



## **Irish Thoracic Society ASM 2025 - AGM**

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## NCP Respiratory (COPD & Asthma)



### **Programme Leadership:**

Clinical Lead: Prof Breda Cushen (Jan 2025 to present) Post vacant Aug 2024 to January 2025.

Programme Manager: Susan Curtis

ICGP Lead: Dr Shane McKeogh (November 2022 to present)

HSCP Lead: Post vacant since September 2024

Nurse Lead: Post vacant since May 2021

### **Overview:**

Prof Breda Cushen took up post in January 2025 as Clinical Lead following a gap in the role from August 2024. The NCP Respiratory provides leadership, subject matter expertise and support to staff across Regional Health Authorities (RHA) to continue to implement and operationalise the COPD and Asthma models of care.

### **CAG Meetings within Reporting Period:**

Quarterly online meetings of the CAG continued with meetings in March 2025 and June 2025, and September 2025.

### **Programme Progress Update:**

**1. Integrated Care Programme for Chronic Disease (ICPCD):** The NCP Respiratory is part of the ICPCD in collaboration with the NCP Diabetes and NCP Cardiology. This is under the guidance of the NCAGL Dr Sarah O' Brien.

**2. NCP Respiratory Working Group:** The working group continues to meet fortnightly as the core NCP Respiratory team with input sought from experts as required.

Other scheduled meetings:

- National Clinical Lead meets with the Integrated Care Consultants (ICC) on a regional basis.
- Patient Advocacy Groups: continues to work closely with three patient advocacy groups:
  - Asthma Society of Ireland (ASI)
  - COPD Support Ireland (COPD SI)
  - Alpha 1 Foundation Ireland

**3. Specialist Ambulatory Care Hubs:** Since rollout commenced in 2020, there are currently 26 Specialist Ambulatory Care Hub teams in place. The National target is 30 teams. There were 22/26 Respiratory Integrated Care

Consultant posts in place. Five posts are funded via the Modernised Care Pathways (MCP).

4. **Data:** Commenced data analysis on the impact of the respiratory specialist ambulatory care hubs for COPD and asthma. This data is being presented at the ITS meeting. Engagement has commenced with REOs to present the findings of this work.

5. **NCP Respiratory Newsletter:** Developed and disseminated a quarterly newsletter to respiratory staff and other key stakeholders.

6. **Community Funded Scheme (CFS) and Home Oxygen Provision:** Collaborated with Community Funded Scheme (CFS) contracts on the HSE LTOT tender and subsequent implementation and national rollout plan. Subsequently a member of the new group “Respiratory Therapy Products” which includes home oxygen.

#### 7. **New resources:**

Completed

- [ICGP COPD General Practice Update 2025 launched Nov 17th. Available on ICGP website.](#)
- [Guidance on the Operationalisation of Integrated Respiratory Physiotherapy Posts. Sept 2025](#)
- [A Guidance Document For Healthcare Professionals Setting Up A Pulmonary Rehabilitation Programme](#)
- [National Clinical Programme Respiratory: A Competency Framework for Pulmonary Rehabilitation Services for Physiotherapists. October 2024](#)
- [National Clinical Programme Respiratory: A Self- Assessment Competency Framework for Pulmonary Rehabilitation Services. Part 1: CNS and candidate CNS working in Pulmonary Rehabilitation for the first time. Part 2: Experienced CNS working in Pulmonary Rehabilitation Services. October 2024](#)
- [Pulmonary Rehabilitation Exercise Booklet](#)
- [Updated COPD Acute Management Bundle Feb 2025](#)
- [Nutrition in COPD](#)
- [Asthma MART Leaflet - Electronic version](#)

Ongoing

- Update of the “*COPD Model of Care*”
- Updating “*ICGP Asthma reference guide*”

- Updating “*National Clinical Effectiveness Guideline (NCEC) no 14: Management of an Acute Asthma Attack in Adults (aged 16 years and older)*”
- Currently developing a “*Guidance document on the use of fractional exhaled nitric oxide (FeNO) in the evaluation of airways disease in adults*”.

Currently developing a “*National report and recommendations/standards for Pulmonary Rehabilitation*”.

Currently developing a “*National report and recommendations/standards for COPD Outreach*”.

**8. CDM Programme:** Dr Shane McKeogh ICGP Lead was involved in [The Third Report of the Structured Chronic Disease Management Treatment Programme in General Practice.](#)

**9. COPD Outreach:** In 2021 there were 12 COPD Outreach sites nationally, with ECC funding an as of June 2025 there are 26 sites fully or partially operational. Work has commenced on operational survey of national COPD outreach services, and clinical data analysis that will be in the National report and recommendations/standards for COPD Outreach.

**10. Pulmonary Rehabilitation (PR):** ECC funding has provided new full time PR teams across the country. Launched a new Guidance Document “Guidance for setting up a Pulmonary Rehabilitation Programme” in 2024. Work commenced on data analysis of clinical outcomes in PR. Operational analysis from a smart survey ongoing and analysis of clinical data from PR that will be in the National report and recommendations/standards for PR. NCP Respiratory linked with UK Pulmonary Rehabilitation Services Accreditation Scheme (PRSAS) with a future goal of accreditation for all PR services.

**11. Educational Webinars:** NCP Respiratory supported educational webinars for respiratory staff working in pulmonary rehabilitation and COPD Outreach including an update on PR by Prof Sally Singh and EQ-5D-5L with Prof Anna Hobbins. Plan for an education LTOT education webinar in January 2026.

**12. Severe Asthma Advisory Group (SAAG) and Acute Hospital Drugs Management Programme:** Established subgroup of the CAG ongoing collaboration over the year. Working closely with MMP in transition of all asthma biologic prescribing to MAP.

**13. ILD Project:** A Clinical Advisor (CA) and programme manager have commenced in post in June 2025 to support the NCP Respiratory to scope out the evidence and health needs of individuals living with ILD. Further information on this project is available in Appendix 1.

**14. Virtual Wards:** Clinical Lead provides clinical expertise and knowledge to support the National Clinical Director, Integrated Care and the office of the CCO in the development of Virtual Wards. Clinical Lead has led on the development of a National Standard Operating Procedure (SOP) document for virtual wards with the addition of asthma in 2025.

**15. Physiotherapy Referral for Radiology:** NCP Respiratory supported and were involved in the expert advisory group for Physiotherapy referral for radiology lead by the Department of Health. To date 35 respiratory physiotherapists have engaged in this process.

**16. Non-CF Bronchiectasis Model of Care Committee:** Clinical Lead provides clinical expertise and knowledge as a member of this committee in the development of a model of care.

**17. Antimicrobial Resistance & Infection Control (AMRIC) group:** Clinical Lead provides clinical expertise and knowledge as a member of this group.

**18. COPD Outreach/ National Ambulance Service (NAS) Collaboration**

NCP Respiratory have commenced a pilot project to support admission avoidance for COPD patients with NAS advanced paramedics/pathfinder teams and a number of our COPD Outreach services. Pilot sites include Beaumont, Galway, and Wexford and Tallaght Outreach teams. This pilot project supports alternative pathways for both scheduled and unscheduled care for known COPD patients to provide care at home where possible. The pilot project will run for approximately six months and will be completed with an evaluation with the aim of national rollout.

**19. RCPI Advisory Group on Tobacco and E-cigarettes**

Clinical Lead provides clinical expertise and knowledge as a member of this committee.

**20. Inhaler Action Group:** NCP Respiratory are working with our NCAGL Dr Sarah O'Brien to support the implementation of "The Health Service Executive (HSE) Climate Action and Sustainability Strategy 2022 – 2050". This includes Greener Models of Healthcare and an Inhaler Action Group with a focus on prescribing/transitioning to lower carbon inhalers to maximise carbon savings and improve patient care.

**21. Severe COPD subgroup of NCP Respiratory**

A severe COPD subgroup was set up in November to provide and drive effective and efficient management of people with severe COPD. This subgroup will support NCP Respiratory in using an integrated approach to provide optimal treatment for quality and quantity of life.

## **Appendix A**

### **Interstitial Lung Disease (ILD) Project**

Reporting Period: 19<sup>th</sup> June to 30<sup>th</sup> June 2025

#### **Programme Leadership:**

National Clinical Lead NCP Respiratory: Prof Breda Cushen

ILD Clinical Advisor: Prof Killian Hurley (0.2 WTE/1day per week)

ILD Programme Manager: Carmel Erett (0.2 WTE/1 day per week) with support from NCP Respiratory Programme Manager Susan Curtis.

#### **Overview:**

As of June 19<sup>th</sup> 2025, an ILD Clinical Advisor Prof Killian Hurley (0.2 WTE) and an ILD Programme Manager Carmel Erett (0.2 WTE) have commenced in post. The Clinical Advisor and Programme Manager for ILD report to Professor Breda Cushen who is the National Clinical Lead for the NCP Respiratory.

#### **CAG Meetings within Reporting Period:**

The ILD Clinical Advisor presented the Interstitial Lung Disease Modernised Care Pathway Implementation Framework to the NCP Respiratory CAG on 10<sup>th</sup> June 2025, prior to commencing in post. The NCP Respiratory Lead provides regular updates to the CAG.

#### **Programme Progress Update:**

- 1. ILD Working Group:** The ILD Working Group has been established, with the first meeting scheduled for July 2025 and will continue to meet 4-6 times a year or more frequently as required. The ILD Project benefits from multidisciplinary clinical and non-clinical input across various specialties and regions through the working group.
- 2. ILD Reference Group:** An ILD Reference Group has been established with initial meeting scheduled for August 2025 and will meet initially every 3-4 times a year. Membership includes, clinical, patient representation (including patient advocacy group Irish Lung Fibrosis Association representation) and external expert.
- 3. Survey:** NCP Respiratory and the ILD advisor and programme manager have developed a comprehensive survey of acute hospital service utilisation

including referral patterns for the ILD cohort and this has been distribution to acute care clinicians across all hospitals in Ireland.

**4. National clinical data review:** Mortality, hospitalisation, prescribing data

**5. Future work and next steps:**

- Engage a specialist third-party academic institution (RCSI) to conduct a comprehensive situational analysis assessing the burden of ILD in the community setting.
- Engage a specialist third-party institution to undertake an audit of acute healthcare for ILD patients.
- Under NCP Respiratory: Design and development of a pilot Pulmonary Rehabilitation programme with ILFA engagement, with a view to implementation in 2026.
- Situational assessment and gap analysis: - identifying the needs of people living with Interstitial Lung Disease (ILD) and provide a framework document for an updated Modernised Care Pathway for ILD.
- Develop a business case to encompass a full “End to End” Modernised Care Pathway for ILD and identify resource requirement needed for the 2026 estimates.

**National Bronchoscopy Quality Improvement Programme  
Update for Irish Thoracic Society Annual Scientific  
Meeting 2025**

Prepared by

Dr Dan Ryan, NBQI Working Group Chair and  
Sarah McChrystal, NBQI Programme Manager

21 November 2025

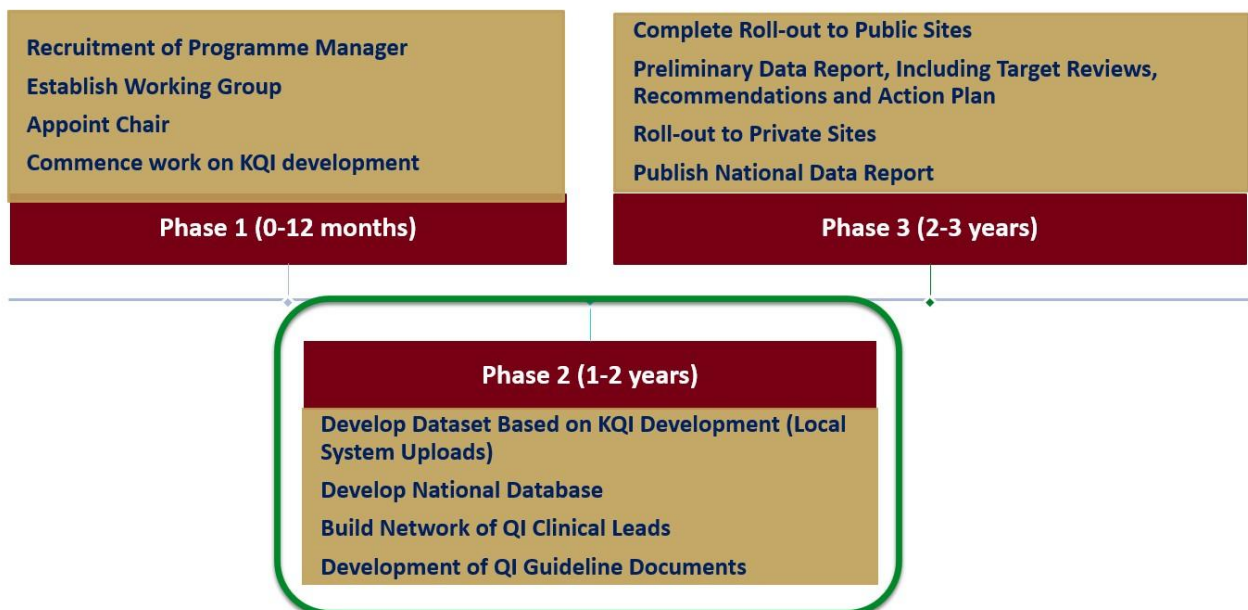
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## 1. Introduction

During the last 12 months the National Bronchoscopy Quality Improvement (NBQI) Programme's work has been mainly focused on the technology development to facilitate the data collection for the chosen NBQI Key Quality Indicators (KQIs). In addition, work continues to develop the quality framework for each hospital to routinely review standards and drive improvement in key quality areas locally and against national performance, devising a robust, safe, consistent, and accurate service nationally which will translate into a quality patient experience.

## 2. Implementation Plan



*Figure 1: NBQI Implementation Plan*

The NBQI Programme is currently in phase 2 of the implementation plan. The Programme's input into the development of the new endoscopy reporting system (ERS), Solus, will result in significant benefits for the Programme, namely a higher quality data extract from each participating hospital and the

potential to develop more detailed KQIs in the future. This would not have been possible without the opportunity to configure Solus. There have however, been unforeseen delays experienced in the development and roll-out of Solus, which has had an unavoidable impact on the NBQI Programme implementation plan and its timeline.

The NBQI Programme has taken responsibility for the Respiratory aspect of the new Solus ERS system in the absence of an appropriate clinical programme group. This has involved reviewing the original software and making a considerable number of recommendations (84) to ensure fitness for purpose for both day-to-day clinical needs and to ensure that the required data fields are available to extract for the NBQI Programme's KQIs. Working Group members have also participated in the user acceptance testing prior to sign off and launch of the software in the pilot site. This level of engagement and activity is technically out of scope for the programme, and from a governance perspective, this has been raised by the programme with the National Specialty Quality Improvement (NSQI) Steering Committee. It has been agreed however, that this work is a vital work stream needed for the programme. The NSQI Steering Committee agreed that in the absence of a clinical bronchoscopy programme the NBQI Programme is best placed to undertake the review and user acceptance testing and that this should be highlighted with the Respiratory Clinical Advisory Group.

In addition, a review of nomenclature used in local systems and templating it at EU level was requested of and accepted by the NBQI programme.

Communication with the HSE teams responsible for the roll-out of the new ERS and the NBQI working group has been very frequent, and any issues are being managed as they arise.

## **2.1 KQI Development**

The most notable KQI development since our last report has been the inclusion of a third procedure type, combined procedures, in addition to

bronchoscopy and EBUS for KQI measurements. The need to include this procedure type became evident from findings from local clinical audits conducted by working group member hospitals.

There are five key quality areas in focus, 1) access, 2) safety, 3) complication rates, 4) indicators of a successful procedure and 5) patient experience. Each key quality area has or will have several associated KQIs and targets, each will be recorded for both adult bronchoscopies, EBUS and combined procedures and be focussed on suspected cancer cases. The KQIs being developed by the working group will be used as metrics for national reporting.

## Development of Key Quality Indicators

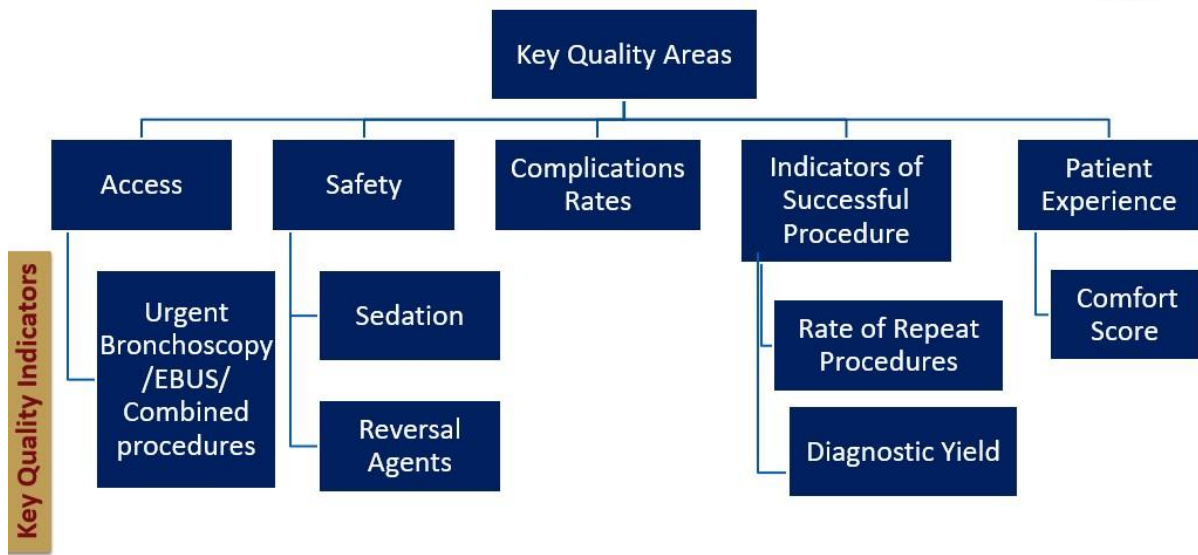


Figure 2: NBQI Key Quality Areas and Associated Key Quality Indicators.

### 2.2 Agreed KQIs - Sedation, Reversal Agents, Complication Rates and Comfort Scores

The KQIs for **sedation**, **reversal agents**, **complication rates** and **comfort score** were agreed on by the working group during 2024. Before any decisions to agree on the associated recommended key quality targets were

made, a comparison of international guidelines from the BTS, ACCP and ERS was undertaken and considered along with findings from local audits conducted by working group members' hospitals. Significant and detailed discussions at working group meetings covered each proposed target.

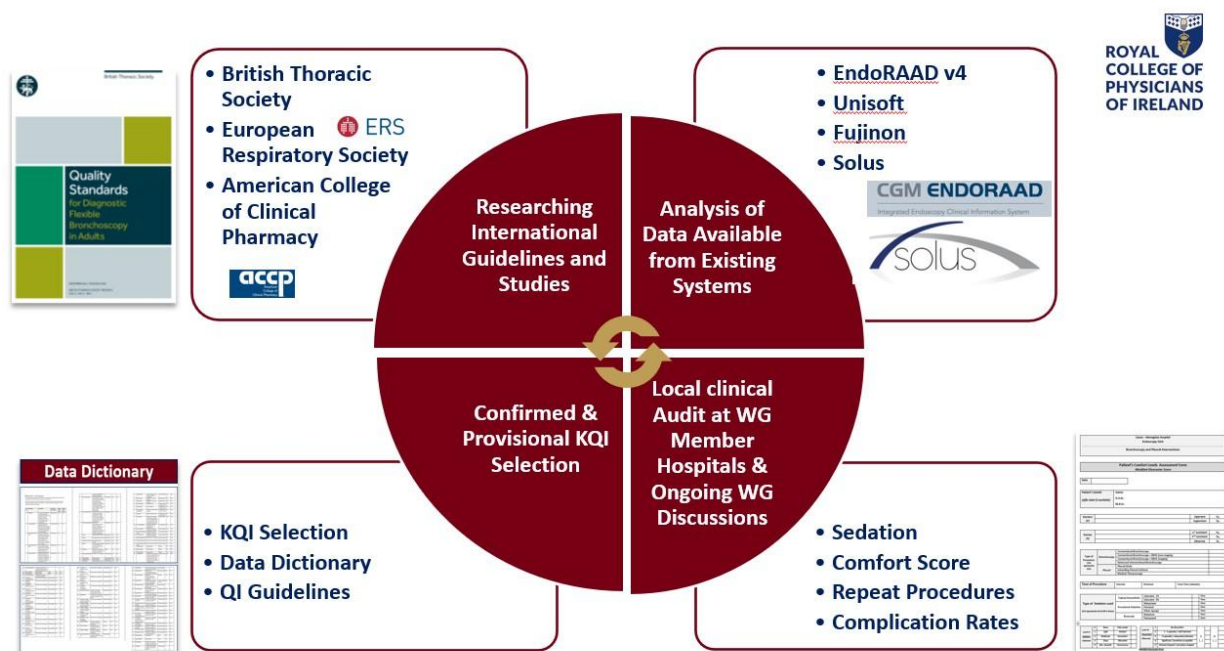


Figure 3: NBQI Key Quality Indicator Development.

Local clinical audits have continued to be conducted by working group members' hospitals which continue to inform target setting for these KQIs. The NBQI Programme is intended to be capable of dynamic change, which is necessary in order to respond to any new findings locally or any additional challenges faced as a consequence of the new ERS module. As is the case for all KQIs, there is no requirement to publicly circulate the first two annual reports which will be considered a first round of target setting.

A summary of these KQI's and corresponding provisional recommended targets are available in Appendix 1.

## 2.3 KQIs In-Progress – Indicators of Procedure Success, Access

Recent focus has been on the key quality area, **indicators of procedure success**, or more specifically the **rate of repeat procedure**.

In the absence of outcome and diagnostic data, the rate of repeat procedure local clinical audit has been conducted by working group member hospitals to explore what data points are needed for this KQI and the availability of these data across hospitals. Findings from the local clinical audits have informed the Programmes' requests for additional data fields to be included in the Solus software to facilitate data collection for this KQI going forward.

Other recommendations made by the NBQI Programme to Solus, in relation to the Access or Turn Around Time key quality area, was to include data points to capture the date of CT scan, the date of PET scan, the date patient is first seen at a clinic and the date of receipt of referral. Using more than one metric in the initial phase will help to inform best thinking for this KQI.

Proposed wording being considered: "Turnaround time (TAT) for urgent Bronchoscopy and EBUS in lung cancer".

- KQI (a). Time from first clinic review to bronchoscopy/EBUS.
- KQI (b). Time from first cross sectional imaging to bronchoscopy/EBUS
- KQI (c). Time from receipt of referral to bronchoscopy/EBUS (NCCP)

## 3. Stakeholder Engagement

### 3.1 NBQI Working Group

The NBQI Programme would like to acknowledge the contribution from its working group members. The NBQI Programme has met 23 times to date since November 2022, with focus initially on key quality indicator (KQI) development and more recently ensuring data quality and availability for accurate measurement.

#### Working Group Members

Dr Dan Ryan (Outgoing Chair)

Beaumont Hospital

Dr Parthiban Nadarajan (Incoming Chair)	St James Hospital
Dr Kenneth Bolger	St Lukes Hospital, Kilkenny
Dr Dermot O'Callaghan	Mater Misericordiae University Hospital
Dr Elisma Wilken	Letterkenny University Hospital
Dr Tidi Hassan	Our Lady of Lourdes Hospital, Drogheda
Dr David Breen	University Hospital Galway
Dr Dimitris Ampazis	Cavan General Hospital
Professor Eddie Moloney (Outgoing WG member)	Tallaght University Hospital
Dr Shane O'Brien (New WG member)	Tallaght University Hospital
Professor Marcus Kennedy	Cork University Hospital
Dr Michelle Murray	Mater Misericordiae University Hospital
Professor Barry O Connell	St James Hospital
Dr Anne O' Mahony	Cork University Hospital
Dr Judith Lyons	Connolly Hospital Blanchardstown

*Table 1: NBQI Programme Working Group Members*

In addition to KQI development the working group have also focused on various other topics relevant to the Programme's development ranging from information governance, data sharing best practice and the impact of the Patient Safety Act on the Programme.

### **3.2 Local QI Clinical Leads**

There has been a positive response from public, voluntary and private hospitals to invitations for respiratory physicians to take on local QI clinical lead roles voluntarily. Recruitment of local QI clinical leads for all hospitals offering bronchoscopy services is almost complete in HSE and voluntary hospitals. A total of 25 QI clinical leads have been confirmed in public and voluntary hospitals. There are two hospitals (public and voluntary) from which representation is currently outstanding. Although there is no active role for these QI clinical leads as yet, it is important to have points of contact for the Programme.

### 3.3 SpRs

This year the Programme has engaged with SpRs from working group member hospitals to seek assistance with local clinical audits and to better understand how KQI related data is recorded. This significant contribution has been very valuable to inform KQI development.

SpRs	
Dr Joshua Olaniyi	Connolly Hospital Blanchardstown/ previously Beaumont Hospital
Dr Sean Garvey	St James Hospital
Dr Louise Byrne	Mater Misericordiae University Hospital
Dr Salman Aslam	Letterkenny University Hospital
Dr Zainab Afzal	Our Lady of Lourdes Hospital, Drogheda
Dr Sally Griffiths	University Hospital Galway
Dr Jesika Agarwala	Cavan General Hospital
Dr Danielle Barry	Tallaght University Hospital
Dr Elkhidir Abd Elwahab Babikir	Connolly Hospital Blanchardstown

*Table 2: NBQI Programme Working Group Member Hospital SpRs*

### 3.4 Local Operation Managers

WG members have begun engaging bronchoscopy colleagues to identify potential local operational managers (LOMs) for the NBQI Programme. LOMs collaborate with QI lead bronchoscopists for all practical purposes related to NBQI Programme.

It was agreed that WG member hospitals would be the first hospitals to establish the level of interest from prospective LOMs and to understand what will work best. It is the aim of the NBQI Programme to follow the automatic upload functionality like the NRQI Programme, as opposed to the manual upload method used by the NEQI and NHQI programmes. This will depend on how the bronchoscopy central data repository is built.

## **4. Systems and Technology**

### **4.1 New ERS, Solus**

As part of a user requirement gathering exercise and in the absence of an appropriate clinical programme group, the NBQI Programme was asked by the HSE to submit a document outlining what would be needed in a new ERS bronchoscopy module for use in Irish hospitals. In April 2024, the Programme initially submitted a detailed document containing 27 recommendations.

Since then, there has been regular ongoing engagement between the Programme and the HSE ERS Project Management Team.

Further recommendations were made by the Programme at the following stages.

- 1st Change Recommendation document sent 25/04/24 (27)
- 2nd Change Recommendation document sent 06/02/25 (19)
- 3rd Change Recommendation document sent 10/04/25 (21)
- 4th Change Recommendation document sent 09/05/25 (17)

Each of these recommendations have been agreed by the HSE National Endoscopy Programme and 81 will be made available in the latest version of Solus. The remaining 3 will be implemented in the 2026 software update.

Programme working group members, Professor Imran Sulaiman, and Professor Tom McEnery volunteered their time and expertise to participate in the UAT training and testing for sign-off on the Solus respiratory module.

As the NBQI working group chair, Dr Dan Ryan, was put forward by the Programme to represent respiratory consultants on the official programme board for the ERS rollout.

However, this board is yet to be convened.

### **4.2 Development of a National Database for NBQI Data**

Fundamental to the NBQI Programme's function will be the extraction of QI data from the local recording systems (ERS) which will be encrypted and

uploaded to a new central data repository platform. This platform will be built for the NBQI Programme to use as an alternative to the National Quality Assurance and Improvement System (NQAIS) currently used by the Histopathology, Radiology and GI Endoscopy QI programmes.

The Programme has engaged with the HSE to begin the process to develop a suitable data repository and reporting tool.

## **5. NSQI Annual Conference 2025**

The NBQI Programme will once again participate in a combined annual NSQI conference in collaboration with the National Histopathology, GI Endoscopy and Radiology QI Programmes on the 26<sup>th</sup> of November 2025. This conference will be held in RCPI, No.6 Kildare Street, Dublin 2 and will be also available online. The working group chair, Dr Dan Ryan will present the NBQI Programme's progress to date. Dr Joshua Olaniyi will also present a QI project including local clinical audit for rate of repeat procedures for Beaumont Hospital.

## 6. Appendix 1

Key Quality Area	Key Quality Indicator			Recommended Key Quality Target		
				Bronchoscopy	EBUS	Combined
Access	Urgent Bronchoscopies/ TAT (Under review)		KQI (a). Time from first clinic review to bronchoscopy/EBUS/Combined	≤ 5 working days for Bronchoscopy in patients with suspected Lung cancer (under review)	≤ 5 working days for EBUS in patients with suspected Lung cancer (under review)	≤ 5 working days for Combined procedures in patients with suspected Lung cancer (under review)
			KQI (b). Time from first cross sectional imaging to bronchoscopy/EBUS/Combined			
			KQI (c). Time from referral to bronchoscopy/EBUS/Combined (NCCP)			
Safety	Sedation	Midazolam	Sedative and analgesia type and quantity used for patients expressed as a median figure per hospital.	Age < 70: Median dose ≤5mg Age ≥ 70: Median dose ≤3.5mg	Age < 70: Median dose ≤6mg Age ≥ 70: Median dose ≤4mg	Age < 70: Median dose ≤6mg Age ≥ 70: Median dose ≤4mg
		Fentanyl/ Alfentanyl		Age < 70: Median dose ≤50mg /500mcg Age ≥70: Median dose ≤37.5mg /375mcg	Age < 70: Median dose ≤75mg/750mcg Age ≥70: Median dose ≤50mg/500mcg	Age < 70: Median dose ≤75mg/750mcg Age ≥70: Median dose ≤50mg/500mcg

		Sedation Levels	Conscious sedation level to be achieved in 90% of procedures	90% Conscious sedation using available sedation scale (Ramsay Scale)	90% Conscious sedation using available sedation scale (Ramsay Scale)	90% Conscious sedation using available sedation scale (Ramsay Scale)
	<b>Patient Safety Checklist</b>		Patient Safety Checklist completed for each procedure expressed as a percentage of the total of each procedure performed per hospital	100%	100%	100%
	<b>Use of Reversal Agent</b>		The number of times reversal agent is used expressed as a percentage of the total of each procedure performed per hospital.	≤1%	≤1%	≤1%
	<b>Complication Rates</b>	<b>Complication Rate</b>		The total number of adverse events that take place in relation to the targets set, expressed as	≤1%	≤1%

0

<b>Outcomes</b>			a % of the total recorded procedures.			
	<b>Indicator of Procedural Success/Diagnostic Yields</b>	Rate of Repeat Procedure	The annual number of repeat procedures that take place in relation to the targets set, expressed as a	≤ 15% repeat procedure rate (under review)	≤ 10% repeat procedure rate (under review)	≤ 10% repeat procedure rate (under review)

	<b>(Under review)</b>		% of the total recorded procedures *Suspected Lung cancer patients only			
<b>Patient Experience</b>	<b>Comfort Score</b>	Gloucester Scale	90% of procedures should have a Gloucester Scale score of 3 or less to signify patient comfort during a procedure. Scores of 4 or 5 on this scale indicate significant patient discomfort. The Modified Gloucester Scale as an objective measure of patient comfort used in bronchoscopy and EBUS	90% score 1-3	80% score 1-3	80% score 1-3

*Table 3: Updated table of key quality areas and associated key quality indicators and recommended targets to include recently added combined procedures*



### 3. Tuberculosis

#### ITS update Tuberculosis (TB) Service at St James's Hospital:

##### Key Figures

- In 2024, there were **289 notified cases** of TB in Ireland.
  - The **crude incidence rate** was approximately **5.6 cases per 100,000 population**.
- 

##### Trends and Comparison with Targets

- The number of cases in 2024 represents an **increase** compared to some recent years and is the highest since 2018
  - Although there has been a **long-term downward trend** in TB incidence over the past decade, the rise in 2024 signals a deviation from the expected pathway towards elimination. For example, the incidence rate ratio (IRR) over the previous 5 years was ~0.95, and over 10 years ~0.94.
  - Under the World Health Organization (WHO) "End TB Strategy", Ireland should aim for an ~80% reduction in TB cases between 2015 and 2030. The current figures (289 cases in 2024) are well above the projected target (~139 cases) for 2030.
- 

##### Geographic & Population Patterns

- The highest incidence rates in 2024 were seen in the regions:
    - HSE Dublin & Midlands (~7.8 per 100,000)
    - HSE Dublin & North East (~7.3 per 100,000)
  - The lowest rate reported was in the HSE Dublin & South East region (~2.9 per 100,000) in 2024.
  - Age-specific findings:
    - Highest incidence among **25–34 year-olds** at ~10.8 per 100,000.
    - Increase in paediatric TB: for 0–14 year olds, the rate rose from 0.8 (in 2023) to ~1.3 per 100,000 in 2024; increase also noted in <1 year olds. In <1 group, in 2024, there was equivalent incidence to the previous 10 years in aggregate
- 

##### Other Notable Points

- TB incidence in Ireland in 2024 is **approaching pre-pandemic levels**. The COVID-19 pandemic disrupted TB control efforts globally and in Ireland.
  - The number of TB clusters (identified via whole genome sequencing) remains a concern: in 2024, **32 notified cases** were linked to **25 clusters**.
  - Additional concerns include increased numbers of **rifampicin-resistant cases**
  - Ireland launched its first national TB strategy, Striving to End Tuberculosis: A Strategy for Ireland 2024-2030, to address TB control—including social determinants, prevention, detection and care.
  - Ireland launched new national TB guidelines 2025
- 

### Public Health Implications

- Although TB remains relatively low-incidence in Ireland compared to many settings, the **increase in cases in 2024** is a red flag for public health: it suggests potential gaps in prevention, detection, treatment or social supports.
- The fact that the incidence is above the trajectory needed to meet elimination targets underlines the need for intensified efforts. The recent strategy is timely but will require strong implementation.
- Key risk groups (younger adults, infants/children, certain regions, possibly persons born outside Ireland) need targeted attention.
- The rise in rifampicin resistance and clustering suggests the necessity for robust microbiological surveillance, contact tracing and linkage to care.
- Addressing social determinants (e.g., housing, migration, healthcare access) is crucial in a low-incidence but still vulnerable setting.

### Advocacy for Funding National TB Service St James hospital

1. **Parliamentary question (October 2025)**  
Oireachtas — Dáil Éireann, Question 608, 7 October 2025: Deputy Tony McCormack asked the Minister for Health the steps being taken to address tuberculosis (TB). [Oireachtas](#)
2. **Irish Examiner article (October 2025)**  
“Ireland’s TB care centre says it cannot meet current or future demand as cases soar” — Irish Examiner, 31 October 2025, covering the TB centre at St James’s Hospital in Dublin and citing its urgent need for investment in laboratory supports, staffing and infrastructure. [Irish Examiner](#)
3. **Patient interview in lay press (Irish Times July 2025)**

### Education and Research

1. St James hosted the National TB meeting in June 2025

## 2. Annual Dr Noel brown meeting May 2025 RCPI

1. Allen J, Abdelrahman M, Muresan A, Sugrue R, Dolan L, Fitzgibbon M, **Keane J, McLaughlin AM**. *Congenital tuberculosis following disseminated TB in pregnancy: a case report*. QJM. 2025 Sep 17. doi:10.1093/qjmed/hcaf213. PMID: **40974059**.  
*Note:* Case report from St James's Hospital illustrating clinical complexity of TB in pregnancy; both Keane and McLaughlin are St James's authors. [PubMed](#)
2. Donohue S, Leisching G, **Keane J**. *The emerging role of immunothrombosis in the control and pathogenesis of Mycobacterium tuberculosis*. J Infect Dis. 2025 Aug 5. doi:10.1093/infdis/jiaf415. PMID: **40794553**.  
*Note:* Review from the TB Immunology Group (Trinity / St James's) — important for translational research and teaching on host-pathogen mechanisms. [PubMed](#)
3. Brown K, Walsh A, Yennemadi A, O'Leary S, O'Sullivan M, Nadarajan P, Basdeo S, Leisching G, **Keane J**. *Mycobacterium tuberculosis induces Warburg metabolism in human alveolar macrophages: a transcriptomic analysis*. Am J Respir Cell Mol Biol. 2025 May;72(5):597–602. doi:10.1165/rcmb.2024-0268LE. PMID: **40311077**.  
*Note:* Experimental / translational paper on macrophage metabolism in response to M. tuberculosis — useful for education on host metabolism and host-directed therapy concepts. [PubMed](#)
4. Kherabi Y, Pedersen OS, Lange C, et al.; TBnet/ESGMYC XDR-TB Study Group (collaborators include **Anne Marie McLaughlin**). *Treatment outcomes of extensively drug-resistant tuberculosis in Europe: a retrospective cohort study*. Lancet Reg Health Eur. 2025 Jul 15;56:101380. doi:10.1016/j.lanepe.2025.101380. PMID: **40697337**.  
*Note:* Multi-centre European cohort; McLaughlin is listed among collaborators — relevant for education on drug-resistant TB outcomes and policy. [PubMed](#)
5. Chalmers JD, et al.; (co-authors include **Anne Marie McLaughlin**). *Phase 3 trial of the DPP-1 inhibitor brensocatic in bronchiectasis*. N Engl J Med. 2025 Apr 24;392(16):1569–1581. doi:10.1056/NEJMoa2411664. PMID: **40267423**.  
*Note:* Although focused on bronchiectasis, this high-impact trial includes McLaughlin (respiratory clinician) and is relevant for clinical education and cross-specialty research links. [PubMed](#)
6. Walsh AM, Roycroft E, Hinchion K, Basdeo SA, Sheedy FJ, Crispie F, **McLaughlin AM, Keane J**, Fitzgibbon MM, Gleeson LE, et al. *Genomic characterisation of recurrent Mycobacterium avium isolates from chronically infected patients reveals patterns of within-host evolution*. Genome Med. 2025 Oct 13. doi:10.1186/s13073-025-01549-y. (Published Oct 13, 2025).  
*Note:* Whole-genome sequencing of NTM isolates; includes St James's authors and strengthens genomic surveillance / research credentials

## 5 ITS Tobacco Advisory Group

### ITS Tobacco Control Advisory Group

#### Members:

Assoc Prof Stanley Miller (SM) (Chair)  
*Consultant Respiratory Physician, Mater Misericordiae University Hospital  
Chair, COPD Support Ireland*

Dr Hilary McLoughlin (HM) (Vice Chair)  
*Consultant Respiratory Physician, Portiuncula University Hospital*

Prof Luke Clancy (LC)  
*Consultant Respiratory Physician and Director General, Tobacco Free Research  
Institute Ireland, Dublin*

Ms Lisa Glynn (LG)  
*Respiratory ANP/ Lecturer, NUIG*

Ms Orla Veale (OV)  
*CEO, Irish Thoracic Society*

Prof Emmet O'Brien (EOB)  
*Consultant Respiratory Physician, Beaumont Hospital Dublin  
Chair ASH Ireland*

Prof Eddie Moloney  
*Consultant Respiratory Physician, Tallaght University Hospital*

Ms Angela Radley (AR)  
*Acting Physiotherapy Manager MISCOP, Co-Ordinator of Pulmonary Rehabilitation  
Programme, Smoking Cessation Advisor, Tipperary University Hospital*

Prof Des Cox (DC)  
*Consultant in paediatric respiratory medicine at Children's Health Ireland (CHI)*

#### Progress:

- New chair of group: Assoc Prof Stanley Miller  
New vice chair of group: Dr Hilary McLoughlin

- Paediatric Colleague Prof Des Cox has joined the group.
- The group has decided to have a cap of 10-12 members max, with diversified representation.
- President of ITS attended Tobacco Control Advisory Group Meeting May 2025.
- Group requested **Committee Status**: ITS CEO and President brought group name and governance of this group to the ITS Council Meeting in June 2025 and received unanimous approval.
- **World Conference on Tobacco Policy June 2025** – The ITS president and members of this group (EO, DC and HM) attended the World Conference on Tobacco Control. The conference had a high-profile attendance.
- A **position statement of ITS in relation to e-cigarettes for adults and children** is being prepared by this group (HM and DC).
- **Educational Seminars with school was delivered by MK** and are being explored as part of this group's purpose. A slide deck for use by HCPs has been created as a resource by MK/OV/DC.
- **World Lung Day** – a Myth Busting Guide for Vaping was created by MK/OV/DC and received extensive media attention and engagement.
- The Department of Health is in the process of updating the **Tobacco Free Ireland** (2013) policy and invited the ITS to submit evidence to support the development of this policy. This group made a submission.
- We continue to support **Tobacco 21** where the age for legal use of Tobacco is to be raised to 21 years (Law comes into effect on 1st February 2028). Tobacco21 is a good example of an alliance of health organisations coming together. Legislation applies only to tobacco products, not to vaping/e-cigarette products yet but the new Minister for Health has expressed her desire to include vaping/e-cigarettes which is a good sign for the future.
- We continue to support the **Tobacco Free Campus** initiative which is now a prominent initiative in EU recommendations on second-hand smoke. This initiative is being promoted through research funding from EU and also a Joint Action on health promotion also funded by EU.

Assoc Prof Stanley DW Miller

*Chair*

## 7.ANAIL Update

ANÁIL Respiratory Nurses Association of Ireland

Irish Thoracic Society Meeting  
Galway, 21<sup>st</sup>-22<sup>nd</sup> November 2025

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### **Current Committee:**

Sonya Murray, Chair of ANÁIL

Karolina Glomba, Secretary

Diane Moran, Treasurer

Donna Langan, Educational Officer

Lisa Farrell, Educational Officer and Respiratory Paediatric Nursing representative

Niall Kennedy, Website Coordinator

Priyanka Thitme, Media Officer (new role)

### **Sub-committee:**

Olivia Quinn, Sub-Chair

Elizabeth Kavanagh, Sub-Treasurer

Helen Mulryan, Sub-Educational Officer

Lisa Egan, Sub-Educational Officer and Respiratory Paediatric Nursing representative

### **Current Membership:**

183 Members:

- 45 Registered Advanced Nurse Practitioners(RANP)
- 103 Respiratory Clinical Nurse Specialists (CNSp),
- 13 Registered General Nurses
- 11 Clinical Nurse Managers
- 11 Other/Private sector

### **Qualifications:**

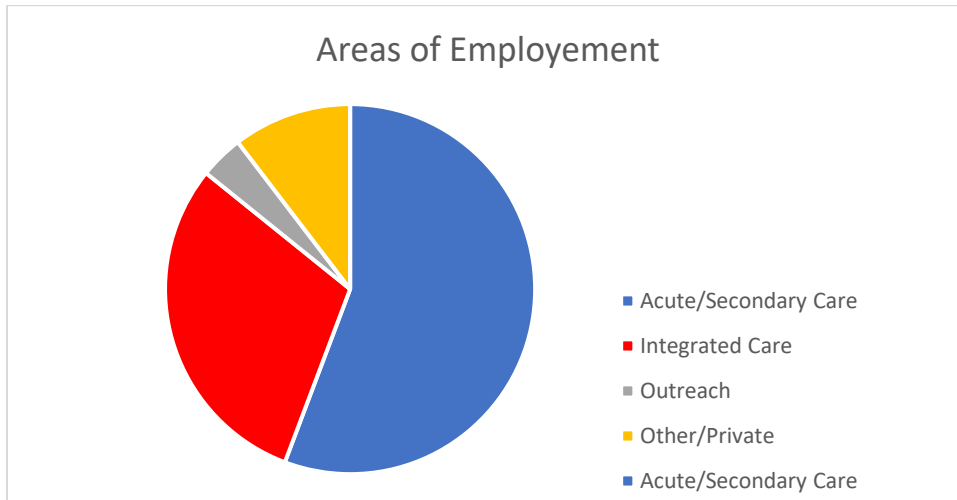
- PHD 3
- MSc 88
- Post graduate Diploma 79
- BSc 12

### **Prescribers:**

- 94 Registered Nurse Prescribers
- 45 Prescribers of Ionising Radiation

### **Employment Area:**

- Acute/Secondary Care 102
- Respiratory Integrated Care 55
- Outreach 7
- Other/Private 19



ANÁIL Website: [www.anail.ie](http://www.anail.ie)

- Membership registration
- Online platform to share upcoming conferences and educational sessions
- Sharing with educational materials, and latest updates

Twitter = Handle@anail\_Ireland Followers

ANÁIL email: [Respiratorynursingireland@gmail.com](mailto:Respiratorynursingireland@gmail.com)

Linkedin: <https://www.linkedin.com/in/an%C3%A1il-ireland-456b31258/>

Funding for Bursaries, Innovation Projects, and Conferences:

ANÁIL offered Eight Bursaries this year (250 Euro), this was open to Anail members presenting or attending conferences or educational courses.

Five ANÁIL members presented at the European Respiratory Society Conference in Amsterdam in September. If more funding streams were available then this would increase the numbers of nurses able to attend International Conferences allowing Irish Respiratory Nurses the opportunity to show case the depth of their work.

#### Membership Representation:

- COPD Support Ireland = Currently vacant and will be advertised to ANAIL members
  - Asthma Society of Ireland = Johanna O'Callaghan & Paula Hallahan
  - Digital Health = Antoinette Doherty
  - ERS/International Coalition of Respiratory Nurses = Bridget Murray
  - National Clinical Programme, Respiratory = TBC
  - ILD-Carmel Mc Inerney
- 

#### PPPG's and National Guidelines:

While ANAIL continue to develop our own committee guidelines, we also support the development of respiratory PPPG's at a national level. Representatives are involved with the Asthma Society, COPD support Ireland, ILD, Oxygen Guidelines and National Clinical Care programmes for development and updating of guidelines.

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#### ICRN:

ANAIL supports the International Core Curriculum for Respiratory Nursing (ICRN). The aim of ICRN is to develop a standardised curriculum for respiratory nursing at a national level.

Bridget Murray PhD, ANAIL member, is our Irish representation

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#### Spirometry:

No further training or funding available through the NCP Respiratory. ANAIL members can avail of training through ARTP and look for local funding.

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#### Respiratory Coalition of Ireland:

ANAIL have representation at the newly established Respiratory Coalition. Participation in a workshop and attending two International Coalition meetings, provided opportunities to learn and share information with respiratory colleagues from the International Respiratory Coalition (IRC). The overall aim of the Respiratory Coalition of Ireland is to support the development and delivery of a funded Respiratory Strategy for Ireland.

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The establishment of the ANÁIL ILD network was to provide support to members, encouraging information sharing, education, training, development, research and best practice in the care of patients with ILD. The ILD working group with assistance from the ANP group are seeking to develop the following areas:

- 1) Oxygen use – detail how to use it properly
- 2) Pulmonary Rehabilitation/exercise
- 3) Breathing control
- 4) Palliative Care
- 5) Other resources – Dietician, Psychology, OT
- 6) Oral Anti-fibrotic – management of side effects
- 7) Resources

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### **ANÁIL Conference 12 March 2026: Sheraton Hotel, Athlone**

The thirteenth Annual ANÁIL Conference, and 33 years of ANÁIL as the Respiratory Nurses Association of Ireland, will take place on 12 March 2026.

The conference will include two Key Note speakers that are renowned in their field of Speciality. Including: Professor Dan Ryan on Cancer screening and Dr Sarah Nester on Palliative Care of the Respiratory patient. As well, as talks on a variety of respiratory related topics from our respiratory colleagues and sharing of information.

## 8. CPRC Update



**CPRC Chairperson Report 2024/25**  
**Aoife Sheehan**  
**Chariperson**  
**Chartered Physiotherapists in Respiratory Care**

- Members 183
- Committee members 9
- Meetings 6

**Representative roles:**

- Irish Thoracic Society; A representative sit on the ITS Council-Aoife Sheehan
- Tobacco control advisory group- Angela Radley
- Rare Diseases Stakeholder Group- Heather St Lewis
- ISCP Advanced Practice Physiotherapy committee- Eimear Griffin
- CEG forum representative ISCP-Aoife Sheehan

**CPD:**

- Back to Basics Respiratory Care Course Merlin Park Hospital Galway - Held for people new to working on call and those coming back to work in the acute that need a refresher. Fully booked with 50 attendees
- 'On Call Course' St Vincents University Hospital-One day course practical and theory with on call situations for On Call Therapists
- Today we had Dr Abhilash Sahadevan speak to us on 'Redefining Rehabilitation: Integrating exercise testing and Physiotherapy'
- We ran a very successful two day Advanced Practice course on Physiotherapy for Breathing Pattern Disorders. It was facilitated by a group of four specialist Physiotherapists working with Breathing Pattern Disorders within the NHS.
- We had a two representatives attend the ACPRC in Edinburgh with society bursary funding.

- Webinars:
  - Two webinar series on the Assessment and Treatment of the Ventilated Patient hosted by Emma Gorman and Aoife Lennon, CS Physiotherapists in Critical Care Mater Hospital.
  - The Management of Non Invasive Ventilation-Hosted by Ciara Dolan, CS Physiotherapist in GUH

### **Upcoming CPD**

- We are running our annual Back to Basics course again this year in St. Vincents University Hospital this coming weekend.
- We are focusing our CPD this year on two main areas, SIM (simulation based) training and carrying on our Breathing Pattern Dysfunction training.
- We have a webinar upcoming on the “Benefits of moving towards simulation based training” which will be lead by our member Esther O Flaherty who is also the national clinical HSCP lead for SIM training.
- We also have a webinar upcoming focusing on linking with our colleagues in SALT around dysphagia management and how closely that links with secretion management.

### **Developments and achievements:**

- Advocacy for Advanced Physiotherapy Practice in pre-budget submission to Government this is ongoing.
- Representation on Advance Physiotherapy Practice working groups and Ultrasound guidance development
- Ongoing representation on Integrated Care Pathways for Rare Diseases Stakeholder group
- Representation on Irish Thoracic Smoking Advisory Group and the Irish Thoracic Society Council
- Approved the implementation of Level 1 and Level 2 (Specialist)-Tiered Membership to CPRC at the 2022/23 AGM by majority vote
- Participation in the ITS ‘Inspire’ Podcast.
- We have members now linking with the legislation around Radiology ordering for Physiotherapists.
- We successfully funded 3 €500 bursaries this year for CPD and education. We have expanded the bursary application this year to include overseas courses to allow us to improve networking with our European and International colleagues to two €1000 and two €500.

### **Future notes:**

Going forwards the CPRC are aiming to increasing the ISCP inventory of resources, by creating more competency standards for use nationally, and aim to deliver more high quality education. This ISCP are working hard to develop an Advanced Practice therapy grade, this is ongoing. We hope through our courses and further education that we will be able to support our members at getting to this standard. We are delighted that the legislation with regards to the ionising radiation ordering for Physiotherapists is at the end stage of discussion. We are also continuing to push our members through the Lung Ultrasound training. We thank the ITS for all its support and opportunities given to Respiratory Physiotherapists throughout the country and strive to keep this connection going. Finally I would like to also mention our colleague Olga Reilly who sadly passed away during the year. Olga was working in Wexford as a Clinical Specialist Physiotherapist and most recently had been appointed as the HSCP lead in Pulmonary Rehabilitation, Olga loved attending the ITS each year and her she is missed this weekend with us.

Thanks for all your support,  
Aoife Sheehan  
CPRC Chairperson

## **9. Respiratory Physiologists Update**

### **2025 CPD Days**

We have begun Lunchtime Webinars which are free of charge to IICMP members, the first of which was with Dr. Frans De Jongh from University of Twente who gave us a masterclass on Impulse Oscillometry

We had an application for funding through the HSCP successful for a two day lung function interpretation course run by the ARTP which was attended by 22 Respiratory Physiologists from around the country. We will be applying to run this course again in 2026

Also in 2026, we are planning to run our own two day Sleep Study course run by and for Respiratory Physiologists focusing on setting up and interpreting limited sleep studies as well as full polysomnography.

We have also begun discussions with our Northern Ireland colleagues in the ARTP with the hope to run more events for Respiratory Physiologists.

### **Professional Regulation**

Recognition of Qualification pathway and Criteria for Education and Training Programmes are now well established. Currently undergoing a National Census to establish the number of Physiologists working in Ireland. Currently, no other source provides this comprehensive data. Details are available on [iicmp.ie](http://iicmp.ie) if you are or know any Respiratory Physiologists working in public or private practice, industry, education, hospital management, quality roles, or on career breaks. This will be another important step towards regulation of the professional.

### **Challenges**

As numbers of students training to become Clinical Measurement Physiologists increases, the pressure on hospitals to accommodate larger numbers of students on placements will need to be addressed. The IICMP release a position statement in June to encourage all departments to work directly with the Practice Education Coordinators in each Higher Education Institute to explore flexible, sustainable, and innovative ways to provide placements.

From a Respiratory perspective, we are continuing to look at ways to encourage and motivate students to choose Respiratory as their specialist discipline.