**ACPRC Annual Report for Jan-Dec** 2016

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| **Organisation Name** | Association of Chartered Physiotherapists in Respiratory Care |
| **Operational Address** | ACPRC Secretariat Office, PO Box 4460, Slough, SL33FU |
| **Website** | www.acprc.org.uk |
|  |
| **AGM Meeting Date** | JUNE 2017 (online) *proposal to alter this to January, alongside financial report* |

**Mission Statement**

*“Inspiring Excellence in Cardiorespiratory Care”*

**Values**

**Sharing Knowledge and Skills**

**Facilitating Research and Best Practice**

**Leadership and Innovation**

**Connecting People**

**Committee Description**

ACPRC is a Professional Network of the Chartered Society of Physiotherapy (CSP), and a member of the CSP Cardio-respiratory Alliance. Governance and reporting requirements are set by the CSP and compliance with these requirements is essential for on-going recognition of the ACPRC as a Professional Network. CSP recognition of the ACPRC provides the organisation with many benefits including insurance cover for our property and activities, financial support through capitation fees and organisational and professional support.

The committee meets three times each year, including a two day planning meeting which is usually held in January to determine the work programme for the year. Last year (2016) the ACPRC underwent a full and complete review by the current committee. As part of this review, all structure and process documents were re-written and updated by the chair and vice chair. This year 2017, these documents were reviewed and reformatted. The format is now as follows: The ACPRC Constitution (for review each AGM), ACPRC Policies and ACPRC Committee Processes. The committee will review these documents each year as part of their Strategy Day. Throughout the year the committee may make minor amendments and additions. Only changes to the constitution will be communicated to members at the AGM. All Policy documents will be available online.

**Committee Structure**

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**Committee Membership**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ROLE** | **NAME** | **Start Date** | **End Date** | **Previous Terms** | **Status** |
| **Chair** | Lizzie Grillo | Jan 2015 | Jan 2018 | n/a | Full |
| **Vice Chair** | Ian Culligan | Jan 2015 | Jan 2018 | n/a | Full |
| **Treasurer****(incl. Member Support)** | Melanie Palmer | Jan 2015 | Jan 2018 | 1 | Full |
| **Public Relations Officer****(incl. Diversity)** | Laura Breach | Jan 2015 | Jan 2018 | 0 | Full |
| **Research Officer** | Frances Butler | Jan 2015 | Jan 2018 | 0 | Full |
| **LTC Champion** | Rachael Colclough | Jan 2016 | Jan 2019 | 0 | Full |
| **Critical Care Champion** | Gareth Cornell | Jan 2015 | Jan 2018 | 0 | Full |
| **Paediatric Champion** | Lynn Schofield | Jan 2015 | Jan 2018 | 0 | Full |
| **Surgery Champion** | Charlotte Pereira | Jan 2016 | Jan 2019 | 1 | Full |
| **Education Champion** | Ema Swingwood | Jan 2015 | Jan 2018 | 0 | Full |
| **Respiratory Review Editor** | Robyn Stiger | Jan 2016 | Jan 2019 | 1 | Full |
| **Journal Co-Editor** | Una Jones | Jan 2015 | Jan 2018 | 1 | Full |
| **Journal Co-Editor** | Emma Chaplin | Jan 2016 | Jan 2018 | 1 | Full |
| **Newsletter Editor**  | Helen Sanger | Jan 2015 | Jan 2018 | 0 | Full |
| **Website Manager** | Matt Cox | Jan 2005 | Jan 2017 | n/a | Support |
| **On Call Project (co-opt)** | Sian Goddard | Jan 2014 | Jan 2017 | n/a | Co-Opt |
| **Secretariat** | Angela Hurlstone | n/a | n/a | n/a | Paid |

**2018 Committee update**

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| --- | --- |
| **Chair** | **Ian Culligan** |
| **Vice Chair** | TBC |
| **Committee Posts due for election** | 10 (4-new committee members required) |

**Membership Summary**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2015** | **2016** | **% Change** |
| **TOTAL MEMBERS** | **954** | **965** | **1%** |

**Narrative of proposed changes for 2018**

The Committee has updated and developed the ‘Operations and Policy Manual’ as laid out last year. Some minor changes have been made to formatting and a number of additional policies written (as available to see in the appendices of the document). Each year as part of our governance review the Mission Statement, Vision and Constitution are reviewed. There are no formal changes to the committee structure, except for the change of the website co-ordinator to a supportive post, rather than a full committee post. In addition the committee have suggested altering the voting strategy for re-election of posts. If a committee member wants to and is eligible to re-stand in that post, this individual can be voted by the executive committee and not for full membership elections. This will help to ensure stability within the committee if required and ensure that momentum within a post holder is maintained. Any one-committee member can only complete two terms within that post as per current constitution rules.

**ACPRC Review of 2016 Work Plan**

Every year the ACPRC committee meets to review the progress of the previous year and set the work plan for the coming year.

The following objectives were set for 2016 and agreed at AGM in 2015. This report gives a summary of their status.

|  |  |  |
| --- | --- | --- |
|  | **Objectives 2016** | **Progress Status** |
| **1** | Publish Annual ACPRC Journal 2016 & Regular respiratory review | **Complete** |
|  | *The ACPRC Journal and Respiratory Reviews were successfully completed and the journal published in December 2016 with the new images and logo and a new layout. The journal submission documents were updated and have improved the submission quality, however some review will be needed in 2017 concerning the delay between submission to the publisher and receipt of the first draft.*  |
| **2** | Commence ACPRC Conference Planning 2017 | **Complete** |
|  | *Conference Planning Commenced with gusto and Jackie Ford taken on as Conference Organiser to help deliver the conference in 2017.* |
| **4** | Update ACPRC Website to include Social Media  | **Complete** |
|  | *The Social Media feeds were added to the website successfully. Social Media engagement significantly increased and promoted engagement with membership and stakeholders. Successful monthly twitter chats, blogs and regular SM features enhanced this further.* |
| **5** | Formalise and Strengthen Links with Partner Organisations | **Complete** |
|  | *Significant developments of Links with other groups and organisations including continued working with Respiratory Leaders and ICCrPT (ER-WCPT event).* *Successful attendance at Conferences including ICS, BTS, COPD10, ERWCPT.* *Developing closer working relationship with CSP and supporting delivery of respiratory articles in Frontline (pneumonia clinical update, Lung US, ERAS programmes, ECMO Clinical Update)**Collaborative working with CC3N Rehab Forum, Critical Care Leadership Forum (CCLF), ICS Nursing and AHP committee, BTS, Respiratory Futures* |  |
| **6** | Identify Regional ACPRC Representatives and Scope of Role | **Ongoing** |
|  | *Transferred to 2017 objective. Formal planning occurred in 2017 Strategy Day* |
| **7** | Launch Marketing Campaign and ACPRC Rebrand | **Complete** |
|  |  |  |
| **8** | Continue with Activities and Engagement for Oncall Project | **Ongoing** |
|  | *Completion of the ACPRC and first draft of ACPRC Position Statement. Successful hosting of a stakeholder event and feedback collaborated into documents* |
| **9** | Deliver 6 Short Courses (Clinical and Research) across UK | **Complete** |
|  | *Embedding of Education Champion Role to work alongside Champions and Conference Organiser. Delivered 6 short courses: 2 in Surgery and Critical Care, 2 courses in Broncheictasis management in Adults and Paeds, Paeds acute group delivered short course, Simulation Course in London. Set up of Eventbrite page had improved process of short course attendance and payments. However some concern about non attenders (as Short courses are now free to members). Attempt to deliver evening courses in Cardiff and York but these were unpopular and therefore cancelled.* |
| **10** | Embed “Career Spotlight” as part of Monthly e-Newsletter | **Complete** |
|  | *Newsletter: Success Career spotlight in 11 of 12 issues, however difficulty with getting submissions on time. Subscribers to the newsletter continues to be high with 940 registered and open rate is rising.* |
| **11** | Revise Committee Documents, Policies, Structure and Job Roles | **Complete** |
|  | *Completed by the beginning of 2017. However awareness that ongoing evaluation required of both Financial and Membership processes (online joining, processes with smart debit and database)* |
| **12** | Deliver Evening Workshop for ERS Congress – London 2016 | **Did not complete** |
|  | *Due to the ‘Relaunch’ event taking priority, we decided not to host a full event. However successful organisation of the Physio ERS Night out during the conference* |
| **13** | Deliver Respiratory ‘Event’ alongside ICCrPT as part of ER-WCPT Liverpool | **Complete** |
|  | *Co-hosting of stakeholder evening to discuss potential international/national development of competency evaluation and to discuss definitions on the role or respiratory physio* |

**ACPRC 5 Long Term Strategy Review**

The Committee has also now ensured longer term objectives are set to ensure future planning of important pieces of work are considered alongside the Annual Plan.

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| --- | --- | --- | --- |
|  | **Objectives 2016-2020** | **Lead(s)** | **Status** |
| **1** | Develop National Database / Contact Forum for UK Respiratory Physios eg: Critical Care Database | **ALL** | **2017 objective** |
| **2** | Complete Oncall Project | **ES/LG/SG** | **2017 objective** |
| **3** | Update BTS-ACPRC Physiotherapy Guideline | **UJ/LG** | **2017 objective** |
| **4** | Develop National Audit Program | **ALL** |  |
| **5** | Formalise / Strengthen Relationships with University Programmes (UG/PG) | **RS/UJ** |  |
| **6** | Develop ‘Bridging the Gap’ Toolkit – Theory to Practice | **ALL** |  |
| **7** | Develop Online Learning Opportunities | **ALL** | **2018 objective** |
| **8** | Develop Career Development Roadmap +/- Framework | **ALL** |  |
| **9** | Expand and Grow ACPRC Conference | **ALL** | **Complete** |

**Additional 2016 Activity**

The ACPRC receives a number of requests for support, guidance or input throughout the year. A summary of these additional activities is presented below.

|  |  |
| --- | --- |
| ACTIVITY DESCRIPTION | PROGRESS / UPDATE |
| Confirmation of affiliation with the APCP Paeds Special interest group | There is recognition that within the paeds specialty there are other groups with members working within this field e.g. APCP. Therefore the ACPRC and APCP have recognized that it is important to optimise joint working and aim to develop structured communication channels and potential join working in 2017 and onwards. |
| Embedding of the Acute Paeds group (Formally the PICU SIG) within the Paeds Champion Workplan | This has been an important piece of work to ensure that the previous PICU SIG fits within the Paediatrics champion role. The benefit of a stronger affiliation is to ensure this group received the relevant support from ACPRC, but also so their work is shared with a wider ACPRC audience. |
| Stakeholder Activity on the following guidelines* Asthma Living Guideline
* NICE QS MND
 | *Laura to add for 2016* |
| Proposal to BTS re: Review of ACPRC/BTS Guidelines | Completed and submitted |
| MNDA Association | Implementation meeting in London. Potential for future joint working within patient experience audit and other potential projects |
| Monthly Twitter Chats  | Completed with varying engagement during chat- often excellent. Moreover good longer term engagement with discussions |
| Participation in ROCA Perioperative QIP | Completed by Surgical Champion *Charlotte to add* |
| Communication in the committee poor. Challenging worklife balance | Monthly discussion with chair widened. Whats app group. Monthly report not working. Usinf AL to attend (Sat meeting) |
| Nutrition Guidelines COPD endorsed. BLF Pneumonia Guidelines | Completed by LTC Champion |
| Completion of Dephi Consensus study on core outcomes in survivors, resp failure and ARDS | Completed by Surgical Champion |
| Involvement in the review of the BTS Bronchiectasis Guidelines | Completed by Chair- Ongoing |

**ACPRC 2017 Workplan**

As part of the ACPRC Strategy Day in January, objectives are reset for the year. As well as this the 5 year objectives are also reset. If any objectives are no longer appropriate, this will be explained in the Annual Report.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Objectives 2017** | **Lead(s)** | **Status** |
|  | Deliver regular membership features/benefits* Deliver 2017 Journal
* Deliver Bi-Annual Respiratory Review
* Deliver Monthly Newsletter
* Deliver Monthly Themes (Twitter Chat, SM engagement, Research Feature, Blogs etc)
* Continued engagement with stakeholders (BTS, RL, ICS, CCLF, BLF, CSP
* Continued review as stakeholders of relevant guidelines, standards etc.
* Complete Annual Strategy Day, 3 Committee Meetings and AGM (online)
* Deliver Short Course Agenda and Planning for Conference 2019
 | **ALL** |  |
| **1** | Develop Database capabilities* Interrogate the capabilities of myCRM and define value to committee and membership
* Commence training of relavent committee members for myCRM
* Develop National Database / Contact Forum for UK Respiratory Physios eg: Critical Care Database
 | **LG/IC/MC/HS/MP/GC** |  |
| **2** | Complete Oncall Project* Commence consultation of Position Statement in 2017
* Develop online version of the On Call self evaluation questionnaire
* Develop an Education framework for minimum respiratory competencies to sit alongside on call competency evaluation
* Discuss with Paediatrics groups any paeds specific on call requirements e.g.: APCP, Acute paeds ACPRC group
 | **ES/LG/SG** |  |
| **3** | Update BTS-ACPRC Physiotherapy Guideline* Feedback from BTS Standards of Care re: Proposal
* Plan and deliver scoping event with invested stakeholders
* Develop project plan for potential work
 | **UJ/LG/IC** |  |
| **4** | Develop a regional representative network* Launch at 2017 Conference
* Facilitate initial regional meetings
* Identify potential regional reps
* Host a national regional rep event
 | **LB/HS/IC/LG/ALL** |  |
| **5** | iCSP moderation Review* Evaluate iCSP moderator network for ACPRC
 | **RS/UJ** |  |
| **6** | Journal Developments* Explore impact factor
* Explore online submission for journal
* Deliver electronic journal only
* Review of author writing guidelines to include addition of ethical approval, consent, formatting and references
 | **UJ/EC** |  |
| **7** | Review of both surgical and Paediatrics roles* Evaluate and discuss with members how to optimise Champion posts within these areas
 | **ALL** |  |
| **8** | Continue role within MNDA Patient Experience Audit | **RC/ES** |  |
| **9** | Develop working relationships with APCP with potential joint working within Paediatric Respiratory workshops delivered at local level | **LM/ES** |  |

**ACPRC Long Term Strategy**

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| --- | --- | --- | --- |
|  | **Objectives 2017-2021** | **Lead(s)** | **Status** |
| **1** | Develop Outcomes Resources for membership within champion areas (first area: Critical Care) | **ALL** |  |
| **2** | Develop National Audit Program* Review engagement impact of other National Audit Programmes (e.g. COPD Audit, PR Audit)
 | **ALL** |  |
| **3** | Develop Critical Care Competency Toolkit | **GC/ALL** |  |
| **4** | Formalise / Strengthen Relationships with University Programmes (UG/PG) | **RS/UJ** |  |
| **5** | Develop ‘Bridging the Gap’ Toolkit – Theory to Practice | **ALL** |  |
| **6** | Develop Online Learning Opportunities* Potential link with On call project and assessment of minimum completancies
 | **ALL** | **2018 objective** |
|  | Develop joint Short Course delivery* APCP
* ICS
* BACCN
 |  |  |
| **7** | Develop Career Development Roadmap +/- Framework | **ALL** |  |

**Chair’s Summary**

During 2015 we began a process of re-evaluating and re-energising the purpose and drive behind the ACPRC. This was discussed in the last Annual Report. At the end of 2015 the committee still felt this review had not quite re-energised the committee and the ACPRC as we intended. Therefore the committee felt a review of our purpose and function alongside the process review was required. Such review of the function and value of the committee has not been carried out for over 15 years; and as we know in our profession, reflection is at the core of ongoing improvement and development.

We are an ambitious committee and we felt very strongly that we wanted to be there for all cardiorespiratory physiotherapists from the undergraduate to the academic leader. This is a broad focus certainly, but we felt very strongly that a membership that did not represent the whole specialty would not be as valuable to us all. Moreover our profession has undergone monumental changes in the last 10-15years and it became clear that the ACPRC needed to be as dynamic as the changing Health Service.

We initially worked hard on setting out a new structure and governance strategy. This was to enable us to have an improved platform to communicate and function from. Moreover we also wanted to create new values to underpin our purpose. To develop these values we asked the questions: Who do we represent? What do our members need? How do we best represent our profession? At the same time we mapped out our perceived functions and analysed what broad themes they fitted within. This was a valuable piece of work, from which we created four strong clear values:

* Leadership and Innovation
* Sharing Knowledge and skills
* Research and Best Practice
* Connecting People

These values are to become the core values from which to work from, helping us to achieve our mission of ‘inspiring excellence in cardiorespiratory care”

We felt it was important to springboard this new foundation with both a new look and promotional event to attempt to also invigorate our specialty and our stakeholders. Therefore armed with our new logo, new structure and refreshed values, we committed to Re-launching our committee. The BTS kindly provided us a venue to do this from at no cost to the membership. We recognised a venue, time and location useful to all was unattainable, so we also worked hard to connect to as many members as possible by streaming the event live as well as creating a meaningful promotional video to share our vision.

During the Re-Launch, our keynote speaker Professor Eleanor Main eloquently described the changes in research, education and clinical practice that she had seen within her career. This provided such insight into how we have needed to adapt, develop and progress ourselves within our profession. As a compliment to this, our committee members spoke about each of our new values and described the journey the ACPRC had gone through over the last 10 years in these areas. Most importantly they expressed the commitment of the ACPRC to deliver on these values.

We were overwhelmed to be able to share this event with so many of you, not just in person but also through our live streaming and could see there was an appetite from our membership in supporting our output. The committee recognises the responsibility of now delivering on this agenda.

Alongside the relaunch the ACPRC has delivered on the majority of our other objectives as well as delivered on some additional activity over the year as summarised above. In particular we have made excellent progress on reorganizing the committee structure and have developed a more efficient way of working within the committee utilising what’s app etc. We are very happy that all of our regular activity that we aim to complete each year was delivered at its highest standard yet including our new look journal and newsletters. Our role and involvement in social media has significantly increased with a overwhelming benefit of engaging many of our membership. Disappointingly for the committee we still need to complete our work on the on call project. However this has made great strides forward at the end of last year with a scoping exercise in Bristol, which provided us with essential feedback from members and stakeholders on the concerns raised. Summer 2017 aims to see completion of the main part of this work. We have also made productive strides towards engaging with other stakeholders (other than our members) including BTS, ICS, Respiratory Futures to name a few.

We have recognised areas where we need to still improve including utilising our secretariat to help us to adhere to timeframes and workplans. Moreover our project planning needs more clarity at the outset to ensure we deliver a project proactively not reactively. As well as this we need to engage with longer term planning and stability (including Financial Stability Plans and potentially project management support). Finally we need to work on optimising our communication and information collection opportunities in the potential within our database. For example using this to develop communication groups for Champions and regions as well as opportunities to collect data for research and knowledge sharing.

We hope that our Re-Launch and 2017 objectives inspires you to get involved and in contact. The event was our pledge to you, our members, of our dedication to *inspiring excellence in respiratory care*. However to do this we also need your support, either through support in our projects, attending our study days, coming to our conference or volunteering as a regional rep or future committee member. We are also keen to hear from you, either via email, twitter, facebook or in person at our events. In particular this year we aim to develop regional representatives and towards the end of the year there are a number of posts up for election. Therefore this is your opportunity to get involved.

Thank you again for your support, and we are looking forward to working with you and for you in 2017.

**ACPRC Financial Report**

**For the period 1st January 2016 to 31st December 2016**

Financial Results for the year

The accounts for the year of 2016 show a deficit in income of £1106.85. This compares to a deficit of £10,185.91 in 2015 and a deficit of £3225.04 in 2014.

Part of the reduced deficit was generated was due to the payment of 3 years capitation fees. This amounted to a profit of £5,610, although £3,746 was from the years 2015 and 2014.

We were delighted that the former subsection of the ACPRC based in Scotland transferred a balance of £1395.76 to the national ACPRC group. The committee hope to re-invest this money into a short course held in in Scotland.

Throughout 2015, 7 short courses were held in locations around the United Kingdom. These short courses were free to members. Non-members were required to pay £45 which included membership to the ACPRC. Lunch was provided thanks to sponsorship from a number of related companies which totalled £2150.

We were delighted to have Trudell and Actavis provide GOLD sponsorship for the ACPRC in 2016. The £6000 raised will be used toward the bi-annual ACPRC conference, which will be hosted in York in April 2017.

Subscription income increased to £35655 in 2016, compared to £33383 in 2015. At the previous AGM it was agreed to increase membership fees to £50. We plan for this additional income to support on-going free short courses, in addition to reducing the cost of conference attendance.

Subscription to the ACPRC continues to include membership to the International Confederation of Cardio-Respiratory Physical Therapists (ICCrPT).

The ACPRC continues to be an approved organisation recognised by HM Revenue and Customs and so members can obtain tax relief on subscriptions.

Further detail can be seen in the profit and loss account.

The accounts as at 31st December 2016

The balance sheets reflect the assets, liabilities and sources of funding, on the last day of the financial year. The accounts show there was £26624.60 at the close of 2016. This compares to 27,731.45 at the close of 2015.

Melanie Palmer

ACPRC Treasurer 2017