

Certification scheme to raise standards of spirometry for respiratory diagnosis



Bronwen Thompson in discussion with Monica Fletcher, Chief Executive, Education for Health and PCRS-UK members Dr Stephen Gaduzo and Judith Lawrence on the new certification scheme which aims to raise standards of spirometry for respiratory diagnosis

It is hard to disagree that making a timely and accurate diagnosis is a critical stage of managing ill health. It is the starting point from which everything else flows. Without a diagnosis, a patient is unlikely to get the care that they need.

So getting the diagnosis right is essential – but we know it is not easy in respiratory disease. There are no definitive tests. Conditions may fluctuate over time. There may be differences between adults and children. It may take weeks or months to see how initial symptoms evolve. Getting a negative response to a test does not mean that the individual doesn't have a respiratory condition. False negatives can be a real confounder.

Spirometry plays an important part in the diagnosis of respiratory disease. The latest update to the BTS/SIGN British Asthma Guideline has confirmed that spirometry is the investigation of choice for identifying airflow obstruction. But it also highlights that training is required to obtain reliable recordings and to interpret the results. Since the Quality and Outcomes Framework (QOF) put spirometry centre stage as a key investigation for COPD, many more practices are providing spirometric testing. However, there is variability in the training that primary care professionals have received, and variation in the quality of spirometry undertaken.

In 2014, an All Party Parliamentary Group inquiry looked at why premature mortality from respiratory disease remained so high and how death rates could be improved. One of its recommendations was that, in order to improve diagnostic accuracy in respiratory disease, a national system of competency assessment in spirometry should be established. At this point a stakeholder group from the respiratory community had been working with NHS England on developing standards for quality-assured diagnostic spirometry, culminating in a publication in 2013.

So the publication this September of 'Improving the quality of diagnostic spirometry in adults: the National Register of certified professionals and operators' marked the next step in working towards that aim – the creation of a National Register to ensure the competence of practitioners in order to improve the diagnosis of respiratory disease. While the Association for Respiratory Technology and Physiology (ARTP) has for some time held a voluntary register of people who undertake training in spirometry, this document now recommends that all healthcare professionals performing and interpreting spirometry

should have their competence assessed so that the National Register becomes a more formal record for patients, employers and commissioners of competent practitioners.

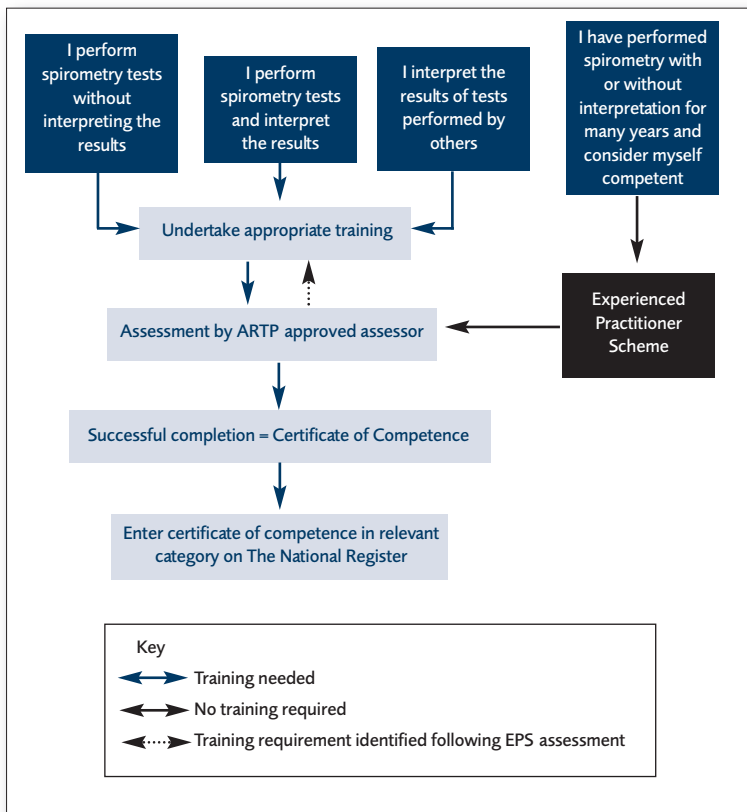
The scheme recognises that different practitioners play different roles in spirometry. Clinicians who rely on colleagues to perform and interpret spirometry but who consider the results of spirometric testing alongside examination of the patient and the history to make a clinical diagnosis are unaffected by the scheme. But those who perform spirometry, or who interpret spirometry, or do both will be expected to have their competence assessed in order to be certified and join the National Register. While the scheme is not strictly mandatory, employers, commissioners and regulators in England increasingly may look to the National Register as the indicator of whether an individual practitioner is competent to be performing or interpreting spirometry. This scheme will be phased in gradually – and by 2021 it is expected that anyone performing or interpreting spirometry in England will be on the National Register.

3 levels of competency assessment:

- **Foundation:** those who have been assessed as competent to perform safe, accurate and reliable spirometry tests without interpretation.
- **Full:** those who have been assessed as competent to perform and interpret spirometry in terms of physiological changes.
- **Interpretation only:** those who have been assessed as competent in interpretation only.

The scheme recognises that some healthcare professionals have been involved with spirometry for many years and need no further training. They can apply to have their competence assessed under the Expert Practitioner Scheme (EPS) – again for performing spirometry only, or interpreting only, or both.

Those practitioners who have received no training will probably want to attend training in order to improve their skills and knowledge before having their competence assessed and being certified as eligible for the National Register. Some may feel rusty and may want to attend a refresher course before being assessed and certified. Others may have



In a nutshell

The certification scheme to raise standards of spirometry for respiratory diagnosis:

- Recognises the distinct and separate skills of performing spirometry, interpreting spirometry and diagnosing respiratory conditions where spirometry results form part of the whole picture.
- Enables practitioners who are experienced and confident in either performing and/or assessing spirometry and consider themselves competent to be assessed and certified through an experienced practitioner scheme.
- Supports practitioners who are less confident about their skills to access the appropriate training.
- Recognises that providing a good diagnostic spirometry service may take different forms in different places and is not prescriptive about the setting in which spirometry takes place.
- Will be phased in gradually up to March 2021.

trained recently but will need to be re-certified. The scheme will require re-certification of all who are on the National Register every three years.

It is important that the scheme is not prescriptive about where a spirometry service takes place or who provides it. It does not dictate the settings or models of spirometry provision. Different models may be appropriate in different localities. It doesn't matter who is performing and interpreting the spirometry or where they work; they need to be on the Register.

The scheme will serve to ensure that patients have access to diagnostic spirometry to a consistent and high standard. This has been developed by the coordinated efforts of the respiratory community, and PCRS-UK has played a leading role in ensuring that the outcome is a pragmatic approach to standardising what is currently a situation marked by variation and inconsistency as a result of evolution over time. Patient and professional groups working alongside NHS England include Association of Respiratory Nurse Specialists, Association for Respiratory Technology and Physiology, Asthma UK, British Lung Foundation, British Thoracic Society, Education for Health and Primary Care Respiratory Society UK.

Useful links

- Improving the quality of diagnostic spirometry in adults: the National Register of certified professionals and operators. <https://www.pcc-cic.org.uk/article/quality-assured-diagnostic-spirometry>
- Quick guide to the diagnosis and management of COPD. <https://pcrs-uk.org/quick-guide-diagnosis-and-management-copd-primary-care>
- Quick guide to the diagnosis and management of asthma. <https://pcrs-uk.org/resource/Guidelines-and-guidance/AQG>

As the majority of spirometry takes place in primary care, this scheme has the potential to make a real difference to the accuracy of diagnosis of respiratory disease across England. We would encourage the respiratory community to champion this scheme as something which raises standards and stimulates practices to ensure that healthcare professionals are competent. Patients deserve an accurate diagnosis so that they can get the treatment they need. Let's help them get it!

What you can do:

- **Employers:** check what is happening in your local system and support your nurses to get the training they need to carry out spirometry in your surgery or more widely so they can take a lead role in your general practice community.
- **Individuals doing spirometry:** check to see whether you need more training or need to be certified then discuss your needs with your employer or primary care organisation.
- **Commissioners:** When writing contracts for services that provide respiratory diagnostics, assure yourselves of the quality control as you would for an imaging or pathology service.

Look out for the pull-out wall chart on spirometry in this edition of PCRU!

The Lay Patient and Carer Reference Group – one year on ...



Bronwen Thompson, Jane Scullion and Noel Baxter

Having set up a Lay Patient and Carer Reference Group (LRG) a year ago, we met again with the group to explore how both PCRS-UK and they have benefited in the first year.

Aims of the LRG:

- Embed a patient-centred approach within the 'corporate consciousness' of PCRS-UK and all its activities.
- Provide a check/balance to ensure PCRS-UK is acting ultimately in patients' best interests and providing public benefit.

The LRG is an advisory group responsible for providing independent advice and feedback to PCRS-UK Executive and Trustees on how well the Society is performing in relation to the above objectives.

We are, after all, seeking to improve the lives of our patients, so being informed by a group that can comment on our priorities and activities is a step in the right direction.

Contribution/involvement of the LRG this year:

- Received all PCRS-UK membership mailings
- Two have attended each PCRS-UK Executive meeting
- Invited to conference
- Ongoing dialogue within the group on email
- Invited to contribute on specific issues

This was our second meeting of the whole group, chaired by Trustee and Respiratory Nurse Consultant Jane Scullion. We sought views on how the group is working and whether we are indeed listening to them and having our activities informed by them. Members of the group have attended our six-monthly Executive Committee meetings and were impressed by the volume of work covered in a day and the liveliness of the discussion. They also reported that they felt able to contribute their views in that forum and felt valued. At various points in the year we

sought input on our activities and had constructive dialogue by email.

Several LRG members attended parts of our conference in 2015 and 2016 and enjoyed the opportunity to hear about the issues that are on the agenda for healthcare professionals. They could see the value that PCRS-UK brings in supporting them with their respiratory knowledge, and how best practice can also be shared through its wider activities.

The group highlighted their interest in the importance of activity and exercise for patients with respiratory issues and recognised that pulmonary rehabilitation is only one part of the solution. They are also very interested in air quality and its impact on people with lung disease. They wished there was a higher profile for the message that there is a lot that can be done to improve the lives of people with respiratory problems, rather than a tendency towards focusing on the problems and difficulties presented by lung disease.

They were particularly interested in hearing more about the role of steroids in lung disease, and consider that patients may not be told enough about the risks of extended usage and of the importance of tapering down

the dose gradually when stopping them. Some of the group were not aware of steroid safety cards, so are now better informed about the cards as a safety measure to inform and protect them.

We are keen to develop the way we collaborate and are exploring options in which the group can contribute in other ways to the organisation's activities, in addition to being represented on committees and boards and meeting annually.

"This group certainly adds depth and perspective to everything we are doing," said Carol Stonham, Nurse Lead for PCRS-UK, and Sandy Walmsley reflected that the group provided a useful insight into the PCRS-UK activities.

"PCRS-UK and its members already have a longstanding working relationship with patient charities such as BLF and Asthma UK to ensure we hear the patient voice. My personal experience of this new level of corporate involvement both at executive and the conference organising boards has reminded me not to underestimate how much better we can be if we utilise the skills and experience of people who have lived with respiratory disease", said Noel Baxter, Chair PCRS-UK Executive.