Welcome to the Congress issue of your EULAR HP News. This issue we bring you updates on the many EULAR HP projects which are now gaining momentum – including ultrasound competencies and the foot health provision survey to name but two.

With Malta due to join the EULAR HP membership soon, two of our Eastern European member countries – Romania and Poland – talk about their associations’ priorities for the year ahead and the value they get from being part of the EULAR HP network.

It’s almost time for the 2016 EULAR Annual Congress of Rheumatology. London expects to welcome over 14,000 participants to this unique arena for the exchange of scientific and clinical information. If you are attending, come along to visit the EULAR HP booth at V24 in the EULAR Village in Hall S11. There will be plenty of space to catch up with colleagues, learn more about EULAR projects and maybe even sign up to take part in the mentor scheme. You can find more information about session times and Study Group meetings on pages 18 and 19 of this newsletter.

The EULAR HP Member Directory 2016-2017 has recently been updated. Download your copy now from the EULAR website.

Get in touch
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.
You can get in touch with me any time by emailing kate@katebetteridge.me.uk

Kate Betteridge
Editor, EULAR HP News

Stene Prize 2016
The 2016 Edgar Stene Prize has been won by Simon Stones from the United Kingdom. This year’s theme was “Living with a rheumatic or musculoskeletal disease (RMD): How I take action to enjoy life to the full”.

You can read the winning essay and a selection of the best other entries via the EULAR website (www.eular.org/pare_stene_prize.cfm) or by visiting the HP booth at the Congress to pick up your copy of the booklet.

Do you have good news for the newsletter?
Prescribe the newsletter free of charge to colleagues at www.eular.org/health_professionals.cfm

Ever since 2000, the HP Newsletter has provided the main information channel of health professionals in rheumatology within Europe. The newsletter is published twice a year, featuring the work of health professionals and all aspects of multidisciplinary collaboration.

Please share tips about health professionals theses, projects and new research themes in the musculoskeletal field.
Symposium Health Professional Pain Management project
By Prof. Rinie Geenen, project task force leader

A task force of health professionals (HPs), patients and rheumatologists from Europe and the United States has considered recommendations and points to consider with respect to 1) background knowledge, 2) assessment of the patient and their pain, and 3) management options including core prompts and general pain management that virtually any HP should be able to give, as well as referral to specialised pain management.

During EULAR’s Annual European Congress of Rheumatology in London, the pain management task force will introduce the audience to the recommendations and “points to consider” that have been developed to enable HPs to provide prompt and knowledgeable support for pain management in people with inflammatory arthritis and osteoarthritis.

I will present the detailed recommendations, outlining a number of key points in the development of these recommendations. Pernilla Åsenlöf (Uppsala, Sweden) will talk about the ongoing shift of paradigms within physiotherapy and pain management. Robin Christensen (Copenhagen, Denmark) will also provide a session to aid our knowledge of systematic reviews and meta-analysis, using the example from the EULAR Pain Management project. Cécile Overman (Utrecht, Netherlands) will present the scientific evidence associated with the benefits of the HP’s approach to pain management as summarised in systematic literature reviews and meta-analyses. The existing reviews have predominantly focused on osteoarthritis and rheumatoid arthritis, with less attention for spondyloarthopathies and none for psoriatic arthritis.

During the congress, the effects on pain and the quality of the evidence will be presented per disease and intervention type.

The EULAR Online Course for Health Professionals

The EULAR online course for Health Professionals (HPs) was launched in mid-September 2015, consisting of four disease-specific modules and four generic modules. Care has been taken to integrate the multi-disciplinary perspective of the treatment of rheumatoid and musculoskeletal diseases (RMDs), in particular the perspective of nurses, physical therapists, occupational therapists and psychologists. A final examination is offered once a year and a EULAR certificate is issued upon passing the exam.

Dr. Els van den Ende, convenor of the HP online courses, said: “It was inspiring to work with outstanding experts from various disciplines across Europe. We can be proud of the result and we were very happy to welcome the first 130 participants on this course from a total of 31 different countries. We now aim to further improve and update the course in the coming years. We look forward to the results of the first exam in May and welcome every suggestion to improve the content.”

The HP Educational Sub-committee, chaired by Prof. Thea Vliet Vlieland, emphasised the importance of dissemination and implementation of the course during its last Winter Meeting. “We will discuss with national HP organisations the possibilities of accreditation of this course for their members. In addition, we are looking for ways to reduce language barriers for HPs from non-English countries – for example, the added value of slide presentations with spoken commentary summarising module highlights,” Prof. Vlieland explained.

Registration of the next course started in April. The course duration is nine months, with an automatic free-of-charge extension of a second year if the modules are not completed or the exam not passed. With financial support from EULAR, the entire course can be offered at EUR 100 per participant.

European Health Professional Academic Mentorship Scheme
By Prof. Jo Adams, programme lead, on behalf of the working group

The Health Professionals’ Scientific Sub-committee of EULAR and the multi-disciplinary mentorship group have been working hard over the past year to develop the first mentorship programme. You may have attended the mentorship workshop at the 2015 Annual European Congress of Rheumatology in Rome to tell us what you would like from a mentorship scheme. We listened to your thoughts.

Workshop attendees confirmed that they would like a EULAR mentorship scheme to help them facilitate gaining support from an inspirational healthcare researcher who could help in identifying steps they could take in engaging with applied in-country RMD research. The other key things identified were gaining mentorship and support in:

- ✔ reading and understanding a scientific paper
- ✔ carrying out a literature search
- ✔ writing a conference abstract, research paper
- ✔ presenting data for conference posters and presentations
- ✔ defining a research question.

We are now set to start the scheme at EULAR 2016 in London and invite you to come and visit us at the Health Professionals booth where we will be encouraging people to join us to be paired or matched with an academic mentor. We already have an international register of health professionals who are willing to be academic mentors to less experienced health professionals. If you would like to have support and mentorship in getting further experience with academic work like writing a paper or presenting at conference please do come and talk to one of our team at the Health Professional stand. We would also be delighted to see you if you wish to register as a EULAR mentor.

M_mentor, Yvonne, Rikke and Rinie look forward to seeing you there.

Points to consider for health professionals undertaking musculoskeletal ultrasound for RMDs
By Dr. Heidi Siddle, EULAR Research Fellow, University of Leeds

Musculoskeletal ultrasound (MSUS) has evolved into an important method for identifying musculoskeletal abnormalities, confirming the diagnosis in patients with suspected inflammatory arthritis, monitoring therapeutic response, influencing clinical decision making and guiding interventions. Many health professionals (HPs) now undertake training and use MSUS to extend their scope of practice. Guidelines to support training for rheumatologists have been identified, but currently there are no formal recommendations to support the requirements of non-medical HPs using MSUS.

In July 2015, a EULAR task force was convened, comprising 18 multi-disciplinary experts representing 10 European countries. The task force included rheumatologists, nurses, physiotherapists, a radiologist, radiographer and podiatrist along with patient representation. The objective of the task force was to reach a consensus on the role, education and training needs of non-medical HPs undertaking MSUS for the management of patients with rheumatic and musculoskeletal diseases (RMDs).

Following an extensive search of the literature and consensus between the task force experts at a second meeting in January 2016, seven “points to consider” have been formulated to support the education and training needs for HPs using MSUS.

These “points to consider” will support the extended role that HPs are taking on to improve the management of patients with RMDs across Europe. The “points to consider” are intended to be used in conjunction with local and national regulations to ensure safe practice. I will be presenting the points at EULAR’s Annual European Congress of Rheumatology in London.
Provision of foot and ankle healthcare services for people with rheumatic and musculoskeletal diseases in Europe

By Dr. Gabriel Gijon Nogueron, Department of Nursing and Podiatry, University of Málaga

Foot pain and deformity is almost ubiquitous in rheumatic and musculoskeletal diseases (RMDs) and results in considerable physical and psychosocial impairment. Epidemiological studies consistently suggest a prevalence of foot pain in the region of 90% in people with many RMDs, despite advances in pharmacological therapy.

Despite the high prevalence of foot and ankle pathology in patients with RMDs, there is big variation amongst the services providing the care for this population within Europe. This situation led the EULAR Foot & Ankle (F&A) Study Group (SG) to assess the current provision of F&A healthcare services for people with RMDs.

In late 2015, the EULAR Foot & Ankle SG developed a survey and distributed it to all 22 country representatives from Norway, Ireland, Sweden, Hungary, Netherlands, UK, Denmark, Portugal, Italy, Switzerland, Austria, France, Czech Republic, Spain, Belgium and Malta.

Highlights include only three countries have F&A healthcare services specialised to the needs of people with RMDs; and the professions providing the care varied between countries, and also depended on the F&A pathology. Interestingly, F&A healthcare services were provided by professions that do not specialise in F&A care.

An abstract with the full results has been submitted to EULAR’s 2016 Annual European Congress of Rheumatology.

Variability in multinational studies: how much should we strive for a common measure?

By Dr. Mwidimi Ndosi, School of Healthcare, University of Leeds

Research in rare conditions such as systemic sclerosis (SSc) can be challenging, especially when trying to assess the effectiveness of interventions. One of the key issues in rare conditions research is the recruitment of large enough sample sizes to allow detection of small differences between groups – if such a difference exists. The small sample size problems can be addressed by undertaking multicentre studies, because pooling the data from different centres could help to meet the sample size requirements. Although undertaking multicentre research overcomes the sample size and generalizability issues, the use of questionnaires in different countries is not without its methodological challenges.

In our recent study to establish a common measure of quality of life in SSc across Europe, we utilised a two-phase methodology to adapt and validate the English Systemic Sclerosis Quality of Life (SScQoL) questionnaire in six European countries. This study was funded by EULAR via the Standing Committee on Health Professionals and the results will be presented in the HPR Abstract Session at EULAR’s 2016 Congress. In the first phase of the study, we translated the SScQoL from English into five European languages, taking account of cultural differences. Successful adaptation of a questionnaire ensures consistency in the content and meaning between the original and the translated versions (a form of conceptual equivalence). The second phase involved undertaking rigorous statistical testing of the data obtained from all versions of the SScQoL to assess whether measurement properties of all versions are comparable (psychometric equivalence).

The adaptation of the English SScQoL into four countries was largely seamless, but conceptual problems were evident in a fifth country where patients preferred items with rating scales rather than the binary (yes/no) responses. Changing the response structure of the questionnaire for just one country challenges the overall study goal of developing a common measure, but any good questionnaire must be meaningful to patients within that culture so further work will need to be done. The psychometric testing confirmed the measurement equivalence of the SScQoL across four countries, with one further country requiring score adjustments before data-pooling. A conversion table has been provided for this cross-cultural adjustment and will be included in the final paper which is currently in draft.

Most interventions delivered by health professionals will involve patient-reported outcome measures in the evaluation of their effectiveness and this study highlights the issue of cross-cultural variability which can be inherent in patient-reported outcome measures. In some cases adjustments can be estimated and accounted for before comparisons are made between countries or before data is pooled in a meta-analysis. In other cases, however, there is lack of conceptual equivalence or the nature of the variability is non-uniform, meaning that cross-cultural adjustments cannot be accounted for, which prevents meaningful data-pooling.

While the benefits of collaborative research are obvious, the issues of cross-cultural variability and comparability of patient-reported outcomes also need to be borne in mind when designing multinational trials or planning meta-analyses.
I write this with the 2016 EULAR Annual European Congress of Rheumatology just weeks away. The events of the past months – the abstract scoring, session planning and prize awarding – provide a great platform to reflect on just how far health professionals (HPs) have come within EULAR.

Every year sees an increase in the quality and maturity of the submissions to the congress and a growth in the standing of HPs within EULAR. At least in part, this comes from the overall improvement in both the research underpinning practice and in the adoption of clinical “best practice” by the thousands of HPs within the wider EULAR family. There is a famous saying that “A rising tide floats all boats” and it is very rewarding to see the rising tide of quality in practice, which is providing much-needed buoyancy for the role of all HPs in EULAR.

Of course, central to this concept of the tide floating all boats is the sense of a rising common standard and the minimisation of variability in practice that cannot be adequately explained by evidence or by objective measures. This variability remains the biggest challenge for an organisation such as EULAR, with its multiple professions, the need to encompass countless governance and legislative structures, political tensions and long-held, regional or professional traditions of custom and practice.

With that in mind, this issue of EULAR HP News digs a little deeper into some of the issues around variability and what is being done within EULAR to address inappropriate variation. There are reports on a number of our projects that might be seemingly unconnected, but which have, at their heart, a common goal of raising standards and limiting unnecessary variation.

Prof. Rinie Geenen’s pain project will ultimately provide a valuable common currency for all HPs dealing with people who have chronic pain (and that is almost all of us), while Dr. Heidi Siddle’s report on defining competencies that all HPs, from all professional backgrounds, can apply to safe and effective practice around musculoskeletal diagnostic ultrasound. Dr. Mwimidi Ndosí’s piece takes a different approach, as it describes a project which allows HPs from six countries to work more effectively – and in their own language – with people with systemic sclerosis. But again, on looking a little more deeply, the underlying premise is that we can pool resources and work together for less variability and better quality practice.

Nowhere is this emphasis more important of course than in EULAR’s educational activities. We can generate new knowledge through state of the art research or thoughtful refinements to practice, but it means nothing if the knowledge is not communicated effectively and implemented widely. In this issue Prof. Thea Vliet Vlieland and Els van den Ende outline the findings from the educational needs survey, which shines a spotlight on areas of variation and also areas of commonality across the EULAR countries.

As we flagged in the last issue, the EULAR educational offer is already substantial and I would urge all HPs to consider signing up to the existing EULAR online course (see www.eular.org/edu_online_course_hpr.cfm) and also to keep your eyes peeled for upcoming initiatives around accreditation, language barriers, and practical teaching and learning.

The Big Interview in this issue of EULAR HP News is with Prof. Pedro Manuea who outlines his experiences – both positive and negative – at the heart of a number of exchange initiatives for HPs. In my commentary on Pedro’s interview, I refer to the availability of EULAR grants for HPs that are available precisely to stimulate and support cross border experiences and transfer of knowledge between our members.

You will see that towards the end of this issue we have a report from one of these visits, so please read and be inspired to apply for these awards, to travel and to develop your own practice.

Lastly then, I will close by taking this opportunity to encourage you to attend the 2016 EULAR Congress and to welcome you to London. We have what seems to me to be a superb programme, with an unprecedented number of sessions shared with clinical and PARE colleagues, and a host of activities and opportunities for networking that guarantee to be thought provoking, challenging and informative.

Most importantly of course, we hope that participating in the congress will help each of us to make the most of our practice and to take a place on one of the HP boats which are floating higher than ever before.
Crossing borders

For this edition of EULAR HP News we asked Prof. Pedro Munuera, course lead for the podiatry programme at the University of Seville, for his impressions of health professional (HP) mobility around Europe. Prof Munuera has been heavily involved in developing student exchange programmes and exploring the challenges around transferability of qualifications.

An introduction from Prof. Anthony Redmond, Chair of the EULAR Health Professional Standing Committee

When we look at the mechanisms for supporting the movement of medical trainees around the EU, it is obvious that we have a long way to go. Nevertheless, there are a few key issues that we can address and that EULAR is tackling directly. We particularly recognise the specific issues around language for HPs and hope to continue to address that to some degree with future developments around the online course. We also recognise the need to ensure that clinical HPs who are interested in exploring advances in practice outside their own centre are supported in doing just that, as indicated by Prof. Munuera in his responses.

With that in mind I would like specifically to remind readers that EULAR has a very generous Educational Visit Grant Scheme, which exists precisely to allow HPs working with people with rheumatic and musculoskeletal diseases (RMDs) to visit centres of excellence around Europe, to draw on expertise and to help implement changes back in their own country or centre. Up to 10 of these bursaries of between €750 and €1,500 are awarded twice a year and are easy to apply for. (See http://www.eular.org/health_professionals_educational_visits.cfm)

It is clear that transferability between European Union (EU) nations is still in its infancy for HPs, although within a growing EU and an ever-closer global village, the demand for cross-border transferability will inevitably increase. EULAR will continue to push the boundaries of what is possible and we challenge HPs within EULAR to make the most of these opportunities and ensure that cross-border working and learning becomes a central part of developing our professions and our practice within the EU.

What do you see as the advantages of health professionals working or moving freely across borders?

Having contact with other health professionals (HPs) is one of the main advantages, because one can always learn from them – how work is undertaken in their home countries, and how their health systems work, etc. It is also good for establishing networking contacts that can lead to potential research projects, which benefits all health professionals as it increases knowledge. I think patients can also obtain benefit, as the increase of knowledge from the HPs should lead to a more efficient treatment.

What risks are there for HPs in transferring between countries and what is, or could be, done to minimise the risks?

I do not think this entails risks – I think there are a lot of advantages as I mentioned above. Maybe one risk that I can think of is regular absence from the workplace in the country of origin. But, if these transfers between countries are done under the umbrella of legally established organisations or under collaboration agreements or research projects, it should not be so much of a problem. Some HPs are currently already working, for instance, as lecturers at different universities; some others are working in public hospitals or private clinics (they could be the owner of those clinics as well). Some others have both the university and an attending appointment; certainly for those cases, long absences may be a handicap.

How do patients benefit and what are the issues around patient safety?

Patients can always benefit from a health professional who is continuously learning, building their knowledge and keeping updated. This is something that is linked to working across borders, thanks to contact between professionals and other institutions. HPs may learn to deliver new treatments, or joining several HPs’ points of views thanks to their contacts. In my opinion this is an advantage for patients.

What “moveable” qualifications do (or should) HPs need to be able to work freely across Europe?

Certainly language is one of the most important. We know that the main scientific language is English, and adequate English skills can foster better understanding of working relationships between professionals and improve knowledge transfer. Degrees at universities should consider language studies, and more language courses should be provided for graduate HPs. Importance is usually focused clinically on diagnosis and treatment advances and skills, but improving language skills could be highly relevant to HPs who want to move more freely across borders.

Moreover, in my opinion, it is also important that health professionals have adequate funding for their stays in other countries when it comes to work. Perhaps countries should improve their financial support for such activities, as these activities improve the quality of their HP’s knowledge. This may have a positive influence indirectly on patients as well.
It seems easier for nurses to work more freely cross borders. What can other specialties do to “catch up”?

Possibly nurses enjoy a more unified profession than the other health professions within the different European countries – and also perhaps have more similar or transferable competences. I think it would be an advantage for HPs to homologate their studies better to work in other countries.

Other specialties should encourage policies and education authorities to truly homogenize studies, at least in Europe. This was attempted when the European Credit Transfer System was created, but it has not been sufficiently achieved, at least in some specialties. For example, podiatry, which is my specialty, is not currently taught at all at university level in Portugal, and was a non-university degree in France until five years ago. Specific examples of different professional competences between countries (for example regarding foot surgery) currently create problems as does length of study even at degree level – podiatry is a four-year degree in some countries like Spain and a three-year degree in some others like Sweden.

Within the EU there are formal mechanisms such as ERASMUS that promote cross-border exchange. Have these made a difference and what do you think should come next?

ERASMUS programmes are mainly aimed at students, although they also provide some mobility of professors. It would be useful to have similar programmes for health professionals who work outside of the university sector – and also increase mobility for university professors. It could certainly be interesting to create exchange programmes for HPs, working, for example, in hospitals; or programs which allowed for spending periods in private clinics to learn different ways of working between countries.

Are there any considerations for non-EU member countries? What are those differences?

Equating studies and professional competences in other countries would be essential to facilitate the mobility of students and workers – whether they do so between EU member countries or non-members – provided they have adequate policies to ensure safety. It is unfortunate that recent events related to, for example, terrorism could have an effect on HPs transferring between countries.

Are there specific issues to bear in mind for (non-medical) health professionals?

Research is essential to demonstrate the benefits that non-medical health professionals can produce for patients. Research should be stimulated among non-medical health professionals from different countries which, in turn, could facilitate financial support policies for improving workers’ mobility. In addition, non-medical HPs should engage with scientific societies that ensure proper positioning of the different specialties within the priorities of political authorities. Governments should listen to these groups better, and this could be an important step to stimulate more favourable policies.

Cross border working needs to be supported by transferable accreditation. How do you think we can make the most of initiatives such as the European Credit Transfer System?

The European Higher Education Area was an early approach to developing transferable educational accreditation – although there still remains a long way to go, at least in some specialties. Besides that, while educational studies are often transferable between universities in different countries, laws governing health profession competences should be as well. The European Credit Transfer System (ECTS) was a first step, but too much variability does still exist nowadays. For example, podiatrists are accredited to certain foot surgery in Spain without the supervision of a medical doctor. It is not the same, however, in other countries like Italy or Portugal.

What is the future of cross border working? How will changing patient expectation shape things in the future?

The relationships between students and professionals from different countries are continuously evolving, and this will lead to greater awareness of the importance of this type of work. Students and young health professionals who are working across borders nowadays could be the political authorities to promote this mobility and this type of work in the future. It should also be translatable to patients, so that not only they would benefit from better qualified health professionals, but they could even benefit from networks of healthcare exchanges between countries.

Where can HPs go for advice or guidance on cross border working and do you have any practical advice?

HPs with links to universities enjoy certain advantages, as universities favour mobility of professors and researchers. But certainly, contacting international scientific societies (see note on EULAR Educational Visits on previous page) which host national societies as well, could be a good option for HPs that are not related to universities. These societies organise events, courses, meetings, congresses, etc. which can be a first step to start a career in working across borders.
HPs in Rheumatology: What are their educational needs?

Thea Vliet Vlieland and Els van den Ende provide an insight into the developing work of the Health Professional Educational Sub-committee which has been informed by a survey about educational needs

Introduction
Providing education on rheumatic and musculoskeletal diseases (RMDs) is a major goal for EULAR, as formulated in the second strategic objective: “By 2017, EULAR will be a pre-eminent provider and facilitator of high-quality educational offerings for physicians, health professionals in rheumatology, and people with rheumatic and musculoskeletal diseases”.

In the coming years, the EULAR Standing Committee of Health Professionals (HPs) in Rheumatology aims to contribute to this overarching EULAR objective by improving and extending the educational offerings for HPs in rheumatology in the context of a comprehensive education strategy.

It is a major endeavour to develop, deliver and evaluate a new core curriculum for groups of HPs with different professional backgrounds and levels of education in the many different countries. To accomplish this task, an Educational Sub-committee of the EULAR HP Standing Committee was convened at the EULAR Annual Congress of Rheumatology in Paris, June 2014. It comprises HPs from various professional backgrounds, rheumatologists (one being the chair of ESCET) and a patient representative (Chair of the EULAR Standing Committee of PARE). See the text box for details on membership.

Development of an electronic survey
A first step towards the development of educational offerings suiting the educational needs of HPs in various European member countries (and make them easily accessible), was to gain more insight into HPs’ educational needs as well factors influencing their use of educational material. For this purpose, the conduct of a survey on educational needs among HPs in Europe, to feed the development of a EULAR core curriculum of education for HPs, was planned at the EULAR Congress in Paris.

This inventory was further developed during the first winter meeting of the Educational Sub-committee in Copenhagen in December 2014, followed by several email rounds among sub-committee members.

These efforts resulted in an electronic survey for HPs working in rheumatology. The questionnaire comprised questions on: age, sex, postgraduate education regarding RMDs, and years of experience. In addition, there were questions on HPs’ familiarity with current EULAR educational offerings including the annual congress, bursaries for educational visits and the EULAR online course for HPs.

HPs were further invited to express their interest in, among others, the following educational offerings:

- the EULAR online course for HPs
- face-to-face postgraduate course (comparable to current EULAR postgraduate course)
- workshops and hands-on training, either connected or not connected to the EULAR annual congress
- Teach-the-Teacher modules or courses.

Moreover, respondents could rate the importance of factors potentially having an impact on their uptake of educational offerings – for example, language, time, financial constraints, support from rheumatologists and/or managerial staff, availability of educational offerings in own country. All questions on needs and factors having a potential impact on usage used a 0-10 point scale for scoring.

With the help of members of the sub-committee and several volunteers (including, among others, Li Alemo Munters, Jana Korandova, Jan Zernicke, Annette Ladefoged de Thurah and Ricardo Ferreira), translations of the original English language version of the survey were made into Czech, Danish, French, German, Portuguese, Spanish, Swedish and Turkish.
Distribution of the survey
The online survey was posted on the EULAR website and, in the spring of 2015, circulated to national representatives of rheumatology health professionals’ organisations (HP Standing Committee members) for dissemination among their contacts. Information was also included in the EULAR Health Professionals’ newsletter disseminated at the EULAR Congress in Rome, June 2015. In addition, it was sent to individual health professionals who had visited the EULAR congress.

The access information for the translated versions was sent to the national presidents or contact persons from countries where that specific language was used. Additional requests were made to national presidents or contact persons to distribute the information on the survey up until the end of October 2015. In Germany, the questionnaire was first printed and then distributed among HPs, who completed pen-and-paper versions.

Results
Overall, from April 2015-October 2015, 1,041 responses to the online survey were obtained (from 216 English and 824 translated versions), from HPs working in 19 different European countries.

Figure 1 shows the distribution of respondents over the various countries.

An important observation was that most of the responders completed translated versions of the survey as opposed to the English version (Figure 2). HPs completing Spanish and Italian versions of the survey constituted the majority of respondents using translated versions by far.

Concerning the outcomes of the survey, slightly more than half of the respondents indicated that they were familiar with EULAR, whereas less than a quarter had ever attended the EULAR congress or were familiar with EULAR online courses.

With respect to the needs regarding the content of future educational offerings, the need was highest for non-pharmacological treatment, inflammatory arthritis and connective tissue diseases. Concerning the preferred mode of delivery, the highest mean score was for an online course as opposed to face-to-face courses. If face-to-face courses were to be delivered, the highest need score concerned a course provided in respondents’ own country.

The need scores for monodisciplinary or multidisciplinary courses (either or not together with rheumatologists) were similar.

The most important barriers to participating in postgraduate educational offerings included a lack of financial resources, a lack of time and inadequate English language skills. There were remarkable differences in perceived barriers between respondents from Western, Eastern and Southern European countries. For example, lack of support from colleagues, rheumatologists and/or managerial staff was perceived as a barrier by more respondents from Eastern or Southern European countries than from North and Western European countries. Likewise, a potential mismatch between content offered and own educational needs, and a lack of accreditation by national professional bodies was seen as a barrier more by respondents from Southern than from North-Western and Eastern European countries.

The results of this survey are presented in more detail in an abstract, which has been accepted for an oral presentation at the EULAR Congress in London.

Education for HPs in rheumatology: the future looks bright!
The results from this project make it clear that there are many HPs in Europe who are interested in educational offerings regarding rheumatic and musculoskeletal diseases. However, with the exception of education for nurses, there is a lack of postgraduate rheumatology education for HPs in most countries. There are opportunities to raise familiarity with EULAR educational offerings, with considerable interest in courses provided in HPs’ own countries and in the EULAR online courses (see article on page xxx about the EULAR online course for HPs).

At the moment, mastery of English is reported to be an important aspect which we need to take into account. This project also demonstrated that there are important differences among the perceptions of North-Western, Eastern and Southern European countries. These differences will now need to be considered carefully during the development or adaptation of EULAR educational offerings.

Members of the Educational Sub-committee of EULAR HPs in Rheumatology are:
Thea Vliet Vlieland (PT) (Chair), Françoise Alliot-Launois (PT), Els van den Ende (PT), Annamaria Iagnocco (rheumatologist), Milena Gobbo Montoya (psychologist), Antonella Moretti (nurse), Pedro Munuera (podiatrist), Christina Opava (PT), Yeliz Prior (OT), Anthony Redmond (podiatrist), Hana Smucrova (OT), Dieter Wiek (PARE). Catherine Beauvais (rheumatologist) and Ingrid Lundberg (rheumatologist) served on the subcommittee from 2014-2016.
Book review

Sue Oliver, past Chair of the Health Professional Standing Committee, reviews the Oxford Textbook of Musculoskeletal Medicine (2nd Edition)

This textbook consists of 65 chapters and is divided into four parts, with over 500 illustrations. The cost of the book includes a year’s access to Oxford Medicine Online. This textbook will interest those who want a range of perspectives on the public health issues of musculoskeletal conditions.

Part 1: Two chapters were particularly worth mentioning. Chapter 4 by Nefyn Williams offered an excellent explanation of primary care services, and planning and considerations in the delivery of care for those presenting with musculoskeletal conditions. Chapter 5 discussed social determinants of pain and the complexity of understanding social determinants of pain in the context of musculoskeletal conditions.

Part 2: Chapter 20 by Chris Main et al offered an excellent overview of evidence entitled “Psychological aspects of musculoskeletal pain”. Chapter 21 discusses the placebo theory and is a good, provoking discussion of the placebo effect and the challenges in musculoskeletal medicine.

Part 3: Regional disorders. Many of these chapters are useful for those working in secondary care to have an insight into diagnostic approaches and management in community settings. Chapter 23 provides an overview of assessing a person presenting with a regional pain problem, with pictures that demonstrate some active and passive movements. Chapter 25 offers a detailed overview of musculoskeletal injections and includes more recent interventions such as vertebroplasty and image-guided injections. The chapter covers more than most rheumatology practitioners would undertake routinely.

The Final Part includes management strategies and alternative treatments such as acupuncture and dynamic neuromuscular stabilisation. Two chapters in this section discuss alternative therapies such as prolotherapy and neurodynamics. Although these approaches may not be familiar to practitioners in hospital care settings, it may be useful to understand them when seeing patients who might have received such interventions.

I was slightly disappointed that few references related to recommendations published by EULAR and would have expected more up to date references. For example, the more recently published literature on self-management and patient education within the field of rheumatology care does not really feature.

This weighty book will not be a core reference book for rheumatology practitioners, but might be one that offers some useful complementary reading.

From Christina H Opava, EULAR Vice President representing health professionals

Many individuals contribute to the growth and increasing recognition of the important role of health professionals (HPs) in rheumatology. One who has contributed substantially, both nationally and internationally, is nurse Jackie Hill from Leeds, UK. It is, therefore, with great pleasure that I convey my warmest congratulations to her when, as the first HP ever, she is bestowed the EULAR Meritorious Service Award. It is well deserved.

Also, many congratulations to Birgit Prodinger for winning the HP research grant 2016! Many thanks to Annette Laderfoged de Thurah for her three-year service to the EULAR Scientific Programme Committee. She is now the Chair elect of the HP Standing Committee. Welcome to your new role and welcome also to Veliz Prior who will replace her on the Scientific Programme Committee.

In a previous column, I highlighted the fruitful collaboration between EULAR HPs and PARE. One of the collaborative areas is World Arthritis Day which has the 2015-2016 theme “It’s in your hands – take action!”

The campaign aims to educate and inspire people with rheumatic and musculoskeletal diseases (RMDs) around the world by reading about the actions taken every day by other people with similar conditions to live their lives to the fullest. People with RMDs are encouraged to share their personal stories by uploading them, together with a photograph or an Instagram video which includes their hands.

For World Arthritis Day 2016, PARE is now inviting us to share stories and tell the world how HPs take action to support our patients with RMDs, their family and friends. . . . but also how we support our students and fellow HPs to improve on delivery of care. The stories should be personal and could be about how you approach your patients in a physical, psychological or spiritual way, how you develop your knowledge and skills to provide the best possible treatment for your patients, or how you share your expertise with students and fellow HPs.

Upload your story to the WAD website or share it on social media using the hashtag #WADStory. Don’t forget to include a picture of your hands at work – it helps to bring your story to life. It may for example show the reading a journal, shaking hands with a patient or a teaching situation.

Many of you work hard in clinic, with teaching or in research. I wish you all a nice summer and some time for relaxation with family and friends!
It has been a significant period of development for EULAR’s Public Affairs work over recent months.

In November 2015 for example, the European Parliament Interest Group (IG) on Rheumatic and Musculoskeletal Diseases (RMDs) was relaunched. During the previous parliamentary term (2009-2014), the former IG had been instrumental in raising awareness of the burden of RMDs among policymakers and other key stakeholders. The new IG, so far comprising around 20 Members of the European Parliament (MEPs), from different countries and covering most political groups, is expected to further promote EU policy initiatives in the area of RMDs, several of great relevance to health professionals (HPs).

In the previous newsletter I reported on the EULAR Brussels Conference: “Towards more integrated healthcare in Europe: strengthening patients’ access to cross-border care and enhancing health professionals’ mobility – challenges and policy developments in the rheumatic and musculoskeletal disease field”. This took place close to World Arthritis Day last October and the below is an update on actions arising from it.

The professional mobility of HPs is now a hot topic in the EU. As shown by the representative of the WHO, the nature and scale of this mobility can change quickly. There are asymmetries in HP mobility in Europe though, and this impacts on efficiency and equity vary between Member States. The financial crisis for example has increased the mobility of HPs from the south and east of Europe towards the north and west.

Thea Vliet Vlieland presented the perspective of EULAR HPs, based on a survey of EULAR’s HP members sent to each national HP President, who were asked about three main issues: barriers/facilitators to HP mobility; impact on health care systems; and policy recommendations.

With regard to barriers and facilitators, our HP organisations indicated that recognition of qualifications is a major obstacle. They said a significant variation exists among countries regarding HPs with the same profession – for example the definition and scope of practice; competences/training/education of HPs; their role within the health care system; and overall variations in standards of care.

In terms of the impact of HP mobility, most respondents agreed that the “emigration” of HPs represents a challenge for national health care systems, both in terms of the quality of care (the profile of HPs required) and the coverage of care (the number of HPs required). This suggests that the skill set of those HPs who emigrate is a bigger issue than the actual volume of emigrated HPs.

With regard to policy recommendations, HP Presidents identified three main areas where improvements should be implemented.

1) The recognition of qualifications, specifically further practical support of the process of mobility by national HP associations; provision of guidelines regarding mobility by governing HP bodies; and the possible establishment of an online forum for HPs to ask questions and see what a country is like to work/live in.

2) HP education and standards of care, in particular more attention to HP education from policymakers; more compatibility regarding qualifications and (postgraduate) training of HPs regarding the management of RMDs; and the implementation of a Europe-wide multidisciplinary approach and European guidelines at national level.

3) Workforce planning and income i.e. a European approach towards the estimation of the numbers of HPs needed in RMDs; and greater equity of salaries between countries.

EULAR is working together with our HP members to further develop the results achieved during the conference. The aim is to agree on a set of policy recommendations to be used as a basis for advocacy activities.

### Challenges/Barriers

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<th>Challenge/barrier</th>
<th>Description</th>
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<tr>
<td>Portability of qualification</td>
<td>• Lack of core standards and education&lt;br&gt; • Difficult recognition of qualifications (different curricula)&lt;br&gt; • Inconsistent expectations about specialty training&lt;br&gt; • Different HP job descriptions</td>
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<tr>
<td>Adjustments difficulties</td>
<td>• Cultural and language barriers&lt;br&gt; • Understanding of health care systems</td>
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<td>Standards of care – patients have to be at the centre</td>
<td>• Lack of standards of care</td>
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<tr>
<td>Political barriers</td>
<td>• Employment conditions in Member States (MS) e.g. salary&lt;br&gt; • Concerns about immigration in some MS</td>
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### Policy recommendations

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<th>Policy level</th>
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<tr>
<td>EU level</td>
<td>• Increasing the role of European professional organisations&lt;br&gt; • EU-level planning and forecasting of expected numbers of HPs training with pressure on MS to follow guidance&lt;br&gt; • Developing basic European core competencies&lt;br&gt; • Developing a common training framework with support by EULAR&lt;br&gt; • Encouraging earlier HP movement during education (e.g. Erasmus)</td>
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<td>Member States / Regions</td>
<td>• Training professionals to better cope with language and culture differences&lt;br&gt; • Developing core competencies&lt;br&gt; • Reducing differentials of employment conditions</td>
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<tr>
<td>Stakeholders</td>
<td>• EULAR pressure on profession-specific organisations&lt;br&gt; • Developing common view on language competencies&lt;br&gt; • Implementing basic standards of care&lt;br&gt; • Pressing MS to facilitate European level changes</td>
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Making it easier for patients to understand EULAR recommendations

Dieter Wiek, Chair of EULAR’s Standing Committee of PARE, explains a new initiative to develop lay versions of complex recommendations

What is optimal care?
People seriously affected by rheumatic and musculoskeletal diseases (RMDs) are confronted with various challenges. Patients need the best medical and therapeutic treatment according to scientific standards, and their treatment and care should take into account their individual needs and preferences.

A good clinical outcome for patients can only be achieved by considering the options evidence-based medicine and patient-centred care offer. Patients should have the opportunity to make well-informed decisions about their care and treatment, in partnership with their health professionals.

The patient’s voice must be heard and the patient must be able to participate actively. Good conversations are essential for realising shared decisions. The quality of patient information is an important requirement to enable these conversations. To be well-informed, patients need up-to-date information about treatment options to make it possible to weigh the benefits against the risks of their treatment options.

PARE’s concept of empowering patient organisations and patients
EULAR develops management recommendations for many diseases and interventions. The Standing Committee of PARE (People with Arthritis and Rheumatism in Europe) regards it as an important task that these recommendations reach health professionals (HPs), patient organisations and patients. As the recommendations use a scientific language that is difficult for people with a non-medical educational background to comprehend, PARE sees it as a priority to develop lay versions of EULAR recommendations that are adapted to the language of patients. These then need to be effectively disseminated to patients with RMDs.

These lay versions have to fulfil various criteria – for example, shortness, a familiar register, an explanation of medical terms, simple syntax. PARE’s Practical Guide to Disseminate EULAR Recommendations to Patients (www.eular.org/myUploadData/files/PARE%20Dissemination%20Guide-Short.pdf) shows how lay versions should be written and how they can be disseminated.

Taking into consideration the lay version’s criteria and the knowledge and expertise of PARE’s trained patient research partners, EULAR has started to translate existing patient-relevant recommendations into lay versions. See www.eular.org/ lay_recommendations.cfm

It is a demanding task for patient organisations to make these lay versions accessible to patients by translating them into their own national language.

How can health professionals contribute to the translation and dissemination of national lay versions?
“EULAR therefore acknowledges the important role of national patient organisations and health professionals in initiating the translation and dissemination of the EULAR recommendations to health professionals and patients.

“Collaboration with health professionals is necessary because they are in close contact with patients and have extended insights into the needs and concerns of patients. By health professionals we mean all people working with people with a rheumatic or musculoskeletal disease. This includes rheumatologists, nurses, orthopaedics, physiotherapists, occupational therapists, psychologists, physicians and general practitioners.” (Dissemination Guide, p.7)

Translating the English lay versions into other languages can be done by professional translators, volunteers from patient organisations and/or persons from the scientific society or health professionals. These translations should follow the outlined criteria and the involved health professionals may contribute to ensuring that the scientific information is not changed and that these country lay versions are adapted to the country-specific situations.

Health professionals play a pivotal role in disseminating these recommendations. Written material like leaflets and brochures can be displayed in pharmacies, doctors’ surgeries and HP practices. GPs and HPs can hand them out to patients directly.

Informing and encouraging health professionals to make use of these recommendations can be accomplished by publishing the information and links on the websites of health professionals’ organisations and drawing attention at congresses and events.

It is up to the representatives of EULAR, PARE and the Health Professionals to make the dissemination of national lay versions of recommendations a success story and to help to promote the patient’s health literacy and quality of care.
**Educational Sub-committee**

By Thea Vliet Vlieland and Anthony Redmond

On 7-8 December 2015, the Educational Sub-committee of EULAR’s Standing Committee of Health Professionals (HPs) in Rheumatology held its winter meeting in Prague. The meeting focused on the formulation of an HP education strategy. The agreed HPs’ educational strategy comprises a number of steps.

- Identification of HPs’ educational needs.
- A comprehensive and evidence-based curriculum which matches the varying needs of HPs and articulates with the wider EULAR strategy.
- A tiered competency framework to allow assessment and, as appropriate and feasible, certification against agreed standards.
- A formal implementation plan for the educational offerings and associated materials, taking into account variation among professions and countries, and including an evaluation of the uptake and impact of the implementations strategy.

The first step is well underway with the completion of the 2015 survey that saw more than 1,000 responses from 19 countries. The large response and the valuable feedback indicate that, following this first survey, a regular review of educational needs is needed – for example, an annual topic review.

A key principle of the HP educational curriculum will be the reliance on already available evidence-based material, such as the EULAR online course for HPs. Recognising that the HP curriculum will contain elements that have relevance beyond the HP community, the curriculum will be developed in co-operation with wider stakeholders such as colleagues in the Scientific and PARE sections of EULAR.

As the curriculum is being developed, careful thought will be given to modes of delivery, including interactive elements such as webinars and practical skills sessions alongside theoretical knowledge. Appropriate assessments are needed to ensure that the learning aims are indeed achieved.

Learning outcomes and related assessments will need to be based on a postgraduate competency framework for HPs working in rheumatology. The establishment of tiered competencies will be explored, including a basic level (for all) and an advanced level (teach the teacher level).

Regarding implementation, most obvious is the overt promotion of the educational offerings to HPs. Experience indicates that a strategy, leading to a systematic approach for promotion, is likely to maximise awareness and, hence, help with access to materials. An important aspect of the implementation process is the value of EULAR certification in the context of existing accreditation by national professional organisations. Given the large variation between professions and countries, this aspect will require major efforts to accomplish.

Education will be a high priority for EULAR in 2016 and in particular for the HP section, so readers can look forward to plenty of interesting developments in this area.

**Scientific Sub-committee**

By Christina H Opava, Vice President of EULAR representing health professionals (HPs) and chair of the HP Scientific Sub-committee

Prague was the venue bringing the Scientific Sub-committee together for its 2016 winter meeting. The meeting was very fruitful and we are taking many important steps towards even better HP research, dissemination and implementation of our results, and better care for people with rheumatic and musculoskeletal diseases (RMDs).

The HP Study Groups (SG) used to be profession-specific but, since we consider rheumatology to be a multi-disciplinary field, we welcome a shift towards more thematic ones, such as the most recent on patient education. We all agreed that subject-specific SGs can better contribute to building partnerships across countries, professions and with PARE, through which new relevant projects can emerge.

Jo Adams, who is leading the task force on the development of a mentorship programme for HPs in rheumatology, reported good progress. We now have a “bank” of able and willing senior HPs that fulfil criteria set up by the task force and are just waiting for mentees. Read more on page 3.

Rinne Geenen, lead of our project on “The HP approach to the management of pain in inflammatory arthritis and osteoarthritis”, reports on latest developments. Learn more at the HP project session in London or at the HP booth in the exhibition area.

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One of our tactical objectives for 2017 is to increase the quantity and quality of HP-led research. Rikke Moe has boldly taken on the challenge of investigating whether scientific activity of health professionals within RMDs has increased over the past 10 years. Scientific database searches, hand searches of selected rheumatology journals and personal contacts with editorial offices did not result in information about the authors’ professions. When approaching selected rheumatology research centres and selected senior HP researchers, it seemed as if the number of publications reporting on HP-led research had doubled during the past 10 and six years respectively.

It is a huge challenge to obtain valid information about HP-led research, but Rikke reported on plans for additional strategies, which we look forward to hear more about.
Our educational visit was to the Academic Rheumatology Unit, Bristol Royal Infirmary, Rheumatology Nursing, University of the West of England, Bristol in the UK. The programme was set up by Prof. Sarah Hewlett, Professor of Rheumatology Nursing at the university.

The following people participated from the Centre for Rheumatology and Spine Diseases, Rigshospitalet – Glostrup, Denmark:

• Heidi Morso, RN, Head Nurse, the Rheumatology Outpatient Clinic
• Nanna Goodwinn, RN, Head Nurse, the In-patient clinic both “surgical beds” (spinal diseases) and “medical beds” (patients with arthritis)
• Line Mette Birkeland, RN, Clinical Nurse specialist, the Rheumatology Outpatient Clinic
• Katrine Lokpenthin, RN, M. Sci.H., Ph.D., postdoc involved in research fatigue and sleep disturbances at the Rheumatology Outpatient Clinic and COPECARE (Copenhagen Centre for Arthritis Research)
• Bente Appel Esbensen, RN, M. Sci. N., Ph.D., Research Manager, Associate Professor, responsible for Nursing Research at the Centre for Rheumatology and Spine Diseases and COPECARE (Copenhagen Centre for Arthritis Research).

Benefits from the study visit
The overall aim of our study visit was to investigate how daily management, clinical practice and clinical research functioned together in a rheumatology clinic and research unit with a high degree of experience in the development of patient involvement and quality of nursing care.

Overview: our expectations and our findings
1) To help managers, researchers and clinical nurses to work towards organising our clinical practice and research activities in a better, more sufficient and evidenced based way

Patient pathways: Bristol has developed a concept of “Patient Pathways: New Patients and Direct Access” which was inspiring. The way they described nursing activities and multidisciplinary approaches was specifically of interest to us. In our unit we still need a standardised described pathway, with a focus on nursing, for newly diagnosed patients with inflammatory arthritis. The different presentations about this topic inspired us to make specific initiatives about the impact of having a strong nursing profile in our department, and how to improve the multidisciplinary collaboration.

Nurse-led clinics: We were introduced to nurse-led clinics and independent nursing consultations from different perspectives, which was interesting from the perspective of management, research and clinical practice. The different presentations highlighted the importance of putting the individual patient into focus and how our professional approach can be strengthened. We had valuable discussions about how to improve our professional approach and are convinced that we have the potential to improve collaboration with medical doctors and other professionals around the patient. The nurse-led patient consultations led by Prof. Hewlett’s “Creating a breathing space for patients with RA” was exemplary.

Multidisciplinary: It was specifically inspiring to gain insight into the multidisciplinary way our colleagues are organised in Bristol – both within clinical practice and within research. The way the research group is established around different professional disciplines based on the problems related to patients and their way of handling living with a chronic disease was stimulating. They have opportunities to work closely together which will, in collaboration with patient research partners, make it easier to strengthen improvements for patients. We were very impressed by the way they have built up a research group with the focus on patients’ needs.

Patient empowerment: It became obvious to us that patient empowerment can only be executed if there is a strategic plan from a department’s management team, including the framework and working conditions necessary. It is important to reflect on a number of issues during the process of strengthening patient empowerment.

• Are our nurses ready to train patients to take care of themselves? And how do we train our nurses to do so?
• Is that synonymous with how our employees use “feedback” methods in their consultations and are they really “experts” in listening?
• Is our department organised appropriately to meet patients’ needs? Eg, how do we make sure that a patient also has access to appropriate support and help after 5pm.

We discussed the best ways to organise nursing care with a strong focus on patient empowerment and patient involvement based on research. The focus was on how to deliver medical treatment, and how to work with a focus on non-pharmacological...
initiatives to strengthen coping strategies for patients with rheumatic disease.

2) To receive guidance on how to develop and implement new knowledge provided by health professional (HP) researchers in a systematic way to improve treatment of patients with arthritis

Implementation of research into clinical practice: We had the privilege of being introduced to a number of exemplary projects and initiatives focusing on implementing research results into clinical practice. However, we got the impression that this is a complicated process which requires involvement from the department’s management team, as well as a strong clinical professional profile. Prof. John Kirwin from Bristol emphasised that, when research is implemented in practice, it needs to be prioritised, not only financially, but also by compensation to employees taking on the responsibility of implementing new research into clinical practice.

3) To inspire us to include patients in decisions about upcoming research areas such as involving Patients Research Partners (PRPs) in our studies both from a practical, ethical and academic point of view

Involvement of PRPs: In Bristol they have extensive experience working with PRPs in research and patients are involved with the rheumatology department. We have sparse experience in that field. Meeting two different patients during our visit underlined the importance of bringing patients with us in our entire work in the rheumatology department – in planning new initiatives, getting advice from patients and involving them in research projects. We are encouraged to continue to build more expertise in this field. We also had the opportunity to learn how the Bristol’s Academic Rheumatology Unit meets patient demands for quality in treatment and care. They have succeeded in ensuring patient involvement in patient-centred research and activities in a clinical practice. They have included different professional perspectives in the treatment offered to patients with arthritis, for example occupational therapists or physiotherapists.

4) To discuss our research projects with Prof. Sarah Hewlett and her colleagues by presenting our initiatives and to explore possible future collaboration

We presented our department, and the research projects we are currently involved in. Based on our presentation and those from the Bristol Royal Infirmary and Academic Unit we had several valuable discussions on how we could collaborate in future studies. We have decided to work on the following projects: 1) Fatigue and Arthritis (together with Sarah Hewlett), 2) Men with Arthritis (together with Caroline Flurey), and 3) Patients’ Priorities within Rheumatology Care (together with Emma Dures).

It was great to meet a research group which has such valuable expertise within different disciplines and different academic levels (Ph.D. students, postdocs, senior researchers). During the last decade they have been able to build capacity and stability to make it possible for them to combine research in clinical practice with a strong focus on patients’ perspective.

During our visit we had several discussions about how to develop better interaction between research and nursing. Because nursing research is fairly new in our department, it was an inspiration to realise how this has become a more natural part of the nursing process (both in the research and in their clinic) in Bristol.

We still need to discuss how we can achieve good interaction between clinical research and clinical nursing practice. Our colleagues’ experiences were of substantial value to us in developing a process to improve this in our department.

Consultations in clinical practice: We realised that it is possible to integrate research into clinical practice and vice versa – though it is not simple to do. Our visit inspired us to build a stable research environment with many renewable research opportunities.

Conclusion remarks
We found our visit to the Rheumatology Department, Bristol Royal Infirmary and the Academic Rheumatology Unit very inspiring. We came away with ideas about how to strengthen our future nursing profile and how to unite management, research and clinical practice. Our experience will be put to work immediately – over the next months we will implement an independent nursing clinic and/or establish “shared care” (Direct Access) in the outpatient clinic.

Thank you to EULAR for the HP educational visit grant. It has given us the opportunity to get valuable inspiration from Bristol.

As a consequence of our time in Bristol we are now working in collaboration on a national questionnaire with a focus on patients with arthritis (inflammatory), and the need for support and coping, with focus on gender differences.

EULAR awards up to 10 bursaries for educational visits to health professionals working in the field of rheumatology to enable them to visit colleagues in other EULAR member countries. Information about how to apply can be found on the EULAR website at www.eular.org/health_professionals_educational_visits.cfm

Applications should be submitted by email to the EULAR Secretariat at gabriela.kluge@eular.org
EULAR continues to work towards growing its health professional network. We hear from two members from Eastern Europe to discover the value they gain from being part of the EULAR and some of the activities they are undertaking in 2016.

Visit the EULAR website at www.eular.org/health_professionals_member_campaign.cfm to find out how your country can apply for membership.
The Romanian Association of Medical Partners for Rheumatology is keen to establish and consolidate relations with other countries through its involvement in the EULAR Health Professional network

By Cristina Ioan, President of the Romanian national society

RAMPR (the Romanian Association of Medical Partners for Rheumatology) was founded in 2010 and brings together mainly medical assistants from all over the country who work in the rheumatology field.

In 2012, the society became a member of EULAR’s Health Professionals in Rheumatology. Being a member ensures our interaction at the European and international level, easy access to information, the possibility of participating in EULAR accredited courses, as well as establishing and consolidating the relations with other societies, which join together medical professionals from other countries.

The medical assistant is a part of the complex team looking after patients, and making the connection between the doctor and the patients. It is extremely important that the patient should trust the medical team as it will lead to the growth of treatment adherence. Last year, RAMPR started a programme aimed mainly at patients where the society organises meetings with patients – they are informed about their disease, their treatment and how to closely follow the disease evolution. This programme continues this year.

The relationship between medical assistant and their patients has received philosophical, sociological, and literary attention since Hippocrates, and is the subject of articles, monographs, chapters, and books in the modern medical literature. A robust science of the doctor–patient encounter and relationship can guide decision making in healthcare plans. In most of cases, patients have a lot of problems caused by their disease, by the treatment they need to take and also by the their families or place of work. All these problems create feelings of fear, frustration, anger, anxiety or depression in patients.

RAMPR started a project in order to help patients to overcome all these difficult situations and feelings. Starting in 2015, an informative campaign about spondyloarthritids was initiated. This project is ongoing and RAMPR is an active partner in this campaign. Such an initiative is considered beneficial not only to patients but also for everybody else.

One of the main objectives of RAMPR is the continuous professional education of medical assistants. In order to reach this target, every year the society organises symposiums and meetings with medical assistants. During these sessions, important themes are debated: different rheumatic diseases pathology, their treatment, and the complexity of the follow-up and evolutions processes. This project is totally embraced by the patients.

Since 2012, it has become a tradition that RAMPR organises the national congress every year at the same time as the National Congress of the Romanian Society of Rheumatology. As we are very concerned with the needs of our patients, there is a special session dedicated to patients during RAMPR’s national congress where patient representatives point out the difficulties they have with their illness or treatment. The medical assistant and patient relationship is critical for vulnerable patients as they experience a heightened reliance on the medical assistant’s competence, skills and good will. Through this session, medical assistants gain a better understanding of patients’ problems and try to find solutions to make their lives better.

RAMPR wishes to consolidate its relationship with other European societies, so that they could invite colleagues from other countries to the national congress.

The Polish organisation for health professionals working in rheumatology has grown to a membership of 26 since its creation in 2013

By Sylwia Chwień-Sziporowska, President of the Polish national society

The Polish Society of Health Professionals in Rheumatology (PSHPR) was founded in 2013 and became a member of EULAR in 2014. The PSHPR Board consists of President Prof. Anna Kurylczyn-Moskal MD PhD, Vice-President Paweł Konarzewski PT MSc, General Secretary Dr. Sylwia Chwień-Sziporowska MD PhD and Treasurer Dr. Zofia Dęcies-Mńikiewicz PT PhD. The PSHPR consists of 26 members: physiotherapists (38%), rheumatology specialists (30%), rehabilitation specialists (15%), nurses (11%), speech therapists and phoniatrists (3% respectively). The society’s administrative office is located in the Department of Rehabilitation at the Medical University of Białystok.

The mission of PSHPR is to carry out educational and scientific activities. Our organisation is involved in various research projects which deal with:

- diagnostics and treatment of microvascular changes in connective tissue diseases
- quality of life in patients with “frozen shoulder”
- physiotherapeutic management in carpal tunnel syndrome
- assessment of foot deformity in patients with rheumatoid arthritis
- rehabilitation in obstructive sleep apnea syndrome
- assessment of voice quality and clinical manifestation in rheumatoid arthritis
- rehabilitation of patients with coarctation
- pulmonary rehabilitation in treatment of pulmonary arterial hypertension in connective tissue diseases.

The educational activities of PSHPR are focused on organising courses concerning nailfold videocapillaroscopy. Next year we plan to expand our educational activities on courses for rheumatology specialists concerning rehabilitation in rheumatic and musculoskeletal diseases.

They try to find solutions to make their lives better
Health Professional Study Groups within EULAR

Clinical Nurses’ Study Group

The Clinical Nurses’ Study Group and the Research and Strategy Nurses Study Group (REST) have been working closely since 2013, meeting annually at the EULAR Annual European Congress of Rheumatology.

The main objectives of the Clinical Nurses’ Study Group (SG) are to:

- create a network of European nurses for sharing information, clinical experience and collaboration
- share and critically appraise nursing projects and best practices presented by the nurse involved
- provide a platform and forum for nurses to discuss key nursing issues in a supportive and educational format
- act as a vital resource for nurses new to EULAR or to the specialty providing information on awards and bursaries, training courses, e-learning and network with nurses in other member countries.

During EULAR 2015, the nurses SGs were allocated separate rooms, dates and time slots for the first time. A discussion took place to consider the distinction between the two study groups because, at the moment, there is some lack of definition between them. As SGs are entitled to study relevant issues, the aim of the last meeting was to clarify and define issues of interest among nurses. 18 nurses from five European countries attended the meeting and several topics were discussed.

In order to hear more opinions and voices among nurses a survey will be available shortly to define the content of each SG and prioritise the topics for future research.

The recommendations were published last year and hope to provide a framework for patient education in rheumatology across Europe. But their effect will only be seen if they are widely disseminated and implemented by practitioners and other relevant parties. The recommendations will have to be adapted to fit the local contexts of care in each country in order to promote successful implementation.

Last year, the EULAR Study group On Patient Education (STOPE) was formed. The group comprises healthcare professionals, patients and rheumatologists interested in patient education within rheumatological and musculoskeletal health care. The overarching aims of STOPE are to: (i) promote excellence in patient education research (ii) disseminate patient education research evidence (iii) support implementation of EULAR recommendations that have a patient education approach and (iv) promote collaboration among professionals and patients interested in patient education across Europe.

Currently, PARE (People with Arthritis/Rheumatism in Europe) is developing lay summaries of EULAR recommendations (see page 12). STOPE will prioritise the dissemination amongst patients, practitioners and policy makers across Europe. This will involve translation of the recommendations into other languages and national champions will be identified to facilitate the translation and to promote the within-country adoption.

Future plans include updating the evidence, evaluating the use of the recommendations and their effects, and pursuing other research agenda. Having an interdisciplinary and multinational membership which includes patients, ensures that STOPE will be committed to research that is of interest to patients and remains unconstrained by disciplinary or geographical boundaries. This approach to research strategy will ensure that inter-country differences are addressed or accounted for in the research agenda and application.

At the 2016 EULAR Congress, STOPE will hold an SG meeting to discuss the priorities and future directions of the group. See below for details. To apply for membership, please send your application by email to Dr. Mwidimi Ndosi at Mwidimi.Ndosi@hotmail.co.uk

Looking forward

The requirements to set up an SG are unchanged: (a) clear aims and objectives of the SG work, (b) a nominated leader, (c) reports on SG work to EULAR’s Executive Committee every second year, (d) representation from at least three different countries and at least 10 members.

Based on discussions at the HP Winter meeting in Prague in December, the occupational therapists have chosen to close down their profession-specific SG and are planning to start an appropriate subject-specific SG in the future. As rheumatology is a multidisciplinary field, this initiative has been encouraged.

The EULAR Executive Committee has also indicated that it wants to change procedures for SG’s from 2017 onwards to ensure that SGs are dynamic and forward-moving. Initiatives that have been discussed include requiring annual meetings at the EULAR Congress and making it mandatory for SG’s to present updates of their current activities as a poster during each congress. Information on exact steps and conditions arising from this initiative will follow during 2016.
The EULAR Annual European Congress of Rheumatology in London 2016 will see high quality health professional (HP) scientific sessions which introduce research and issues of interest in HP practice. You will have the opportunity to attend 14 HP sessions, including two abstract sessions and two joint sessions which have been organised with rheumatologists and PARE. Additionally, HPs can take part in two dedicated poster tours.

Visit the Health Professional Standing Committee and network with colleagues at the Health Professional Booth. Find us at stand V24 located in the EULAR Village.

Visit the official website at www.congress.eular.org/ or download the Congress app to your smartphone to access the full Congress programme.

The Health Professional Programme 2016

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<th>Day / time</th>
<th>Session Title</th>
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<tr>
<td>8 June</td>
<td>Health Professional Welcome Session</td>
<td>HPR Session</td>
<td>Capital Suite 07</td>
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<td>8 June</td>
<td>Different perspectives on pain in osteoarthritis</td>
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<td>8 June</td>
<td>Hand osteoarthritis: state of the art and future perspectives</td>
<td>HPR Session</td>
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<td>9 June 2015</td>
<td>HPR Abstract Session I: Developing evidence-based non-pharmacological care</td>
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<td>9 June</td>
<td>Fewer words – more action: tailored care for men with rheumatic diseases?</td>
<td>Joint Session HPR / PARE</td>
<td>Capital Suite 07</td>
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<tr>
<td>9 June</td>
<td>Physical activity assessment – what do we know, what do we do, how does it work?</td>
<td>HPR Session</td>
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<td>The health professionals’ approach to pain management in inflammatory arthritis and osteoarthritis</td>
<td>EULAR Projects in Health Professionals</td>
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<td>10 June</td>
<td>HPR Abstract Session II: Shared Decision Making</td>
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<td>Collaboration for success: user-centred design for improvement of health services</td>
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<td>Telemedicine and e-health in community/primary care</td>
<td>Joint Session HPR / Primary Care</td>
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<tr>
<td>11 June</td>
<td>Getting active against rheumatoid arthritis fatigue</td>
<td>HP Session</td>
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<td>Intimate life and sexual relations in RA</td>
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<td>11 June</td>
<td>There is more than drugs</td>
<td>Joint Session PARE / HPR</td>
<td>Room S19</td>
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<td>11 June</td>
<td>HPR Highlight Session</td>
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Meet the EULAR HP Standing Committee’s national HP delegates

There are 21 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 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.

Soon: Croatia, Germany, Iceland, Italy

From June: Malta