f,
J.K. Lloyd^{**} and I. Steenbuggen^{##}**

In celebrating 20 years of the European Respiratory Society (ERS), we have to include, since 1992, the development of the Allied Respiratory Professionals' Assembly (Assembly 9). The Allied Respiratory Professionals' Assembly originated from the need of this growing group of healthcare providers to engage in the ERS as a visible group for its stakeholders (including patients, research bodies and regulators). Allied healthcare professionals also have specific needs in terms of the development of their field. Concerns in this field are both academic and "hands on".

Unusually, Assembly 9 doesn't represent a specific scientific area in respiratory medicine, but covers clinical functions performed by healthcare professionals who are technologists/scientists, physiotherapists and nurses. Consequently, Assembly 9 has a lot of cross-affiliations with other Assemblies and Groups (table 1), and provides and supports a comprehensive raft of Symposia, Hot Topics, Postgraduate Courses and specialist sessions at the Annual ERS Congress. The Assembly, however, is also important in the "clinical reality" that allied healthcare professionals confront in their different fields during a typical day at work.

It is increasingly recognised that allied healthcare professionals play an important role in the diagnosis, treatment and care of patients with acute and chronic pulmonary diseases. High-quality measurement of pulmonary function plays an essential role in the diagnosis and follow-up of patients. It is one of the ERS' missions to harmonise and standardise these diagnostic tests. Similarly, nurses and physiotherapists face new challenges. Both groups increasingly participate in the education and self-management of patients in order encourage them to take more responsibility and control of their own condition. Nonpharmacological interventions, such as exercise training, typically applied by physiotherapists, have become evidence-based treatment, embedded in pulmonary rehabilitation. Breathing retraining in selected patient groups and mucociliary clearance techniques are other areas of interest. Most

allied healthcare professionals cover several of the fields of interest across a wide age range. This Assembly offers an opportunity to learn from each other's disciplines and to achieve an outcome that is in the patient's best interest.

The purposes of Assembly 9 are as follows. 1) To promote the role of allied health professionals within the ERS. 2) To raise the scientific and professional profile of allied health professionals in respiratory medicine in Europe. Nurses, physiotherapists and lung function specialists are essential players in providing integrated clinical services to patients. 3) To represent the views of the practical teams delivering respiratory policy, guidelines and standards. 4) To promote audit and scientific analysis of diagnostic and therapeutic services at the "coalface" of respiratory medicine from a different perspective.

GROUP 9.1 RESPIRATORY FUNCTION TECHNOLOGISTS/SCIENTISTS (186 MEMBERS)

This Group exists to represent all clinical scientific activities in the ERS. Respiratory function diagnostics and therapeutic monitoring are now key areas in healthcare delivery across Europe, and the Group is interested in the scientific, technical and quality issues of these services. It is intended that this Group is open to all ERS members who practice respiratory physiology, whether that be in primary care, secondary care or in a research environment. Education, training and quality are the key issues in protecting patients from misdiagnosis and poor measurement. Leadership in training and quality in spirometry and blood-gas assessment throughout Europe and in collaboration with the ERS School are key functions, and the Group is supportive of all lung function technology and services requiring physiological measurement.

GROUP 9.2 PHYSIOTHERAPISTS (141 MEMBERS)

This Group was set up to provide a scientific basis for respiratory physiotherapists within the ERS. Physiotherapists specialised in the care of patients with respiratory disorders have very different backgrounds across the world. The ERS provides a platform for harmonisation and academic integration. Pressing issues, such as standardisation of therapeutic techniques, homogenised training standards, quality assurance and physiotherapy-related clinical research, argue towards joining forces across national borders. Intensive and adequate interaction with other healthcare professionals demands dissemination of current best physiotherapy practice through a multinational forum such as the ERS. The Group provides the platform for such endeavours and, thus, has the potential to

^{*}Lung Investigation, University Hospitals Birmingham NHS Foundation Trust, Queen Elizabeth Hospital, Queen Elizabeth Medical Centre and [†]Heart of England NHS Foundation Trust, Birmingham, ^{**}Respiratory Investigation Dept, Good Hope Hospital, Sutton Coldfield, and [†]Independent Nurse Practitioner, UK. [#]Faculty of Kinesiology and Rehabilitation Sciences, KU - Leuven, Respiratory Division, UZ Gasthuisberg Herestraat, Leuven, Belgium. [§]Outpatient Dept, Landspítali University Hospital, Reykjavik, Iceland. ^fDepartamento de Fisioterapia - CCS, Universidade Estadual de Londrina, Londrina, Brazil. ^{##}Pulmonary Laboratory, Isala Klinieken, Zwolle, the Netherlands.

CORRESPONDENCE: B.G. Cooper, Lung Investigation Unit, University Hospitals Birmingham NHS Foundation Trust, Queen Elizabeth Hospital, Birmingham, B15 2TH, UK. E-mail: brendan.cooper@uhb.nhs.uk

TABLE 1 Key cross-affiliations with Assembly 9**Group 9.1 Respiratory Function Technologists/Scientists**

- 4.1 Gas Exchange and Exercise
- 4.2 Sleep and Control of Breathing
- 4.3 Respiratory Structure and Function
- 4.4 Pulmonary Circulation and Pulmonary Vascular Disease
- 5.2 Monitoring Airway Disease
- 7.1 Paediatric Respiratory Physiology

Group 9.2 Physiotherapists

- 1.2 Rehabilitation and Chronic Care
- 1.6 General Practice and Primary Care
- 2.1 Acute Critical Care
- 2.2 Noninvasive Ventilatory Support
- 4.1 Gas Exchange and Exercise
- 4.2 Sleep and Control of Breathing
- 7.1 Paediatric Respiratory Physiology
- 7.2 Paediatric Asthma and Allergy
- 7.3 Cystic Fibrosis
- 7.4 Paediatric Respiratory Infection and Immunology
- 7.5 Neonatology and Paediatric Intensive Care

Group 9.3 Nurses

- 1.1 Clinical Problems
- 1.2 Rehabilitation and Chronic Care
- 1.6 General Practice and Primary Care
- 2.1 Acute Critical Care
- 2.2 Noninvasive Ventilatory Support
- 7.2 Paediatric Asthma and Allergy
- 7.3 Cystic Fibrosis

foster the distribution of specialised respiratory physiotherapy throughout Europe and across the world.

GROUP 9.3 NURSES (80 MEMBERS)

The respiratory nurse has an important role in the ERS, especially with regard to education and management. This very enthusiastic Group has continued improving the knowledge and the skills of specialised nurses and helps increase understanding of present nursing practice and research. Its remit is also to promote the implementation of innovative nursing care for patients and caregivers in integrative patient-centred care, by working with different methods of education and management in different settings (hospitalisation, primary care, emergency room, *etc.*). By making recommendations on curricula, adequate standardisation of procedures and fluent communication they have worked to improve the multi-disciplinary team, working with other professionals, especially within our Assembly, and with physicians, nurses and/or community health/social workers.

DEVELOPMENT OF ASSEMBLY 9

The membership of Assembly 9 has increased four-fold over the last decade (fig. 1), which is the largest rate of growth of any Assembly in the ERS. However, absolute numbers are still small (5% of total membership). Nevertheless, great efforts are made to increase the size of the membership. In the past, the ERS has been very receptive towards the specific needs of the Assembly by applying special membership fees and providing a short (weekend) Congress programme. The new ERS Silver

FIGURE 1. Assembly 9 members by Group. □: all Groups; ■: Group 9.1; ■: Group 9.2; ■: Group 9.3.

“free” membership for those <35 yrs of age should provide the spur needed to drive up the membership of our Assembly substantially. This accommodates partly the lack of commercial and organisational sponsorship, and support for members to attend Congress and partake in ERS events and meetings. Efforts of the ERS and the promotion by the Assemblies’ officers have meant that large groups of allied healthcare providers have actively contributed to the ERS Postgraduate Courses and Congress. This is also reflected in the increased number of abstracts (fig. 2) submitted to and accepted for the Annual Congress.

However, without any fiscal barrier, the work of the ERS should reach into clinics and practices right across Europe, where internet access can join together isolated colleagues together to implement better care for patients.

ASSEMBLY 9 TASK FORCES

The Assembly has also contributed greatly to many ERS Task Forces and has initiated several important Task Forces on areas that are the “core business” of the Assembly. These include the

FIGURE 2. Received (□) and accepted (■) Assembly 9 abstracts for the ERS Congress.

following. 1) The Physiotherapy HERMES training project: ground work prepared and currently awaiting financial support of the ERS, it will aim to harmonise the postgraduate formation of respiratory physiotherapy. 2) The European Spirometry Driving Licence, underway since 2008, will ensure improved quality of the basic respiratory diagnostic test. 3) New lung function reference values will update the values of QUANJER *et al.* [1] published more than 15 yrs ago, broadening them to the wider contemporary European population.

POSTGRADUATE COURSES

The Assembly is involved in the production and delivery of three to four Postgraduate Courses each year and aims to raise the understanding and awareness of the practicalities of clinical diagnostics and therapeutics in respiratory disorders. In the past 5 yrs, 22 Postgraduate Courses have been run, mainly concentrated on issues relevant to the Assembly. There are also two or three Meet the Professor Sessions at each Congress, which has helped to educate and train hundreds of delegates across Europe and beyond.

WHY DOES THE ERS NEED ASSEMBLY 9?

Assembly 9 offers the following benefits to the Society: 1) it gives a clear scientific/therapist/nursing voice to what would be a respiratory society; 2) it acts as a conduit to key allied health practitioners to add rational, practical and realistic input into the work of the ERS; 3) it acts as a focus for the ERS to consider working in multidisciplinary teams as the key method of delivering excellence in care to patients with

respiratory disorders; 4) it compliments the science, academic and professional aspects of the ERS to give a balanced and broad range of expertise in our services; 5) it gives the management of the ERS an indication of the grass-roots feelings on decisions that may otherwise be made in isolation; 6) it enables the outcomes of the ERS (guidelines, standards and Task Forces) to be interfaced and implemented with healthcare workers in the field.

Assembly 9 is a unique feature of the ERS and needs to be nurtured and supported further in order for the ERS to continue being the only respiratory society that truly reflects the vision and impact of all respiratory professionals involved in the science and clinical care that aids patients with respiratory conditions.

Thanks to the efforts of the ERS, respiratory care in Europe and beyond is strong, vibrant and confident in developing and delivering the best care in the world, and that strength has come from working in a united team, of which Assembly 9 has become an integral and essential component.

STATEMENT OF INTEREST

Statements of interest for G. Burge and T. Troosters can be found at www.erj.ersjournals.com/misc/statements.dtl

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