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Editor’s welcome

As the ‘new girl’, I’d like to thank everyone for making me feel welcome since I started working with the EULAR Health Professionals. Hopefully by the 2015 Rome Congress, I will know many more of you.

I hope I have put together an interesting read for you. I am always learning and need to rely on you to tell me about the issues which are important to you as HPs. I am particularly grateful to all those people who have contributed to articles in this issue – sometimes at short notice!

In the next issue I would like to focus on one or two hot topics. One issue I hear much about is ultrasound. I hope to gather input from HPs around Europe to explore how ultrasound is used, where the challenges exist, and how it can be used in support of patients. If you have an example of research, implementation and use of ultrasound which you would like to share, please do get in touch with me.

But please also let me know if you have other projects planned, educational visits organised – anything that might be of interest to your fellow colleagues. My aim is to produce a varied newsletter which supports you and your work in providing care to people with rheumatic and musculoskeletal diseases (RMDs).

I have received great support from Vice President Christina, Chair Elect Tony and Chair Sue as I begin my new role – as well as from Mikko, the former editorial assistant. Thank you all. I would like to take this opportunity to congratulate Sue on recently being recognised in the UK for her health professional work. Sue was made an Order of the British Empire (OBE) in the Queen’s Birthday Honours List. Sue was awarded the OBE for “services to rheumatology healthcare”. This is fantastic for raising awareness of the role of health professionals and RMDs.

I would love to hear your views on this newsletter – as well as receive contributions and ideas for future issues. If you have any ideas, don’t keep them to yourself!

Please do get in touch.

Best wishes kate@katebetteridge.me.uk

In this issue

In this issue we have an article by HP Vice President Christina Opava talking about the strategic aims of the EULAR Health Professionals. HP Chair Sue Oliver looks at issues facing HPs over the coming year and encourages you to attend the Congress in Rome 2015. Session titles for the congress are featured on page 19 as well as details about submitting an abstract and claiming a travel bursary. Don’t leave it too late!

We bring you news from around EULAR with articles about Patient Research Partners by patients Nele Caeyers and Codruta Zabalan, and International Liaison Officer, Neil Betteridge, talks about EULAR’s public affairs work. Both encourage HPs to get involved.

We put HP membership and study groups under the spotlight. HPs from Ireland, the UK and two from the Netherlands share plans for their educational visits. Read and enjoy. Maybe it will encourage you to apply for 2015?

Finally don’t forget to get your copy of the new HP members directory available now on the EULAR website.

Copies of EULAR HP News and the members directory are available at http://www.eular.org/st_com_health_professionals.cfm
**Roadmap project**

HP members regularly take part in EULAR’s annual Brussels conference in support of the public affairs agenda. Those present at the 2012 event will remember the conclusion that EULAR should provide leadership in developing a ‘Roadmap’ in rheumatic and musculoskeletal disease (RMD) research. This is now a major new project, under the leadership of Prof. Iain McInnes (pictured), working alongside EULAR’s International Liaison Officer, Neil Betteridge. HP participation is crucial to ensure the success of this vital project.

The concept of the roadmap is to crystallise the key needs and goals for people with RMDs over the next decade, and, thereafter, define the questions that remain unanswered that prevent us achieving such goals. The roadmap will determine research that is currently underway, and point to those research avenues that must now be addressed so that truly ambitious objectives are attained.

Throughout this process, it is critical that quality of life issues affecting people with RMDs are kept to the fore. Consensus from the European community of HPs, patients and clinicians will be invaluable and it will considerably strengthen our position to influence the EU institutions in favour of RMDs.

The European Commission, for example, which controls the budget for the current research framework programme Horizon 2020 (see page 14), would have greater confidence in the RMD research agenda if they knew that it had the support of all the major players and was taking account of where new research would add most value to EU citizens living with any RMD.

Project leader Iain McInnes said: ‘In October 2014 we had the project’s kick-off meeting, with HPs, PARE representatives and clinicians all represented. I am really excited to be leading this remarkable programme of work which can make such a difference to the profile of RMDs at the European level.

‘Those of us involved with – and affected by – the outcomes of research in this area are striving to accelerate the advances which will help our current and future patients. EULAR has had the foresight to take strategic leadership in forging the optimal design for our research planning. This will ensure that our investments in the research arena deliver longer term benefits from the work of HPs, clinicians and, most crucially, in benefits for people living with any of the conditions we are here to help prevent, treat and manage.’

**Collaborative working**

The Health Professional Standing Committee (HPSC) and the American Rheumatology Health Professionals (ARHP) have worked collaboratively for some time. Reciprocal agreements have existed where they attended each other’s meetings, observing the development of their programmes and occasionally chairing sessions for each other.

There was a desire to do more however. Preliminary discussions between the organisations explored how they could work together more proactively. ‘Despite the obvious challenges of different healthcare environments and distance, the aim was to build a framework that could potentially empower health professionals to explore relevant issues for rheumatology HP internationally,’ said Sue Oliver, Chair of the HPSC.

The EULAR Executive agreed to fund a one-day facilitated workshop in Paris after this year’s Annual EULAR Congress. Much work went into the preparation with numerous international teleconferences, exchange of draft documents and agreements with regard to the scope and breadth of the workshop. Key representatives were selected for their knowledge and experience with EULAR HPSC, country representation and discipline.

The members of the EULAR HP working group are:

- Rinie Geeen (member of Scientific sub committee – psychologist) Netherlands
- Ricardo Ferreira (member of Scientific sub committee – research nurse) Portugal
- Christina Opava (HP Vice President – physiotherapy) Sweden
- Michaela Stoffer (member of Scientific sub committee – occupational therapist) Austria
- Susan Oliver (HP Chair – nurse) UK

The members of the ARHP working group are:

- Karen Smarr (President) ~ psychologist
- Jan Richardson (Immediate Past President) physiotherapist
- Ben Smith (Past President) physiotherapist
- Kam Nola (President Elect) pharmacist
- Linda Ehlrich Jones (Past President) research nurse

‘The workshop was productive and we have just had a further meeting at the ACR in November in Boston to build the next steps on what will be an exciting bit of news…for the next newsletter!’ said Sue.

**Chair Elect announced**

Prof. Anthony Redmond was voted Chair Elect of the Health Professional Standing Committee (HPSC) at the 2014 EULAR Congress General Assembly.

HPSC Chair, Susan Oliver, said: ‘I am delighted that Tony will become the new chair in Rome 2015. I have worked with Tony in the UK over the years and I know that he will be energetic and enthusiastic in pursuing our HP objectives and the wider agendas of EULAR.

‘For those disappointed to see another UK candidate for the role, I’d like to assure you that Tony is already well connected across Europe and has actively supported a range of great projects.

‘I would encourage everyone out there to engage in nominations for our EULAR HP posts – we need diversity but also enthusiasm and energetic knowledgeable specialist in the field of rheumatology. So nominate your choices when the time comes.

‘Tony is a great networker and has a good understanding of all HP roles. It is an added benefit that he will also bring a new perspective as our first podiatrist Chair.’

Watch out for an interview with Tony in the next HP Newsletter

Prof. Anthony Redmond was voted Chair Elect of the Health Professional Standing Committee (HPSC) at the 2014 EULAR Congress General Assembly.

HPSC Chair, Susan Oliver, said: ‘I am delighted that Tony will become the new chair in Rome 2015. I have worked with Tony in the UK over the years and I know...’

Watch out for an interview with Tony in the next HP Newsletter
Palais de Congrès in Paris welcomed over 14,000 people involved in the treatment of rheumatic and musculoskeletal diseases in June this year.

Health professionals from across the globe descended on the French capital to share learning, make new connections and participate in the EULAR Health Professional (HP) programme.

Chair of the Health Professional Standing Committee (HPSC) Susan Oliver says: ‘Paris in 2014 was a great success for the HP programme, with high levels of attendance for many sessions.’

For Sue, a highlight of the Congress was having sufficient time on the HP stand to sit down and listen to attendees from Europe and further afield. She says: ‘Gaining insight to people’s specific challenges and thinking about how EULAR HPSC can collaborate and support HPs across Europe in different ways was so important. I think the power generated by attendees themselves through lots of great networking and planning for future collaborations was inspiring. That is how HPs across Europe will gain strength and recognition.’

The HP stand

The HP stand is an important element for the HPSC and, hopefully, for other HP colleagues as well. It helps raise the HP profile, provides the chance to meet potential new country members, explore key issues, and share new ideas and work that has been undertaken.

The Congress centre felt quite compact compared with other Congress venues, with the advantage being that the stand was close to the session rooms. This meant not having to run miles across the congress centre to get to places on time.

HP Vice President Christina Opava says: ‘The 2014 HP stand had plenty of space to allow HPs to meet, greet and talk over new opportunities. We were able to welcome and meet many attendees from all over Europe but also from as far afield as Turkey, Syria, Russia, Israel and Hong Kong.’

She continues: ‘We need everyone to provide ideas about how to improve our stand and the information we can offer there for future Congresses. We need the space to work for you! In Rome we hope to show you presentations about some clinical issues that different HPs wish to showcase – for example new models of delivering services. We also hope some of our Country Members will provide presentations on the work they have undertaken in their own country – any challenges or collaborations they hope for and ideas that can be developed working together. Get in touch if you would like to contribute.’

HP Standing Committee meeting

20 people attended the HPSC meeting on 11 June. Country presidents Joost Dekker from the Netherlands, Karin Niederman from Switzerland and Jenny de la Torre from Spain presented their national HP organisations. Together they gave a comprehensive picture of the successes and challenges in large mature organisations as well as in smaller, recently established ones.

The general discussion of the HPSC focused mainly on the challenges language barriers present within Europe – particularly for health professionals in developing countries. This was seen to be more of an issue for HPs than for medical doctors. The difficulties posed by EULAR’s policy of having English as the common language was discussed.

EULAR Health Professionals News
The HPSC said goodbye to Thea Vliet Vlieland, who steps down after years’ service as Chair Elect, Chair and Past Chair of the Eular HP (see pages 8-9 for an interview with Thea), Jana Korandova who is retiring after decades of work for EULAR’s HPs and editorial assistant Mikko Väisänen.

Chair Sue Oliver says: ‘Each year I think the HPSC gets better, and we have worked hard over the last few years to try and ensure country members really understand how EULAR works. This is truly important because we need active members who embrace the role and work with the HPSC. And we need to grow. The expertise that each country member holds is vital and meaningful for all of us within Europe – there is much to learn from each other.’

HP programme

A well planned and varied session programme ensured good attendance at sessions, with most averaging between 100-130 people. Two sessions stood out as being of particular interest however, bringing in the biggest audiences – Targets and Mechanisms of Treatment in Chronic Pain attracted 237 people, whilst Is it a Flare brought in 370.

185 abstracts were submitted by HPs for inclusion in the Congress. ‘Many abstracts were accepted for the Congress programme – selected after undergoing a peer review process,’ says Vienna-based occupational therapist Michaela Stoffer who presented the HP Highlights at PARE’s final session.

The best HP abstracts were awarded during the Opening Plenary Session. Dawn Johnson from the UK, Paul D Kirwan from Ireland and Ingrid Larsson from Sweden all received their award from EULAR’s President Maurizio Cutolo presenting Abstract Awards to three HPs.

Ideas about how to support people whose English language skills are less developed were discussed. For example:

- language ambassadors to assist members taking online courses
- use of a translation service
- question cards for those less confident in speaking aloud during sessions
- briefing notes for speakers on how to cope with jargon or other difficult aspects
- guidance for presenters who are less conversant in speaking English.
Technical challenges hit a few sessions – not least the final HP session. Prof. Iain McInnes faced every presenter’s nightmare when he was left with no audio or visual. Faced with an expectant room of over 100 people, Iain, kept his audience entertained with talk of taxi strikes, heat, French food and wine… ‘What fun we had,’ says Prof. McInnes clearly having enjoyed the challenge.

Says Sue: ‘To be honest, my personal high spot was actually the challenges experienced in our highlight session! Just as we were all breathing a sigh of relief that things had gone well, everything suddenly seemed to go wrong. We had our US colleagues chairing and prestigious speakers such as Prof. Iain McInnes from Scotland.

‘Thankfully, initial tensions very quickly changed to laughter when the audio visuals crashed, recovered, failed again, leaving Prof. McInnes having to take on the role of compere and comedian! He has a new vocation – we were all in peals of laughter and it was even funnier to see the very laid back French audio-visual gentleman running frantically back and forth actually looking stressed! Professor McInnes: have you got any compere slots available for 2015?’

Everyone left in good cheer – an unplanned but a happy end to a great conference. Thank you to everyone who helped make the Congress such a success for all health professionals.

Information about the 2015 Congress in Rome can be found on page 19.

You can contact Christina Opava at Christina.Opava@ki.se and Sue Oliver at sue@susanoliver.com
From the Chair

Sue Oliver, Chair of the Health Professional Standing Committee (HPSC)

My time as Chair has simply flown by and I am continually learning! It has been a very exciting, sometimes incredibly stressful, but also rewarding experience.

You may feel that nothing much is happening in the EULAR work programme, but I can assure you we have been very busy! Planning for the next congress starts more than one year ahead of the planned date. So as soon as one conference is completed, we have already started the planning for the next Congress. That can be pretty tough – importantly because we need to ‘horizon scan’ for some of the relevant topics/research for the following year’s programme.

We have refined some of our ways of preparing for Congress so please read the piece by Christina Opava, our Vice President, who will tell you much more about the work of the HPs. Each year we try hard to find ways to inspire everyone and actively get the best out of the resources EULAR can offer HPs. This year we are delighted that we have had a record number of applicants for educational travel bursaries.

So do be inspired and explore our updated and improved website – for Congress but also the general website. We hope it will help you get more out of EULAR Congress but also the general website. We have much to consider over the coming year. Firstly we were asked in September last year to present the EULAR executive with a working definition for “Health Professionals” within EULAR and what this title meant. Initially you might see that as easy? Well after much research and discussion we have much we still need to define in terms of the title “Health Professional”. For example HP in many countries include the doctor, yet in EULAR, HP does not include doctors.

What defines an HP then? Is it a discipline-specific qualification or perhaps recognition on a national professional organisational database recording the qualification? Are we all regulated within our countries or not? Do all disciplines have the same level of qualification and registration? It seems these issues vary quite a lot across Europe. It is also relevant as the EU begins to build a framework that enables HPs in Europe to work wherever they wish within Europe. But there needs to be more clarity about the level of competency and training undertaken, and we have many plans to start work on education, training and required competencies.

So this will be something we will discuss at our next Executive Meeting. More discussion and research is required across a range of activities. Equally we have some exciting projects in the early phases and we will be submitting to the Executive Committee in March.

“Working together may enable us to have a stronger voice”

“We need to understand challenges for the future of healthcare”

There will be more in our next newsletter so do keep following the discussions.

“More clarity is needed”
Prof. Dr Thea PM Vliet Vlieland first became a member of the scientific sub committee of the EULAR Health Professional Standing Committee (HPSC) in 2006. After recently finishing her term on the HPSC, she talks here about her experiences through the years of her involvement.

Thea currently works at the Leiden University Medical Center as Professor of Efficiency of rehabilitation processes, in particular physical therapy. The chair was instituted by the Royal Dutch Society of Physical Therapy

Tell us about your professional role Thea?

My job is to foster and conduct research in the area of rehabilitation and physical therapy, in particular research on cost-effectiveness. My main interest in this respect is the optimisation of non-pharmacological and non-surgical care for people with rheumatic and musculoskeletal diseases (RMDs).

You recently left the HPSC. What has been the most striking development in the network since your first involvement?

The number of national HP organisations involved in EULAR has almost doubled, and contacts with their presidents are more frequent and better organised. In addition, we now have better communication and co-operation with individual HPs, amongst others by the institution of study groups. We have also developed professional EULAR guidelines specifically for HPs. Co-operation with other standing committees has been greatly enhanced, in particular with PARE and also with the EULAR Standing Committee on Education and Training.

Which projects did you find most exciting to work on?

The development of a EULAR online course specifically written for HPs. The project has just started but it will most likely serve a need among HPs in many countries. I also very much liked the work on the EULAR guidelines for the core non-pharmacological management of hip and knee osteoarthritis. This was an initiative of the EULAR HPs, which was taken together with the EULAR guidelines for the role of the nurse in inflammatory arthritis. Contacts with PARE in the form of contribution to the annual conference – I attended their conference in Athens in 2011 – was also a highlight and there are many other opportunities where we were able to join forces.

Has there been a standout EULAR Congress for you?

First it’s probably nice to mention that I have attended all 15 EULAR Annual Congresses – from the first one in Nice in 2000, to Paris in 2014. I have a lot of material to compare! In particular, I found the Congress in London outstanding: memorable for its organisation and number of participants, and also because it saw the first dinner of the Standing Committee with national presidents of HP organisations who were EULAR members. This dinner is now held every year with a growing number of participants and is highly appreciated by the national presidents.

How has being a member of the HPSC enhanced your work as a health professional?

Firstly, the co-operation with so many HPs from different countries has made me aware of the many similarities, which motivated me to continue to enhance my research in this area. However, it also made me aware of the large differences in working situations and opportunities among countries, stimulating me to put more effort into the dissemination and implementation of knowledge and skills. Secondly, the stimulating collaboration with patients strengthened my view on the role of patients in research, and motivated me to set up groups of patient research partners in my own region.
How do you think people living with RMDs in Europe might benefit from the work of EULAR’s HPs?

The organisation of EULAR HPs has improved markedly over the past year, with the importance of their work in the management of patients with RMDs being generally acknowledged and accepted. With this recognition as a first step, the quality of their work can be further improved – for example, by the development of more practice guidelines and recommendations specifically for HPs, the support of HP-led research projects to better underpin the evidence for HP interventions, and targeted educational offerings. This will improve the quality of care for individual people with RMDs.

Apart from that, HPs are now – in addition to rheumatologists and other medical doctors – better represented in organisations and committees developing healthcare policies regarding the management of people with RMDs. The efforts done on this level will eventually also strengthen the role of the HP in care delivery.

How do you think the approach to treating RMDs has changed over the last 10 years?

For some conditions, the medical treatment has improved dramatically. The challenges people with these conditions face are, therefore, different from 10 years ago. However, the bar for full participation in our modern society has also risen. Limitations people with these conditions may encounter are different now, but they should not be underestimated or overlooked.

An adequate assessment tailored to these “modern” challenges, with the setting of goals for management in close collaboration with the individual with RMD, is indispensable.

Moreover, it should also be acknowledged that not all people respond sufficiently to treatment, there are also people who have irreversible damage – for example, to the joints – and there are still many conditions for which no adequate pharmacological or surgical solution is yet available. Their needs should be adequately dealt with.

Do you feel you achieved everything you set out to in your time on the HPSC?

No, but there has been ongoing progress in various areas. There were many highs: the establishment of an Abstract Award specifically for HPs at the annual congress, the launch of EULAR recommendations specifically for HPs, the growing number of HP national member societies and the formation of study groups demonstrating the increasing involvement of individual HPs with EULAR. An area for improvement, though, could be the attention given to HPs in the opening session of the EULAR Annual Congress, which could be increased.

What challenges remain?

Language barriers for HPs in many EULAR member states, hampering their participation in the annual congress and educational offerings.

You will now be leading the education sub committee. What can people expect?

The preparations for the EULAR online course have recently started. Before we decide on the development of new educational offerings, we would like to make an inventory of educational needs among HPs in many countries. Taking part in educational offerings will bring state of the art knowledge and skills directly to their practices. EULAR endorsement ensures that the educational material is of outstanding quality among HPs, rheumatologists and patients.

Finally, a few years ago you were asked whether patient-centred care was already a self-evident goal in healthcare? Where do you think that is at now?

The evolving role of the HPs within EULAR offers ample opportunities to work closely together with PARE and its network of individuals with RMDs in the EULAR member states. This will make it easier to ensure efforts regarding care, research and education keep their focus on the optimisation of care for the individual with RMD.

The education and organisation of patients as research partners has greatly improved, but there is still a lot of work to do. Involvement of patients in the development or adaptation of care pathways or other complex interventions on the local, regional or national level is generally acknowledged to be very important, but sometimes still inadequate. Probably, involvement requires people with RMDs to have different knowledge and/or skills from those for involvement in research projects. Education and training should probably be adapted or extended.
Spotlight on study groups

Health Professional (HP) Study Groups (SGs) are newly established within the EULAR structure. As their popularity grows, HP Vice President, Christina Opava, HP Chair, Sue Oliver, and Study Group co-ordinator, Annette Ladefoged de Thurrah, give their views on how the groups are helping to support HP work and what the future could bring.

What value do you think the study groups bring to the HP network?

Sue: SG members have an opportunity to build networks by meeting others with the same interests across Europe in a focused way. This can mean lots of productive collaborations – perhaps preparing proposals, identifying and implementing possible research topics or developing educational/mentoring frameworks.

Annette: SGs can contribute by developing relationships and contacts. They can build partnerships – both across countries, professions and between HPs and PARE. EULAR is a big and complex organisation so I think that SGs can be a good platform for sharing information and developing a closer connection to the organisation.

Christina: It gives European rheumatology HPs the chance to network in smaller groups with similar professions or interests, exchange ideas and discuss on a more detailed level than allowed for in the session format provided within the Congress programme. It also allows the EULAR HP leadership to involve people in different activities and to identify individuals that might be interested in taking on leading roles in the future.

Looking ahead five years, what should the study groups have achieved?

Sue: I see five things.
1. Identify key pieces of work that the HP Standing Committee can develop to improve care and enhance the roles of HPs.
2. Greater high quality HP research.
3. Depending upon the SG interest, improving the research agenda in the field of interest.
4. Develop HPs within study groups to have a stronger healthy policy approach within the EU and strategic approach to the key areas of interest.
5. Provide expertise and support to EU countries with less developed healthcare systems and patient outcomes.

The structure is interesting. The SGs and, in particular the SG leads, must be focused and deliver on the aims and objectives they pre-defined.

Annette: I think the trend will be towards subject-specific groups rather than speciality specific groups.

Christina: Study groups are excellent to identify and work on ideas for future consensus work, clinical guidelines and educational activities for the HP leadership to take further. It may be that other HP activities, such as mentor programmes, could take some load off the study groups.

What challenges might the study groups face over coming years?

Christina: One challenge on the very basic level is limited physical space for the annual meetings at EULAR Congresses. Another challenge might be to take on specific tasks and work systematically on them to deliver concrete results.

Sue: One of the biggest challenges is the need to have a dedicated and energetic lead person who facilitates the meeting and manages the agenda and ensures aims and objectives are met – as HPs face numerous challenges there may be difficulties in finding people who want to do this. My personal view is that we need to work more closely with patients so they can understand the challenges that HPs face. At the same time HPs can explore future healthcare service needs working closely with the patient.

Annette: Some of the SGs are very big, making it difficult to set up a communication platform. In the next years I am sure we will see the first working groups break out for the SGs.

What is the one thing you want to see study groups deliver on over the next two years?

Sue: I would simply love to see the two nurse study groups find a way to develop the powerful energy they have within those groups and deliver something that will strengthen collaboration of nurses across Europe. That way we could truly see the challenges that are faced and how we actively addresses these for the best patient outcomes. I particularly single these two groups out because they are large and there is a lot of enthusiasm at the moment that we need to capture and support.

Christina: To identify areas for initiatives and activities for the EULAR leadership to consider taking on in order to satisfy the needs of the growing membership of the HP network.

Where can I find out about Study Groups?
Visit the EULAR website www.eular.org/index.cfm?framePage=/st_com_health_professionals.cfm

Information about meetings at the next Congress will be available in the next issue of the newsletter. If you have any queries in the meantime, please contact the SG co-ordinator, Annette de Thurrah, at annethur@rm.dk

Annette Ladefoged de Thurrah is the Study Group co-ordinator.
Role of nurses in rheumatology
In order to standardise and emphasise rheumatology nursing care, recommendations for the role of the nurse in the management of chronic inflammatory arthritis (CIA) have been developed. Based on the evaluation of the currently available literature, a multidisciplinary task force – the EULAR nursing task force – formulated 10 EULAR recommendations which were published in the Annals of Rheumatic Diseases (van Eijk-Hustings Y, et al. EULAR recommendations in the management of chronic inflammatory arthritis. Ann Rheum Dis 2012;71(1):13-19). The recommendations are also available via the EULAR website at www.eular.org/index.cfm?framePage=/recommendations_home.cfm

International collaboration is a prerequisite. In the past, informal nurses’ meetings during the Annual EULAR Congresses, initiated by Jackie Hill, aimed to support and encourage international collaboration, sharing a nursing perspective, and understanding of the work of EULAR. When, in 2011, EULAR decided that these informal meetings were not to be facilitated anymore, the Standing Committee of Health Professionals communicated the possibility of applying to become a EULAR study group.

Research
Although European and global initiatives from rheumatology nurses for research increase, these initiatives might benefit from a more structured approach. Many nurses have research questions prompted by their clinical experience. Some of them are trained to do research and/or work in a setting that is supportive. Others have a large clinical experience and many questions but do not have (enough) experience in research or do not have (enough) support to do research in their working environment.

The EULAR nursing task force decided that founding a study group for REsearch and Strategy (REST) could support their aim of international collaboration regarding research and education by providing i) a structure for defining and co-ordinating initiatives; ii) a network for people who would like to be involved in these activities; and iii) a platform for research and clinical expertise to support initiatives. We expected that the study group REST would function as a kind of overall learning platform for the international group of nurses that were intending to perform research. Other groups, focusing on specific themes, might follow.

Benefit of collaboration
During the 2013 EULAR Congress, the first study group meeting intended to show the group the benefits of the collaboration. The meeting included information about the new structure – informal meeting vs study group – and examples from initiatives that already existed; a multidisciplinary EULAR project about patient education, directly resulting from the recommendations for the role of the nurse project, and a project aiming to define outcomes that are sensitive to change by nursing interventions.

During the second meeting in 2014, it was explained that a EULAR study group should result in studying topics of importance. Given the number of participants and the variety of interest, smaller informal working groups that already existed were established and new topics for study could be agreed upon.

Participants of the meeting could also give their interest in other topics and we ended up with four groups to study i) nurse sensitive outcomes in rheumatology; ii) the role of the nurse in cardiovascular risk assessment and management; iii) the role of the nurse in osteoporosis assessment and management; and iv) the content of an competency framework for rheumatology nurses.

Next year, the study groups will report their work and results to REST. Other topics, such as specific components for patient education for specific groups (ethnicity, literacy) were mentioned and might be subjects for future study groups.

REST started as a platform for supporting nurses’ collaboration in research. It is our aim to include everyone with interest in research, so if you are interested in contributing to a study group you are kindly invited to do so. Feel free to send an email to people you know within REST or to me at yvonne.eijk.hustings@mumc.nl
Becoming part of EULAR’s health professional (HP) network offers a wealth of opportunities to national HP associations and their members. Within EULAR, national societies work together to develop a range of activities through the Standing Committee of Health Professionals.

One of EULAR’s priorities is to strengthen this network. A new membership directory has just been launched to support members and potential members. “The Directory of Health Professional Membership Organisations 2014-2015” is a tool to increase the level of knowledge about each other. It aims to help you interact more easily with member colleagues across the EULAR health professional family.

We want to grow our membership and welcome applications from countries not yet included. We are here to support you through the application process. Will your national association be next?

For information about becoming a member, contact Sue Oliver, chair of the Standing Committee of Health Professionals at sue@susanoliver.com

To download your copy of the directory, visit www.eular.org/member_health_professionals.cfm

EULAR HP membership

Growing a stronger voice
EULAR continues to work towards growing its membership of the health professional network
Naomi Schultz is the president of the Israeli health professional society. She is a nurse by profession.

Members of this group participated in a preparatory meeting for the establishment of APPSReuma Israel became one of the newest members of the EULAR Health Professional network in 2014

By Ilana Abu from the The Israeli Rheumatology Multidisciplinary Forum

Following the establishment of the Israeli Rheumatology Nurses Society in 2008, we felt the need for international recognition. AbbVie granted us substantial support for this matter, for which we are extremely grateful.

Initially our request for membership was declined by the EULAR committee because we were not a multidisciplinary organisation. Despite the fact that we had always worked closely with other health-related professionals, such as psychologists, psychotherapists etc, we did not formally include them.

As a result, we adjusted our goals and our society is now known as The Israeli Rheumatology Multidisciplinary Forum.

Throughout this process, Mrs. Sue Oliver, the chair of EULAR’s Health Professional Standing Committee, supported us with great understanding, offering guidance and advice. We thank her very much.

Being part of the EULAR network has helped us to promote our organisation, and to empower our nurses and the patients who are the main focus of our mission. We present rare cases at the annual Israeli rheumatology meeting. We also discuss ways to promote the status of the rheumatology nurses in Israel.

The purpose of our forum is to create a platform for collaboration and information sharing among rheumatology nurses and health-related professionals. The next step is to promote new national initiatives aimed at developing educational programs and research activities.

Participation at the EULAR Annual Congress will enable us to be constantly updated on various subjects.

Our association was recently created and emerged from a group of professionals (nurses, occupational therapists, physiotherapists and nutritionists) who work with rheumatic patients. We believe that these patients deserve an important part of our time, and dedication, respect and willingness to help overcome the difficulties inherent to their disease.

The aims of our organisation are to enable health professionals’ specialisation in rheumatic and musculoskeletal diseases (RMDs) to promote co-operation between health professionals working in the rheumatology field, to update health professionals in national and international recommendations about how to treat RMDs, improve patient care and to enhance the research in the rheumatology area done by health professionals.

Acknowledging the existence of a European organisation with a Standing Committee of Health Professionals in rheumatology which aims to promote high quality evidence based practice in interventions to patients with rheumatic diseases and promote the particular role of health professionals within a multidisciplinary team, made it impossible not to aim to join this group. We want to contribute to promoting the sharing of information, skills and resources between health professionals in the rheumatology field.

The support given by the Chair of the Standing Committee, Mrs. Susan Oliver, was essential to our success. From the first steps almost four years ago, she was always there, always showing great willingness and support towards our national initiatives. And now, here we are, hoping that our membership that will be ratified at the EULAR 2015 Congress in Rome, bringing us more opportunities to work with other health professionals at a higher level, including through projects in clinical and/or research areas.

We are committed to contributing, in partnership with our national rheumatology society (Sociedade Portuguesa de Reumatologia), to increasing awareness of RMDs, and facilitating continuous education in order to improve the knowledge of our health professionals.

Passing on information regarding updates and meetings to all members on their interest areas is also one of our aims. Finally we are committed to trying to promote fellowships in centres of excellence. This is a great opportunity to health professionals who want to increase their knowledge in the area of rheumatology.

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Achieving a status for RMDs

EULAR has been engaged in public affairs activities for more than a decade now and health professionals have been increasingly involved over recent years. International Liaison Officer, Neil Betteridge, talks about the importance of this work.

It is my honour to chair EULAR’s Public Affairs Group, which includes the President, Past President and President Elect, as well as the elected leaders of the HPs and PARE. This co-ordinating body works closely with our Brussels office. It was when my predecessor as International Liaison Officer, Professor Josef Smolen, became President of EULAR in 2003 that the organisation really embraced the need to raise the profile of RMDs with policymakers.

It is my view that we owe it to our patients and those who provide their care to be more proactive in seeking recognition for the importance of RMDs, nationally and at the EU level. The “usual” health priorities such as cancer, diabetes, cardiovascular disease and respiratory conditions achieved their priority status through such work. Our goal is not to compete with them, but to achieve a status for RMDs which is commensurate with the scale of the burden.

Our public affairs objectives are now spelt out in the first ever public affairs strategy. This relates directly to EULAR’s overall strategy and is easily found via the homepage of the EULAR website. Health professionals were involved in its development and will be crucial to its success going forward!

Our current goals largely fall into three areas: people’s right of access to treatments and support; disability / social affairs issues, including work issues, public attitudes to disabled people and accessibility of buildings and transport; and the urgent need for the EU to dedicate more of its research funds to RMDs.

With this last issue in mind, one of our major objectives has been to achieve recognition for RMDs as one of the major chronic diseases. I’m delighted to say that 2013-14 saw major successes for EULAR in our effort to influence the EU Institutions (the Parliament, the Commission and the Council). The priority was to influence the new €80 billion research framework programme, Horizon 2020. After much hard work on the part of many people, including many EULAR HP members at national level, the legislative text of the new framework now lists RMDs as a major disease alongside a small number of other diseases.

The challenge now for EULAR is to ensure that as many calls as possible relate to topics which are relevant to RMDs. We must position RMDs as critical in cross-cutting areas such as prevention, innovation, independent living and healthy ageing in order to maximise the flow of research funds to our area. HP’s work will be central to this prioritisation of the societal impact of chronic diseases, and the rightful place of RMDs amongst them.

Another way in which HPs are actively involved in setting the agenda for EULAR’s public affairs work is through participation in our annual Brussels conference, which takes place on or close to World Arthritis Day. This event is mostly aimed at the EU institutions, and this year the focus was on access – and barriers – to healthcare systems and one of the workshops was dedicated to this topic from the HP perspective. Senior representatives from the Commission participated in the event, as did MEPs and many of the major European bodies with an interest in the work of HPs.

The European Parliament plays a key role in shaping EU public health, social and research policies. It can also apply pressure on the European Commission to shape its decisions about the implementation of specific policies. In the last two Parliaments we enjoyed the active support of Members of the European Parliament (MEP), after establishing and supporting a Special Interest Group on RMDs. I am working closely with our Brussels office to set up a new Group in the current Parliament further to this year’s European Election, and hope to be able to announce this by the end of 2014.

The MEPs we are speaking to were mostly identified through the work of HP and other members who participated in our election campaign to lobby candidates and seek their provisional support. Thank you to every HP organisation which took part. It is a great example of how HP advocacy at the national level can have a massive impact on EULAR’s work overall and the recognition of RMDs specifically as a major disease area.

I would invite all interested HP members to consider how you might contribute – and benefit – going forward. We can provide information and support to assist you, and your engagement might include some or all of the following:

- suggesting topics and speakers for the MEP meetings in the Parliament
- raising issues with your Chair or Vice President which you feel the EULAR Public Affairs Group should consider for lobbying in Brussels
- taking part in advocacy activity such as meeting your national MEPs, either in your country or in Brussels
- suggesting topics to be included in the annual Brussels conference – and, of course, participating
- joining specific campaigns at national level.

Remember, nothing is ever approved in Brussels without the agreement of the European Council, whose members are your own national government representatives. So please bear this in mind when carrying out your own advocacy in your country.

The more we can align our EU objectives with your existing national objectives, the more likely we all are to succeed, on every level!

Neil Betteridge, International Liaison Officer
Network of Patient Research Partners: benefit for all partners
By Nele Caeyers, PARE board member

Researchers, scientists, doctors and health professionals in the field of rheumatology are constantly trying to improve the quality of care and treatments for people with rheumatic and musculoskeletal diseases (RMDs).

For a few years now, EULAR has been stimulating researchers and investigators to involve patients in their projects. People who live with an RMD every day obviously have different ways of looking at research and research outcomes. Their input gives the outcomes a new dimension and makes sure the implementation of the final results will be elevated.

To guarantee good collaboration between professionals and patients, EULAR has established a network of 29 trained patient research partners. These motivated people are constantly involved in several task forces, are active as reviewers of project proposals and take part in work packages. The Network started in 2010 as a PARE project, but today it is an integral part of the daily work of EULAR.

Of course this has consequences for future EULAR projects: every project proposal from all committees, including HP projects, requesting the support of EULAR will need to include at least one patient research partner in the team. In this way, the patient voice will always be heard because all projects will need to include this patient angle before receiving the necessary support.

As working together does not always go smoothly at first, a set of reference cards has been developed, together with a more detailed brochure. These materials can be used by patients as well as professionals, and contain suggestions on how to make the best of the collaboration at all different stages of the process.

These tools can be used freely and are easily available in hard copy on request, as well as in digital format on the EULAR website.

Patient participation brings the care for people with RMDs to a higher level. Health professionals can take part in this by making use of the Network that has been established and give a platform to patients in all their projects.

For more information contact Florian Klett at florian.klett@eular.org

Partnership is the key
Codruta Zabalan has had rheumatoid arthritis since 1996. Not only is she a friendly and optimistic person, she is also a passionate and energetic patient advocate. She is successful in organising the interests of patients in Romania and was an active member of the Standing Committee of PARE. Here Codruta describes her experience as a patient research partner.

Have you ever dreamt of yourself as a HP or a researcher ready to climb every mountain, search high and low, and help to find the cure for RMDs?

I have, and this dream has come true for me.
How? By becoming a patient research partner (PRP).
When? In 2010 after attending the first PRP training course.

I learned basic knowledge of the research process, how to engage in EULAR projects and other scientific initiatives, how to influence the research process in different phases and how to contribute to the project with a critical though constructive attitude.

My most valuable experience as a PRP is the Euro-Team project. Since 2012, I have been one of eight patients with the task of providing experiential knowledge, assessing questionnaires, providing patient friendly language for educational video materials and participating in face-to-face and tele meetings. Quite a rich experience, believe me!

The experience has taught me how to recognise and understand the value of my experience-based knowledge for research and how to share this knowledge. I have also learned how to adapt, prioritise and bond with researchers. But, most of all, I have gained confidence in collaborating with all levels of healthcare providers and researchers.

What has been helpful to make me feel welcome and contributive in this project?

• Not being the only PRP.
• Being involved from the proposal phase of the project.
• The EULAR PRP brochure and cards on patient participation, and Maarten de Wi’s thesis.
• Receiving patient friendly materials and a glossary.
• An inclusive environment — making us feel part of the team and inviting us to speak up.
• Clear task description.
• Reasonable deadlines for giving input.
• Feedback on our work.

I have felt that “partnership” has been the key word in the research group since the beginning — being not only a reliable dialogue partner, but a real partner in the decision-making process.

I feel that my involvement has provided HPs with valuable information about the inside needs of a person living day-by-day with an RMD, helped in shaping materials to be more understandable for patients, supported the wide spread of the project outcomes and brought new ideas into discussion — things seen from the patient’s view which otherwise might have not been taken into consideration.

1 PARE e-Breakthrough, October 2013.
2 M. de Wi, Patient participation in rheumatology research, 2013.
3 Codruta Zabalan from Romania has lived with rheumatoid arthritis since 1996. She is a patient research partner

Members of the Patient Research Network
People with RMDs attending the Patient Research Network training
EULAR awards up to 10 bursaries for educational visits to health professionals working in the field of rheumatology to enable them to make an educational visit to colleagues in another EULAR member country. We take a look at four examples from 2014.

As an occupational therapy (OT) researcher my role involves designing, planning and coordinating research projects in rheumatology rehabilitation, including the development and testing of patient reported outcome measures (PROMs).

The Valued Life Activities Scale (VLAS) is a patient reported measure of activity and participation originally developed and tested in the USA in people with RA [1-4]. The VLAS has been translated into Swedish, and culturally adapted and tested in Sweden by occupational therapist and researcher, Dr Mathilda Björk.

In the UK, we have also adapted the VLAS and are psychometrically testing it in RA and seven other RMDs – osteoarthritis, ankylosing spondylitis, systemic sclerosis, systemic lupus erythematosus, upper limb soft tissue disorders (e.g. de Quervain’s, carpal tunnel syndrome), chronic widespread and regional (e.g. fibromyalgia, back and neck) pain, and primary Sjögren’s Syndrome.

My visit to Sweden helped me extend my knowledge of the development and testing process of the VLAS within a different context and culture. I was able to meet the multidisciplinary rheumatology rehabilitation team at the Linkoping Hospital, shadow them, and have in depth discussions about the use of evidence-based practice in rheumatology in our countries, sharing examples of good practice, and discussing collaboration in future research projects to improve current practice in rheumatology OT.

Dr Björk and I were also able to draw cross-cultural comparisons through comparative analyses of the UK and Swedish VLAS datasets, of which we aim to present our findings at the EULAR 2015 conference. We hope that the results of our comparative study will inform healthcare professionals in planning and implementing interventions for those with RA, and contribute to the wider agenda of improving therapy services for those with RMDs across Europe.

I really appreciated the opportunity to visit Sweden, and could not recommend the benefits of an educational visit enough to other HPs. This funding offers a tremendous opportunity to share skills, knowledge and promote good practice in rheumatology rehabilitation.

References
The aims of my educational visit to Sweden are two-fold. Firstly the visit will provide me with the opportunity to finalise a joint research project. I am conducting a collaborative study with Dr. Norelee Kennedy (head of department, University of Limerick) and Birgitta Nordgren (PhD researcher, Karolinska Institute). Secondly the educational visit will allow me to strengthen this newly developed research link between the University of Limerick and the PARA (Physical Activity in Rheumatoid Arthritis) research group at Karolinska Institutet.

My aims were to:
- attend consultations by out-patient nurses regarding biological treatment for newly diagnosed patients, and stable RA patients
- attend cardiovascular screening consultations at day care and outpatient departments
- discuss/observe how the work abilities of RA patients are
- talk to rheumatologists and rheumatic nurses about worker abilities
- visit the rheumatology ward to observe inpatient care.

The Gigt hospital makes patients and visitors feel welcome: there is a friendly atmosphere and enough staff to give attention to the patients and ensure high quality rheumatic care. Furthermore, I have seen the benefits of having multidisciplinary rheumatic care under one roof – in my opinion a crucial asset.

Additionally, I hope to develop my knowledge around the development and delivery of a large, multi-centre intervention for people with RA through discussion with members of the PARA research group on their experiences of running such an intervention.

I anticipate that the educational visit will bring benefit to people with RMDs in Ireland by improving their health outcomes, through improved healthcare provision. This includes the provision of a well-developed behaviour change intervention for people with arthritis, which if successful, will be provided on a national platform.

I hope that my fellow EULAR health professional colleagues will benefit from this visit as it will provide new research evidence on the objective measurement of physical activity in people with RA. I hope that this will influence the choice of outcome measures in both research and clinical practice, ensuring that reliable and valid measurements are used in monitoring physical activity levels in people with RA.

The visit will allow me to transfer new knowledge around the research being conducted in Sweden to research and clinical practice in Ireland. This new knowledge will incorporate the development and implementation of an intervention to increase physical activity levels in people with RA.

I am really looking forward to developing my knowledge and research links with the PARA research group and listening to their experiences of conducting research in rheumatology.

The Gigt hospital, Graasten, Denmark

Biological outpatient visits: There is not much difference between biological rheumatic care in Denmark and the Netherlands. The differences are mostly of an organisational nature, due to rules and regulations and the fact that, in Denmark, there are more nurses per patient compared to the Netherlands. Consequently, in Denmark, patients visit the nurse every two months; in the Netherlands there is usually a period of 3–4 months between visits. The rheumatologist and nurse responsibilities are almost identical in Denmark and the Netherlands.

The protocol for new patients was impressive – comprising a clear overview of all patient appointments with the doctor and nurse, in combination with medication changes all on one form. I intend to discuss the possibility of implementing parts of this protocol at the AMC.

Cardiovascular screening: I was pleasantly surprised by the cardiovascular outpatient clinic, which is complementary to standard outpatient rheumatic care. Of course there were some organisational issues every now and then, but both the nurse and the patients were satisfied by the given care. The visit gave me a good insight in how cardiovascular screening can be embedded in standard outpatient rheumatic care.

Parts of this standardised cardiovascular screening could, in my opinion, also be implemented in other hospitals, such as the AMC, but we will need to discuss whether this is a task for the rheumatologist or the nurse practitioner.

Work issues: Worker participation is not embedded in rheumatic care protocols in the outpatient clinic. Although it is regarded as an important subject, it is not standard procedure to ask the patients about their work and worker abilities. Usually this depends on whether there is time and whether there are other, more important, subjects to discuss at that time. Overall, the problems that rheumatic patients experience at work are pretty similar in Denmark and in the Netherlands.

In the Netherlands, we have recently set up a task force called Target@work. Its goal is to implement a tool for rheumatologists and rheumatic nurses about worker abilities and rheumatic patients in the daily rheumatic practice. A poster about Target@work was presented at the 2013 EULAR Congress. If this tool proves to be successful in the Netherlands, it may be possible to expand Target@work to other countries, including Denmark.

Ward observation: I noticed quite a few differences between the care for rheumatic patients on the ward in rehabilitation in the Netherlands and Denmark, due to regulation, financial and social differences.

It is clear to me that the Gigt hospital works with enthusiastic and well-educated staff. I also noticed that the rheumatic nurse has an important co-ordinating role across all different disciplines. Jette Prihmdal and her colleagues were very welcoming and happy to exchange information to help me achieve my aims.

How can I apply?
Information about how to apply can be found on the EULAR website at www.eular.org. Applications should be submitted by email to the EULAR Secretariat at gabriela.kluge@eular.org.
From the Vice President

Christina Opava, Vice President of EULAR representing Health Professionals

EULAR has established seven strategic improvement goals to be reached by 2017. They focus on research, education, congress, advocacy, standards of care, profile and national relations. From these goals, the health professionals (HPs) within EULAR have derived three tactical objectives for our activities:

1. increased quantity and quality of HP-led research projects and strengthened patient participation
2. strengthened education for patients and health professionals by tailored materials and improved access
3. a communication and PR strategy to address the individual needs of patients, physicians/researchers, health professionals and corporate members.

It is my impression that European HPs in rheumatology are doing increasingly well at initiating and leading research – although this may be difficult to prove with hard facts since they are hard to track down. Since the role of EULAR is not merely to fund research, we need to use other strategies to facilitate new ideas and build networks that may lead to high-quality projects attracting major funding, producing good outcomes and implementing improved care of people with rheumatic and musculoskeletal diseases.

The HP scientific sub committee is an important hub for strategic research discussions that are crucial to the fulfillment of our research objectives. This sub committee will need a number of new members by June. If you are interested in being one of them, please let me know! The annual congress is another excellent opportunity for innovative ideas and networking, and we constantly strive to offer an interesting programme.

Some highlights of the upcoming Rome Congress are sessions on innovations in healthcare, health economics and whether ethnicity matters within rheumatologic care. The programme is mainly a product of the input from members, so please take the chance to submit an abstract for Rome (deadline by the end of January) or consider submitting an HP session proposal for London 2016 (deadline by the end of March). Check out the EULAR website for more information and do not hesitate to contact me or HP Standing Committee Chair Susan Oliver should you have questions. We will be more than happy to assist.

A new initiative to promote networking will begin with an HP congress session in Rome on mentoring. We feel that there is a need and a desire for mentoring at many levels, and we invite all HPs to come and share your ideas with us on how we can develop this within Europe.

In order to improve educational activities for EULAR HPs, we have recently established an educational sub committee with Professor Thea Vliet Vlieland in the lead and a group of skilled HPs from all over Europe that are eager to start working. Thea has long been dedicated to initiating educational activities and has been actively involved in carrying them out. I am thus very pleased that she is now taking the lead to further advance the education of European HPs in rheumatology. Read more about this on page 9 of this newsletter.

EULAR rests on three pillars: the scientific which includes mainly medical doctors, PARE which includes people with rheumatic and musculoskeletal conditions, and the health professionals. Each pillar is built up by national organisations from different European countries. While the scientific includes 45 member countries and PARE has 36 country members, the HPs are far behind.

However, with the hard work of Susan Oliver, who has done a fantastic job over the past years, the number of HP country members is steadily increasing. At the moment we have 19 country members and a couple more will hopefully be formally accepted in June.

In addition, a number of national HP organisations in rheumatology are preparing their applications and I certainly do hope that even more are considering overcoming the hurdles of including multiple disciplines, proving independence and establishing acceptable bylaws. See pages 12-13 for more about membership.

I recently attended the annual PARE conference in Zagreb, Croatia. In addition to providing a lot of new information and food for thought, it also reminded me of the reasons for us HPs in rheumatology – to improve on research and education, and to raise our profile throughout Europe. I would thus like to heartily welcome you to contribute to the EULAR HP work for the best possible care for people with rheumatic and musculoskeletal diseases.
See you in Rome

Christina Opava, Sue Oliver and Annette de Thurah, planners of the Rome Congress programme, are looking forward to welcoming HPs and friends from across Europe and the globe. Sue says: ‘Rome 2015 awaits us. Our last Congress there was superb – let’s hope we can match it in 2015! We have made some changes to the HP programme and sessions that we hope will inspire and excite those attending. Come along to our Welcome Session on Wednesday at 13.30 to get a flavour of the week.’

The EULAR Congress 10-13 June 2015 in Rome will see high quality HP scientific sessions introducing research and issues of interest in HP practice. You will have the opportunity to attend 13 HP sessions including two abstract sessions and two poster tours. Additionally, two joint sessions will be organised with rheumatologists and PARE.

Submit your abstract now!

There is still time to submit an abstract for the 2015 Congress. The abstract system is open until 31 January 2015.

Your contributions are crucial in making the health professional programme relevant and interesting for your fellow delegates.

You can apply for a travel bursary to facilitate your attendance at the EULAR congress if your abstract is accepted. A bursary includes:

• free registration (including one year free subscription to the ARD)
• three nights’ hotel accommodation (single use), booked by EULAR
• a cash amount of €350 for travel and living expenses.

The deadline for travel bursary applications is 28 February 2015. Although this is a separate process and requires a separate application, make sure to apply as soon as you have submitted your abstract.

For more information about abstracts visit www.congress.eular.org/abstract_submission.cfm

For more information about travel bursaries visit www.congress.eular.org/travel_bursaries_hp.cfm

Health professional sessions topics

Health professional sessions topics
• Breaking down barriers – implementing non pharmacological guidelines in clinical practice
• Cardiovascular risk assessment – getting to grips with the challenges
• Ethnicity – a blind spot within rheumatology?
• EULAR Project in Health Professionals – on mentoring and networking
• Fit to fight rheumatic and musculoskeletal diseases – how much exercise is beneficial and safe?
• Get on the move with rheumatic and musculoskeletal disease
• Health Professional Welcome Session
• Innovations in healthcare – can you Google it?
• Social and work participation – research into practice
• Unlocking the mystery of health economics
• Health Professional Highlight Session

Abstract sessions I and II

Joint sessions
• Quality indicators (Joint HP and Outcomes session)
• Family business (Joint PARE and HP)
Meet the EULAR HP Standing Committee’s national HP delegates

There are 19 formally ratified EULAR HP organisations represented by their presidents or other nominated officials at the EULAR Standing Committee of Health Professionals in Rheumatology. These HP delegates contribute to shaping health professional activities within EULAR. The Committee, headed by Chair Sue Oliver, Chair Elect Anthony Redmond and Vice President Christina Opava, discusses ongoing projects and new proposals for the EULAR Executive Committee, initiates the health professional programme for the next Congress, and supports and reviews HP membership applications. Each year the Committee holds its annual meetings at the EULAR Congress. It has sub committees and can also include other invited experts.