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My first memory about rheumatic diseases and their care is from my preschool years in the 1960s. My godmother had been treated at a faraway Rheumatism Foundation Hospital. After returning home she came to visit my mother and explained eagerly how she would be receiving gold treatment. I was approximately four or five, and while playing I remember being puzzled about this information. How could people be treated with gold which is metal and hard, too? The grownups laughed heartily.

Pharmaceutics and orthopaedics
Use of gold treatment has decreased, and today there is a much wider range of therapy alternatives. After biological medicines entered the market, f.i. arthritis care has developed rapidly. However, the long-term effects of biological medicines are not sufficiently known at present. For people whose working and functional capacity have already been affected by the disease, new orthopaedic innovations restore functional capacity and improve the quality of life. The treatment consists mostly of outpatient care. In addition, the number of hospital days even in connection with major operations is small compared to the past.

Patient as a person and a subject
The rehabilitation of people suffering from musculoskeletal conditions has also undergone many developments. When I started to work in the field, rehabilitation was based on long institutional rehabilitation periods: The assumption was that effective rehabilitation required at least three weeks. The rehabilitation was almost exclusively based on single patient meetings and therapies. A person suffering from a musculoskeletal condition was an object of therapies. A person suffering from a musculoskeletal condition was an object of therapies. A person suffering from a musculoskeletal condition was an object of therapies.

A rehabilitation period was gradually segmented into several parts including the initial and follow-up periods, in order to boost the effect of the rehabilitation and to facilitate its assessment. It was understood that the dynamics between the periods is at least equally important as the dynamics during them. There has also been a tendency to integrate the methods of our patient and institutional rehabilitation into one entity. It has even been asked whether institutional rehabilitation is any longer necessary at all. Today various methods have become increasingly harmonised between different groups, as general health recommendations apply to everyone, and gaining motivation to and learning life-style changes follow the same patterns irrespective of the underlying disorder. Special professional skills are still needed, though. Balance training exercises are different for stroke patients and people suffering from rheumatoid arthritis. A person suffering from fibromyalgia who wants to continue his/her working career needs different interventions and a different reference group than a person who has already retired. A severely disabled person requires a different holistic care and expertise of a multidisciplinary team than a person coping with early signs of musculoskeletal symptom.

War as starting point
In Finland institutional rehabilitation started to develop after World War II with systematic rehabilitation of soldiers injured during war. A network of institutions designed for other than war veterans emerged gradually. The number of war veteran rehabs is decreasing year by year, and excess institutional care capacity is released for other use. The field of rehabilitation is undergoing a major change especially as regards major groups such as people suffering from musculoskeletal conditions.

In Finland, the Social Insurance Institution is the main financier of rehabilitation services — in addition to municipalities and hospital districts. It regularly organises competitive bidding for services of different groups of disorders. A private service provider must meet certain qualifying criteria, it must e.g. have three years’ experience from the focus group of rehabilitees, which, however, in practice may mean anything from one to 1500 customers per year. The bid must include a number of potential rehabilitees binding to the service provider. The number is not binding to the Social Insurance Institution. The actual number of customers may only be a fraction of the bidden number. The standard regulating the content of rehabilitation determines the specific content of a rehabilitation period, which, on the other hand, does not enable flexible customisation of services according to the current situation of the person. If basic issues are in good order, the service providers are classified using a factor calculated on the basis of price and quality. All signs indicate that price is becoming an increasingly important factor in winning a position as a service provider.

Financing care
It seems that competitive bidding is here to stay. And so it should be, so that services purchased with taxpayers’ money can be evaluated using uniform criteria. But how can we ensure that rehabilitation is optimally effective in terms of overall finances? It is also difficult to organise services in an economically viable manner, if the estimate concerning customer flow is very rough. Can a service provider afford to maintain a multidisciplinary team whose expertise is increasing year by year, or does the situation call for setting up ad hoc teams only when necessary? It can already be seen, moreover, that in some cases the competitive bidding has lead to financially unbearable situations. The profits e.g. may be so small that the revenue does not cover the necessary investments. And how can a person suffering from a musculoskeletal condition select the personally best possible provider of rehabilitation? Should rehabilitation institutions have a “credit rating” like banks?

At present, rehabilitation services are one of the most interesting industries in Finland (and almost a rocket science of sorts, I might add). The circumstances make it quite challenging to ensure the combination of good quality and low expense. What about the situation in your country? This hardly is an exclusively Finnish phenomenon. Please tell us about the situation in your own country’s care and rehabilitation system. We will be delighted to publish your reports.

Season’s Greetings
Jaana Hirvonen
Editor

PS. Page 19 shows a peek to the work of a Finnish team specialised in musculoskeletal rehabilitation.
The HP News conducted a survey in 2011 among the ten EULAR HP societies, and in this issue, we give you the results of this survey.

Past Chairperson of Standing Committee of PARE Marios Kouloumas writes about the Move to improve campaign in which HPs have co-participated and also offers us a glimpse of the best winning pictures depicting the favourite ways to enjoy sports despite rheumatic diseases.

Likewise, we offer you the updated EULAR HP member campaign material available for national HP associations and the information on the upcoming congress programme in Berlin 2012. … just to mention a few themes of this issue. Enjoy!

In this issue

This EULAR HP News reflects the HP year 2011, gives insights to the especially hot HP topics at the moment, shows captured moments of the congress in London and sets eyes to the future tasks.

Along with other issues of importance, we have an article by EULAR President Prof. Maxime Dougados exploring the HP perspective and giving suggestions on the HP work.

In her contribution, Dr. Christina Bode provides a reflective summary of her lecture on HP Scientific programme in 2011. Researcher Yvonne van Eijk-Hustings tells about recommendations on the nurses’ role in the management of chronic inflammatory arthritis. Dr. Anthony Redmond covers the work done by the Scleroderma task forces in his article.

Three rehabilitation methods of people with a rheumatic condition

Evidence-/science- & knowledge-based rehabilitation approach

Functional, action- & training-oriented rehabilitation model

Non-psychosocial, balance- & recovery-centred rehabilitation concept

PS Do not miss the deadline for the HP Abstract submission for Berlin 2012 or the application date for educational visits!
We hope that we can enable and potentialise the HP status within EULAR as the quality of our research and the means for cooperation between patient representatives and physicians is becoming more apparent. For instance, the Standing Committee of People with Arthritis/Rheumatism in Europe (PARE) has launched a campaign called Move to improve to which we have contributed substantially and still have much to offer with our expertise.

Scientific HP Programme in Berlin
The next EULAR Congress will once again harbour a HP scientific programme with the best selection of HP research. In 2012, there will be 6 HP sessions and two abstract sessions. In addition there will be a highlight session and joint sessions organised together with rheumatologists and PARE.

We would like to receive abstracts with relevance for HP care, practices, and interdisciplinary actions. Please find further information on the HP abstract submission on the back page.

Also much-appreciated guided HP poster tours will take place and a workshop on how to review guidelines. You can see the overview of topics on the preliminary HP programme for Berlin on the back page.

Making European HP connections
In 2011, only one HP educational grant was applied from EULAR. Yet, obtaining HP work experience and/or making research-related expeditions are one of the most beneficial ways to learn from other health professionals and connect easily with centres of specialised knowledge. In the coming year, we wish to witness a flow of applications for visit and research grants. Learn more about the procedure on page 9.

Ten HP members in the EULAR family
In 2011, the EULAR health professionals made further advances. It is our great pleasure to see a growth in the number of HP attendants at the annual European Congress of Rheumatology year after year and observe that HPs know to take advantage of the special occasion to interact with each other.

At the end of 2011, the HP national organisations of the Netherlands, Sweden, Switzerland, United Kingdom, Norway, Denmark, Serbia, Bulgaria, Italy, and Czech Republic have been accepted as official EULAR members. But still, we are rather small in the EULAR family, and we will increase the efforts for more national HP associations to apply for a membership in the coming years. Our membership campaign will therefore continue also next year. You can read more about it on page 10.

We expect 2012 to be another successful year for European health professionals. We want to take this opportunity to thank the large number of colleagues who are making major intellectual and time-consuming contributions to the successful activities of our organisation.

Thea Vliet Vlieland, PhD, PT, MD, MBA
Chairperson, EULAR Standing Committee of Health Professionals
Kåre Birger Hagen, PhD, PT
Vice-President Health Professionals in Rheumatology

The HP Committee honoured the past-chair Dr. Tanja Stamm with a farewell gift.

HP Chair Thea Vliet Vlieland hopes that also the future recommendations on HP work would reflect the joint interdisciplinary potential.

– There is a need for HP input in all recommendations, but there is a special need for recommendations within the field of non-pharmacological/non-surgical management of rheumatic and musculoskeletal diseases (RMD), Thea Vliet Vlieland says.

A cheerful group picture of health professional representatives was taken after the yearly meeting of EULAR HP Committee which coincided with the EULAR Congress in London. National HP presidents, US delegates, and guest representatives from European countries thinking of joining EULAR had a chance to discuss in the committee meeting.

EULAR Health Professionals News
All the rheumatologists who have the experience of collaborative work with health professional (HP) experts in the field of rheumatisms and musculoskeletal diseases are deeply convinced of the interest and need of such an interdisciplinary approach. Personally, I prefer the term interdisciplinary over multidisciplinary since the term interdisciplinary perfectly reflects the current objectives of the optimal management of patients which is to benefit from different experts working in close collaboration.

The right to access a skilled HP

The main difficulty is the fact that not all people with rheumatic diseases can have access to health professionals, such as nurses, occupational therapists, physical therapists, psychologists, social workers, nutritionists, or podiatrists, with expertise in rheumatisms and musculoskeletal disorders. Also the fact that the interdisciplinary approach is not still considered as standard practice in different member countries of EULAR. Moreover, it seems that there is a huge inter-country/inter-department variability in terms of therapeutic programmes proposed by health professionals.

As an example, in the field of spondyloarthritis, there is a lot of evidence demonstrating the benefit of physiotherapy. However, the indications of the different “routes of administration” of such physiotherapy (e.g. Patient Home Exercises versus physiotherapy under the supervision of a physiotherapist versus physiotherapy performed in a department of rehabilitation) should be further evaluated. Moreover, there is no standardised well-accepted programme of exercises to propose to all the patients suffering from spondyloarthritis. Such a standardisation or homogenisation would benefit our patients.

HP points to consider

I am well aware that the level of evidence concerning specific exercises to advice is poor. Therefore, I am anticipating that EULAR will not be in a position to propose strict “guidelines” or even “recommendations”. However, EULAR could propose “points to consider” which do not necessitate data issued from well-conducted trials but only a consensus over experts.

This example concerning physiotherapy can be also applied to other areas such as health education, occupational performance, foot care, social policies, diets, coping strategies, quality of life, and so on.

Another important item is related to the role of the nurses in the management of rheumatic patients. Apart from the “conventional” task of nurses working in a department of medicine (e.g. nursing), the beneficial role of nurses has been recognized while conducting research studies (e.g. cohorts, registries, clinical trials, etc.) and also while conducting educational programmes. In some countries, nurses are also monitoring/managing patients during specific outpatient clinics. The recent EULAR recommendations of the role of the nurses in rheumatology are very important in this regard and I do hope that such recommendations will be implemented in the near future in all the EULAR member countries.

Finally, I am personally convinced that uniformisation and standardisation of the procedures concerning the role of the different health professionals, for instance psychosocial and otherwise therapeutic/holistic health programmes, across different countries will dramatically improve the patients’ condition. EULAR, via its health professionals Standing Committee, can be and has to be a facilitator to achieve these goals.

Maxime Dougdados
EULAR President
In the last session of the HP programme on EULAR 2011 in London, I had the honour of presenting the highlights of the scientific programme of the Health Professionals (HP). Selecting highlights is a subjective decision. My choice was driven by dominant themes from the programme, sessions with high attendance and issues that inspired me personally as a researcher, lecturer, and psychologist.

In addition to this very short summary, by the end of December 2011 you can find my PowerPoint presentation at http://www.utwente.nl/gw/pgt/mw/bode.doc/.

**HP roles and team strategies**

In the programme, much attention was given to professional roles of HPs and multidisciplinary team care. It was great to receive information about three European collaborations in this area: the EULAR nursing task force on the role of nurses, discussed on page 18, a European survey on the extended roles of HPs and the STAR ETIC, cooperation between Sweden, Norway, Denmark, and the Netherlands on Arthritis team rehabilitation.

**A shift where HP ambitions become reality**

Although models of care are very different in European countries, the current and future demands seem similar: we see a shift towards patient-centred care, growing attention for the different needs of patients and consequently the necessity for well-planned interventions. Medical treatments become more complex and patients are generally better informed and prepared, resulting in higher expectations with regard to patient education, long-term monitoring, and coaching. To meet the changing demands and in order to use the potential of HPs more effectively, the professional roles of HPs might shift accordingly. A precondition for the successful fulfilment of extended roles is adequate basic education and regular refresher courses for health professionals.

**Implementation of interventions and fun**

The presented interventions also reflected the developments towards patient empowerment and tailored approaches. Web-based tools for patients, training for self-monitoring medical treatment, and a psychological intervention for highly distressed patients gave the first answers to changing demands.

I like to share with you two additional points concerning the development and implementation of interventions: first, when developing an intervention, be as precise as possible in describing the needs your intervention will respond to, make sure that you are clear in explicating the behaviour (or other aspects) you want to change and search for intervention strategies that fit the intended changes. For the development and implementation of your program, make sure that you take into account what is desirable and realistic for patients, programme providers, and the system you are working in.

The second aspect is fun: one presentation about physical activity explicitly reminded us that entertainment and having fun makes learning and maintaining new activities in daily live so much easier. I will try to remember this lesson when developing new tools for patients. I know from myself that I learn better and easier with humour and smiling.

**How to interpret outcomes safely?**

Patient reported outcome measures (PROs) were critically discussed in several talks. Although everybody seems convinced about the necessity of using PROs to monitor patients’ health and to study the effectiveness of medical treatment and other interventions on PROs, important questions came to the fore: can results from instruments that are reliable and valid for the description of groups be safely interpreted on the individual level? How to cover patients’ preferences in these measures? Are the instruments appropriate for patients with low literacy (estimated prevalence in RA patients: 15 to 20 percent)? Similar questions were also discussed in the clinical session on PROs. This topic might be a good candidate for a joint session in the coming years.

**Christina Bode**
Dr. Psychologist
Arthritis Center Twente & University of Twente, the Netherlands

**Highlights of the Health Professional Scientific Programme on EULAR 2011**

In the last session of the HP programme on EULAR 2011 in London, I had the honour of presenting the highlights of the scientific programme of the Health Professionals (HP). Selecting highlights is a subjective decision. My choice was driven by dominant themes from the programme, sessions with high attendance and issues that inspired me personally as a researcher, lecturer, and psychologist.

In addition to this very short summary, by the end of December 2011 you can find my PowerPoint presentation at http://www.utwente.nl/gw/pgt/mw/bode.doc/.
As in previous years, also the EULAR Congress held in London provided a splendid occasion for HP scientists, students, national HP representatives, and colleagues from all over the world to interact and get together. The HP Committee had arranged networking meetings for different health professions as smaller platforms for collaboration. The feedback was excellent.

The British Health Professionals in Rheumatology (BHPR) planned and hosted the HP Committees stand at the congress generating cosy surroundings for HP socialising, informing about HP Committee’s work, HP membership campaign and national HP society updates. The attendants of the congress had also possibility of take part in a Wii competition testing their balance while others benefited from the lovely tea breaks with original scones accompanied with British hospitality.

1. The Immediate Past President of Association of Rheumatology Health Professionals in US Linda S. Ehrlich-Jones and President Nadine James were delighted to attend the EULAR HP Programme. Transatlantic collaboration is as fruitful as ever.

2. President of Swiss HPs Karen Niedermann received EULAR’s abstract award on her research regarding cardiovascular training in patients with ankylosing spondylitis. The study was a randomized-control trial.

3,4. The organisers from the British HP society BHPR Diana Finney, Michelle Hughes, and Yvonne Rowe at the HP Committee stand. The HP stand worked as an informal meeting point for HPs.

5. Dr. Jackie Hill retired from EULAR and received a surprise farewell reception given by HP colleagues at the congress.
6. Gergana Markovska from Bulgaria is one of the new-comer presidents of EULAR HP societies with Czech Republic and Italy. Gergana Markovska works at the department of theory and methods of physiotherapy in the National Sports Academy in Sofia.

7. Physiotherapist, PhD Ann Bremander presented a study on multidisciplinary team rehabilitation.

8. Nurses’ meeting was packed with people. Diana Finney gave a talk on nurse prescribing in the UK in rheumatology.

9. In their networking meeting, the psychologists decided to keep a blog on their activities and share collaborative proposals.

10. Occupational therapists plan to start preparing their own guidelines in rheumatology.

11. Social workers talked about their professional position as mediators to deal with bigger and smaller social and legal questions that person with rheumatic diseases has to face in local health care systems and in life as a whole.

12. Chair of the physiotherapist meeting, Sverifo’s President Anne-Marie Noren told that physiotherapists have an e-mailing network to keep contact between congresses. All interested are welcome to join in.

13. Research Nurse Mwidimi Ndosi lectured on health promotion. Practically all HP scientific sessions were full at the congress. Also HP poster tours were popular.
The EULAR Health Professionals Research Grant 2013

Every year EULAR funds one health professional’s research project in the field of arthritis/rheumatism that is in line with the mission, objectives, and goals of EULAR. Projects will be funded up to a maximum of € 30,000.

Recipients of a research grant must submit a mid-term report to the Scientific Sub-committee of the EULAR Health Professionals on the progress of the research project. After the completion of the project, the recipients must report the results to the EULAR Executive Committee. Furthermore, the recipients are expected to present their project in the EULAR HP newsletter and may be invited to present their findings at the Annual EULAR Congress.

Application process

Applicants must complete the official application form (including detailed budget), and include the full CV of the project leader as well as a project plan. For further instructions, see the official application form available at: www.eular.org/health_professionals_research_grants.cfm.

Applications for 2013 should be e-mailed to Ms. Patrizia Jud at the EULAR Secretariat (patrizia.jud@eular.org) to arrive no later than 15 November 2012. Please check the EULAR website in case of changes in deadlines.

The following evaluation criteria will apply:

- Project leader should be a health professional
- Involvement of at least three European countries
- Scientific value
- Implementation and relevance for EULAR Health Professionals (i.e., how the project may improve the non-pharmacological management of patients in a short and/or long-term perspective, and/or whether the project may foster the development of a research network of relevance for the future beyond the period of the project)
- Quality of the work plan and methods
- Feasibility of the study within the planned timeframe
- Patient-centered approach (if applicable)
- Budget realistic for the planned project
- Planned dissemination and implementation of the research results

More information at:
http://www.eular.org/health_professionals_research_grants.cfm

Apply for a health professional educational visit 2012

EULAR awards up to 10 bursaries for educational visits to health professionals other than physicians working in the field of rheumatology to enable them to visit colleagues in another EULAR member country. The amount of each bursary is between € 750 and € 1500. The total annual amount granted is € 7,500.

The objective is to improve the standard of research and care and to foster collaboration across clinical units in Europe. The HP Committee encourages health professionals to use this great opportunity to widen horizons in the professional sense.

How to apply?

The next application deadline is 31 March 2012. Applications should be submitted by e-mail to the EULAR Secretariat at gabriela.kluge@eular.org. Applications should include a CV with the date of birth, objectives of the educational visit, a budget, a written confirmation from the host hospital or institute, and the tentative time frame of the training visit. Recipients are required to submit a one-page overview as a report to the EULAR Secretariat after the visit, focusing on the results that have been achieved.

The application form and the contract to be signed with terms and conditions are available at: www.eular.org/health_professionals_educational_visits.cfm
EULAR seeks more national health professionals (HP) organisations to become member of EULAR and participate in the work of the EULAR Standing Committee of Health Professionals in Rheumatology. All multi- or interdisciplinary health professional organisations specialised in the care and treatment of rheumatic and musculoskeletal diseases in European countries are welcome to join in.

In 2011, EULAR had ten health professionals associations as members:

- Associazione Italiana Operatori Reumatologici Professionali - AIORP
- British Health Professionals in Rheumatology (BHPR)
- Bulgarian Association of Health Professionals in Rheumatology
- Czech Association of Health Professionals in Rheumatology
- Danish Interdisciplinary Forum (DIRF)
- Health professionals in rheumatology Switzerland (hpr)
- Netherlands Health Professionals in Rheumatology (NHPR)
- Norwegian Interdisciplinary Organisation in Rheumatology (NIO)
- Serbian Association of Health Professionals in Rheumatology (SAHPR)
- Swedish Rheumatology Forum (SveReFo)

Each member organisation can delegate a representative to work on the EULAR Standing Committee of Health Professionals in Rheumatology. In addition, the committee also includes interested professionals from other European countries who are planning to establish a national HP organisation that could subsequently apply for EULAR membership. Do not hesitate to ask for further information on this process.

1. If a national interdisciplinary health professional organisation already exists in your country, please find out first whether this organisation has a guest representative in the Standing Committee of HPs. If so, please contact this person regarding your involvement in EULAR.

2. In case there is no organisation representing health professionals in your country, you can establish a national organisation first. Bear in mind that this organisation’s bylaws should be in accordance with the EULAR bylaws. You can obtain the bylaws from the EULAR Executive Secretariat, contact: eular@eular.org.

   Importantly, this national organisation should represent different health professional groups (such as nurses, occupational therapists, physiotherapists, podiatrists, nutritionists, social workers, psychologists, and others) and should have a clear multi-/interdisciplinary perspective. All the professional groups mentioned above do not have to be represented in the organisation, but an open attitude towards all health professionals in the organisation is required.

3. Fill in the application form which you can also obtain from the Secretariat together with a letter stating that your organisation wants to join EULAR as a health professional organisation representing your country. Submit this application form to the EULAR Secretariat. The General Assembly meeting, held once a year before the annual EULAR Congress, will put your application and acceptance within EULAR to the vote.

4. When your organisation is a formal member, the person representing this organisation will also have a right to vote in the General Assembly.

5. The president of the national organisation will usually represent the organisation as delegate in the EULAR Standing Committee of HPs. In the process of establishing a national organisation and even before this, the Committee welcomes any health professionals interested in founding a national organisation to become a guest representative in the EULAR Standing Committee of HPs. As a guest representative you are then welcome to participate in the meetings of the Committee and in other activities within EULAR. In this case, please contact the Chairperson of the Committee, Dr. Thea Vliet Vlieland, T.P.M.Vliet_Vlieland@lumc.nl.

More information available at: www.eular.org/st_com_health_professionals.cfm
EULAR Standing Committee of Health Professionals in Rheumatology endorses multidisciplinary collaboration in the treatment of rheumatic and musculoskeletal diseases in Europe. The Committee was established in 1989 as a European platform for cooperation and shared information among the different health professionals working with rheumatology. The Committee encourages health professional research in rheumatic and musculoskeletal diseases and works also to improve the patient’s role as the key expert of his/her own treatment.

Co-opted individuals from these countries:
Austria, Belgium, Cyprus, Estonia, Finland, Germany, Lithuania, Poland, Slovakia, Slovenia and Spain.

The HPs are very pleased to invite a Belgian nurse Greet Esselens as a guest representative in the HP Committee to plan the full membership of Belgium. In the case of Belgium, EULAR may have to consider the possibility of allowing membership for two national HP societies to solve the language issue between French and Flemish.

The national HP presidents suggested the following ideas for improving the EULAR HP member campaigning:
“Visiting the national seminars across Europe.”
“Lending key health professionals into non-member countries to establish a HP society.”
“Soliciting and involving potential HP members/associations into research projects, research and working groups in particular for those countries that are not yet EULAR members.”

Dr. Thea P.M. Vliet Vlieland is the chairperson of the EULAR’s Standing Committee of Health Professionals in Rheumatology. She is happy to advise you on the possible questions on how to proceed in becoming a HP member of EULAR.
The EULAR HP News carried out a web-based survey in October 2011 among the European HP societies specialised in rheumatic diseases. The survey provided intriguing and much-needed information on the national HP associations’ activities, distribution of health professions, views on fund raising and national similarities and differences.

The most essential reason of being involved with EULAR establishment was to share knowledge among European HPs on topics concerning people affected by rheumatic diseases.

All ten HP member organisations completed the survey. The HP News wants to thank all the national HP presidents and Vice-Presidents for their time and enthusiasm.

Interdisciplinary spirit of the associations

The number of individual HP members varied between associations. When reviewing the size by the number of members, the smallest HP organisation had 40 individual members and the largest almost 500 members. The notable variety in the size of the countries explains the differences as well as does the membership structure of a HP society. For instance, one national HP president replied that instead of individual members, their members of the separate national health professional organisations or their sub-organisations are automatically members of the HP organisation.

While comparing the distribution of health professional groups, nurses, occupational therapists, and physiotherapists were the most typical professions represented in the associations. These three professions clearly outnumbered other professional backgrounds in the interdisciplinary composition on the national level (See Table 1). However, more than half of the associations had psychologists and social workers as members and a rheumatologist as a representative. At the same time, podiatrists and nutritionists can be considered new professional groups yet to arrive to the immediate circle of the associations, since only one HP organisation reported these health professionals among their members.

Interestingly enough, the survey showed that interdisciplinary societies can likewise include other health specialists; for instance pharmacists, medical secretaries, sonographers, orthotists and/or prosthetists, teachers, general practitioners (GP), medical technical officers, and HPs working in laboratories. Along with professionals, three HP organisations reported that they have a person with a rheumatic disease as a named patient representative, which gives a respected voice to the “centre” of care.

Main HP events, functions and information channels

The HP organisations meet regularly at EULAR congresses. On a national level, three HP associations had 1 to 2 board meetings or annual general meetings (AGM), others had 3 to 6 annual board meetings. Depending on the structure of the association, an HP society could also organise a general assembly as part of an annual HP congress or a national conference. Table 2 indicates the main activities that the HPs have locally: they plan national seminars and HP educational material on the care of rheumatic diseases, endorse scientific research on interdisciplinary areas of interest, and inform their members on EULAR news such as the latest recommendations, grants, and abstract submission procedures for EULAR congress. As other important activities, the associations reported to teach HP students and cooperate with patient organisations including patient education.

Table 1. The presentation of different health professions in the EULAR HP associations (8/10 answered).

<table>
<thead>
<tr>
<th>Profession</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses</td>
<td>100%</td>
</tr>
<tr>
<td>Occupational therapists</td>
<td>100%</td>
</tr>
<tr>
<td>Physiotherapists</td>
<td>100%</td>
</tr>
<tr>
<td>Psychologists</td>
<td>90%</td>
</tr>
<tr>
<td>Social workers</td>
<td>100%</td>
</tr>
<tr>
<td>Podiatrists</td>
<td>100%</td>
</tr>
<tr>
<td>Nutritionians</td>
<td>100%</td>
</tr>
<tr>
<td>Rheumatologist representative</td>
<td>100%</td>
</tr>
<tr>
<td>Patient representative</td>
<td>100%</td>
</tr>
<tr>
<td>Other professionals/representatives</td>
<td>100%</td>
</tr>
</tbody>
</table>
**Reasons of becoming EULAR member**

The focus for establishing a national HP organisation was the need for a forum where different health professionals within rheumatology could exchange information on research, recent developments, updates, and scientific discoveries.

The listed benefits for being a HP member of EULAR revealed by the survey were very similar to the ones that are highlighted in the HP membership campaign. The possibility of networking with other European HPs, promoting HP knowhow, and exchanging experiences were the most prominent reasons. European HP co-operation and support was especially noted if the national society did not have a strong HP network within their own country.

Better access on participating in multinational research projects and raising the HP presence in EULAR congresses were also seen important.

One of the HP presidents replied very promptly: the reason of being a EULAR member is evident. That says it all.

The name list of the current HP societies is available on our membership campaign on page 12.

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**Table 2. The activities of HP associations (10/10 answered on given alternatives):**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare HP educational material</td>
<td>90%</td>
</tr>
<tr>
<td>Endorse HP scientific research</td>
<td>100%</td>
</tr>
<tr>
<td>Provide information on how to apply for a EULAR HP educational visit/grant/research grant</td>
<td>90%</td>
</tr>
<tr>
<td>Provide assistance on how to prepare a HP abstract for EULAR Congress</td>
<td>100%</td>
</tr>
<tr>
<td>Volunteer to work at the EULAR HP stand during congresses</td>
<td>100%</td>
</tr>
<tr>
<td>Send the EULAR HP News on your mailing list on your website</td>
<td>100%</td>
</tr>
<tr>
<td>Organise national HP seminars</td>
<td>70%</td>
</tr>
<tr>
<td>Other activities</td>
<td>30%</td>
</tr>
</tbody>
</table>

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**The structure of EULAR member family**

EULAR is set up of four types of institutional members: scientific (rheumatologist) societies, national organisations of people with arthritis/rheumatism (PARE), health professionals’ associations, and corporate members. In addition, EULAR acknowledges a number of individuals as honorary members. With 44 scientific member societies, 35 PARE organisations and 10 health professionals associations, EULAR underscores the importance of combating rheumatic diseases not only by medical means, but also through a wider context of care for people with musculoskeletal conditions and a thorough understanding of their social and other needs.

Compared to PARE and Scientific associations, health professional organisations in rheumatology are rather young members in EULAR, although HP specialists have participated in EULAR functions for more than 20 years. The first HP associations from Switzerland and United Kingdom became EULAR members in 2006. The HP News’ web-based survey showed that HP national associations are as closely linked with rheumatologist and patient organisations as with the EULAR co-operation.
European Systemic Sclerosis/Scleroderma Health Professionals Network (EUSHNet)

Exciting developments in non-pharmacological management of SSc in Europe for HPs

In May 2011, delegates at the EULAR Congress from seven European countries attended a meeting intended to explore the creation of a new health professional EULAR initiative, with the aim of forming an international collaborative network of health professionals (HPs) working in systemic sclerosis (SSc).

The plan arose from an initiative originally conceived by Professor Thea Vliet Vlieland (Leiden, NL) in conjunction with Dr. Tanja Stamm (Vienna, AT), Dr. Els van den Ende (Nijmegen, NL) and Dr. Frank van den Hoogen (Nijmegen, NL). Following the meeting, Dr. Anthony Redmond (University of Leeds, UK) and Dr. Els van den Ende took up the challenge to put together an application for funding from EULAR to bring the network together. In conjunction with patient input from Ann Tyrrell-Kennedy (President, FESCA), a proposal was drafted for submission in July 2011.

Project to improve non-pharmacological care of SSc

Systemic sclerosis (SSc) is a relatively rare, complex disease and its impact on patient quality of life and function can be significant. Although the medical management of the condition is well-documented and improving, the non-pharmacological treatment, as usually provided by health professionals, is less well-developed. The range of health professionals involved in the care of people with SSc is wide and includes nurses, podiatrists, occupational therapists and physiotherapists all of whom provide support and can play an important role in care provision.

Currently, there are no standard European guidelines for non-pharmacological treatments, and care provision can vary widely depending on the country. The EUSHNet project aims to improve non-pharmacological care and reduce inequality by building an interactive international network of health professionals working in SSc. This network of national champions is intended to raise standards of proficiency and consistency, and will help HPs share research and best clinical practice examples.

The project has a five year vision for improved standards and consistency of SSc care which will be achieved through addressing three main aims;

1. Development of an effective nursing and health professional’s network in Europe, working across disciplines and in collaboration with patients and medical colleagues
2. Development of a common lexicon, common currency, and an agreed core data set to improve cross disciplinary work and improve standards of care
3. Improved quality of information available to clinicians and patients.

Establishing HP practice in SSc

A founding meeting took place in May 2011 where the steps required to achieve the first aim were identified. An initial European-wide review and survey is now being developed by Els van den Ende to establish current HP practice in SSc. This review will provide vital information about the current practice, treatment modalities, assessment methods, educational needs, and current research in SSc. The survey will also identify current research and state of the art practice that can be used to inform the work of a network of HPs. Alongside this, the formal EULAR facilitated network for nurses and HPs (EUSHNet) will be developed to address the challenges of improving patient care, maximising the quality of research, shaping clinical excellence, and promoting consistency in implementing quality care.

Building a European network

EUSHNet will comprise two levels of representation, a steering group responsible for delivering the project to EULAR and a coordinated network of national/local champions who will help roll out the initiatives in their respective countries.

The steering group consists of four health professionals from different countries and professions, a medical doctor, and patients.

All are from various European health care settings and are specialised in their own field in SSc. This wide representation ensures the contribution of different expertises relevant to the management of SSc.

Fundamental to the group’s proposed programme will be the development of national champions who each represent their own country. The champions will be recruited from HPs and nurses, drawn from each participating country and who will form the spokes of a EUSHNet network. One or two champions will be recruited per member state, providing the champion the opportunity to represent their national agenda, engage their own domestic SSc community and shape the future direction of non-pharmacological care in SSc. As the representative and contact for their country, they will help identify gaps in knowledge, clinical skills, and local ways of working, and help address these through coordinated campaigns aimed at reducing inequality of care and access to services.

Dr. Anthony Redmond is Arthritis Research UK Senior Lecturer in Rheumatology at the University of Leeds and Leeds NIHR Biomedical Research Unit. His clinical background is in podiatry while his PhD was in neuromuscular medicine at the University of Sydney. Anthony Redmond heads the Leeds Foot and Ankle Studies Research group (FASTER), which has a reputation as one of the leading units of its kind in Europe. His track record in rheumatology research relates to study of the interactions between human biology and mechanical function using imaging, bioengineering, and histological approaches.

Picture by: Leeds Unit
Move to Improve
– the activities of the EULAR Standing Committee of PARE

The Edgar Stene Prize is annually awarded to a person with a RMD submitting the best essay describing his or her individual experience of living with their condition. In 2011, it was rewarded on the topic of “How exercise improves my life with a rheumatic disease”. The EULAR secretariat received contributions from 17 EULAR member organisations of PARE and it was a difficult choice for the Jury. Jenny de la Torre from Spain represented the Health Professionals (HP) in Rheumatology on the Jury.

– As a nurse, I am very aware of the benefits of exercise. There are a number of scientific papers that show the relationship between exercise and improved outcomes and the difficulties patients have in getting started and finding an activity they can enjoy and stick with. I think the Edgar Stene Prize essays are a great way of motivating and inspiring people with RMDs to try to do something for themselves, says de la Torre.

The Edgar Stene Prize 2011 was won by Lill Due from Norway who wrote a touching essay about her life with ankylosing spondylitis and how she coped with the disease impacting on her dream to become a professional dancer.

Physical activity is relevant for everybody but for people with rheumatic and musculoskeletal diseases (RMDs) it is particularly relevant. Many people with RMDs can be positively influenced through regular physical activity. The EULAR Standing Committee of People with Arthritis/Rheumatism in Europe (PARE) had therefore decided to make physical activity the main focus of its activities in 2011 and 2012 under the topic of “Move to Improve”.

Practical support will be provided by the steering group, the EULAR HP Committee and through peer input from other champions. As well as professional support, some financial support will be available. Under the proposed model, some funding will be available for champions to attend meetings, and there will be access to up to 12 bursaries for attendance at the EULAR Berlin Congress Launch.

Support for prioritising and conducting best practice campaigns

The specific campaign activities will be drawn from the findings of the state-of-the-art survey, and the steering group will work with national champions to prioritise areas of campaign activity. Possible examples might include developing minimum standards of nursing and HP care for SSc patients, capturing current practices across European countries, and developing a data set for shared information across European sites. Whatever specific topics are prioritised, it is coordinated and structured campaigning through the national champions that will be at the heart of the EUSHNet approach. Experienced policy campaigners will help prioritise issues, develop clear campaign messages, identify central and local resources, pick key opinion formers to target, and support the active process of campaigning on the ground. This is the first time such a coordinated and structured approach has been used in a European HPs network and it offers an exciting opportunity to make a real difference.

The EUSHNet project has established early links with the existing medical research EUSTAR network and Dr. Francesco Del Galdo from the EUSTAR council has agreed to act as a strategic link between two groups. Ultimately, the HPs network must be entirely complementary to the medical EUSTAR network and so we are absolutely committed to ensuring that the two initiatives are mutually supportive.

Become a champion – identify yourself

The immediate next steps are to work up the survey and identify the potential national champions. With this in mind, we would like to appeal to anyone who, after reading this article, is interested in acting as a champion. If you are committed or even just interested in finding out a little bit more, please contact either Els, Ann or myself through the email addresses included at the end.

Work will continue from here through the steering group and at fringe meetings around the World Scleroderma Congress in Madrid in February to work up the campaign issues. With the champions in place and first campaigns agreed, the intention is to launch EUSHNet formally at the EULAR Berlin Congress in June 2012. Of course, getting the network in place is probably the easy part. The real work starts in the second half of 2012 with the rollout of the campaigns of activity, and our challenge to HPs across Europe is to get involved and see whether we can use a combined European voice to make a real local difference.

Anthony Redmond
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a.redmond@leeds.ac.uk

For further information you can also contact:
Else van den Ende (physiotherapist, Netherlands) email: Evandenende@maartenskliniek.nl
Ann Tyrrell-Kennedy (President, Federation of European Scleroderma Associations) email: anntkennedy@gmail.com
Common, motivating goal for awareness

Move to Improve was and will be also the motto of World Arthritis Day 2011/2012. The World Arthritis Day website – www.worldarthritisday.org – featured the impressive activities of organisations worldwide actively celebrating the 12 October. But not only organisations of people with RMDs promoted the World Arthritis Day. Many hospitals used the opportunity to inform the public about RMDs, and health professionals were actively involved in sessions.

In 2011, PARE launched two main projects - the “Activity of the Month” and the “Action Shot Photo Competition”. The “Activity of the Month” highlights a new physical activity every two months and so far walking, cycling, and swimming have been introduced. The website gives some overall background information but also advice and suggestions for those who would like to try this activity. Visitors can rate the activity and leave comments for others in order to inspire people to get more active.

On behalf of the EULAR Health Professionals Scientific sub-committee, Christina Opava, Professor of Physiotherapy at the Karolinska Institute, Stockholm, Sweden, has kindly joined the World Arthritis Day Task Force in January 2011. She is an invaluable member of the team as her expertise is needed in order to ensure all information provided on the different activities has been thoroughly checked. Also Daniel Alethah, Rheumatologist at the Medical University in Vienna, Austria and Chairperson of the EULAR Standing Committee of Clinical Affairs, supports the Task Force and provides expertise to any medical questions occurring. The Task Force would like to thank both for their ongoing support to the PARE activities.

Action Shots on favorite physical activity

Christina Opava and Daniel Alethah have also been actively involved as jury members in the “Action Shot” photo competition. The online competition invited people with RMDs to send in a good quality photograph of themselves participating in their favourite physical activity, exercise, or sport with a short statement about how this helps them overcome some of the challenges of their condition and how being active improves their lives. More than 70 inspiring pictures and stories from around the world covering a wide variety of physical activities and sports were received. The standard of the pictures was exceptional and the quality of the stories was both moving and motivating. It was a very difficult choice for the Jury who should vote on those pictures and quotes which were to be included in the EULAR Calendar 2012.

According to Jim Higgins, Member of the European Parliament from Ireland and a Jury member, physical activity is fundamental to all aspects of wellbeing and a high priority on the European health agenda.

– Taking regular exercise not only prevents musculoskeletal problems developing as we age, but is vitally important in keeping people with rheumatic diseases mobile and active. It was a great pleasure for me to join this judging panel and to be involved in a project that encourages people to be more physically active. The photos are really beautiful and I would like to sincerely congratulate everyone involved, states Higgins.

Gert Sprangers from Belgium was the online winner for EULAR countries and Yan Yishu from China the winner for non-EULAR countries. Both were delighted to have won the photo competition.

– The World Arthritis Day Action Shot photos from everywhere around the world inspired me very much. I am so happy to be the winner for non-EULAR countries. I think this honour is not just for me but for all people who fight against RMDs with physical activities. I hope more people will benefit from practicing Tai Chi Qigong, an ancient Chinese art which is effective, economical, and convenient, Yishu says.

Autumn Conference and Document on Physical Activity

The EULAR calendar 2012 features 12 beautiful pictures and quotes selected by the jury and it was launched at the EULAR Autumn Conference for PARE in Athens in November. Also this annual event, which gathers about 130 European patient representatives from the national EULAR member organisations for PARE, featured physical activity as its overall theme. Delegates were invited to join morning gymnastics and the programme saw the first discussions around a draft framework of a “EULAR Document on Physical Activity for people with RMDs”, a campaigning tool to address politicians and to be used by national organisations of PARE. The draft document had been put together by a Task Force under the lead of the Standing Committee of PARE involving Professor Kåre Birger Hagen, EULAR HP Vice-President, Professor Thea Vliet Vlie坚硬, HP Chairperson and Professor Johannes W.J. Bijlsma, EULAR Education Officer.

– At least for OA, RA, and AS there is an increasing amount of evidence showing that exercise is beneficial for people with these conditions, says Kåre Birger Hagen.

– It is the first time we have looked at putting together some standards or guidelines around this topic which is a very exciting step, Johannes W.J. Bijlsma adds.

The coming months will look at the feedback from the event and a revision of the document through the Task Force in order to develop a final version which could be launched in 2012.

HP co-operation in Athens

The EULAR Autumn Conference in Athens also very much welcomed the active involvement of a significant number of health professionals in the programme. With the delegates, Christina Opava discussed the physical and psychological barriers which prevent people with RMDs from participating in physical activities. Her workshop tried to find out what national organisations of PARE could offer to overcome these difficulties.
The winning picture (on top) and other wonderful images of favourite physical activities of people with rheumatic diseases are part of on the EULAR calendar 2012.

- A lot of people with RMDs report pain as a main reason for not being able to get active. It is important that not only the rheumatologist / general practitioner is involved in looking for solutions here but also psychologists, physiotherapists, and rheumatology nurses. The interdisciplinary specialist team working closely together with the patient to address these and any other problems is the key for a successful treatment, says Neil Betteridge, Vice President EULAR, representing PARE.

For 2012, the Standing Committee of PARE will continue the focus on physical activity which will also feature in the EULAR congress programme for Berlin from 6 to 9 June. There will be many more opportunities to work more closely with the EULAR Standing Committee of Health Professionals in Rheumatology and to continue the excellent co-operation which the Standing Committee of PARE is very much looking forward to.

Marios Kouloumas
Past Chairperson of Standing Committee of PARE

Pictures by: PARE
EULAR recommendations: the role of the nurse in the management of chronic inflammatory arthritis (CIA)

HP panel views on nursing
Researcher and Rheumatology Nurse Yvonne van Eijk-Hustings from the Department of Integrated Care at Maastricht University Medical Centre, in Maastricht, the Netherlands, was the research fellow of the panel and one of the first authors of the ARD article on the recommendations.

– One of the aims of the HP expert panel was to evaluate the currently available scientific literature according to the EULAR standardised operating procedures to provide evidence for these recommendations. In total, more than 50 studies met the inclusion criteria, tells van Eijk-Hustings.

The panel developing the recommendations comprised 15 nurses, a rheumatologist, an occupational therapist, a psychologist, a physiotherapist, two patient representatives, and a research fellow. The HP experts met twice under the leadership of two conveners and a rheumatologist/clinical epidemiologist.

– The 10 new recommendations help to optimise the nurses’ skills, to further develop and standardise patient care, and to better mobilise nursing capabilities in general, says van Eijk-Hustings.

Innovative nurse-led care has increased efficiency in basic and advanced care practices. Nurses are a dominating group of health professionals following a worldwide tendency towards more proactive care. At the same time, nurses are fulfilling extended roles as holistically-orientated specialists.

Nurse is as a facilitator of team work
The care offered by nurse includes monitoring of disease consequences on the level of daily activities, participation and psychosocial consequences and, increasingly, monitoring of disease activity, drug treatment, and drug side effects. The recommendations consider nurses largely as actors in the interface between people with CIA and other health professionals. Nurses are facilitating the effective utilisation of care which is provided by other members of the multi- or interdisciplinary team, defining the prevention of co-morbidities and preceding with ‘treat to target’ approach in early phase of disease. From a team work perspective, nurses’ extended roles may prevent fragmentation of care and promote efficiency and accessibility.

– Since nurses’ work identity is clearly patient-focused – aimed at meeting patients’ needs – the extended role of the nurse can be regarded as a complement to the medical role, van Eijk-Hustings points out.

The scientific literature study revealed that compared to usual care from a rheumatologist, patients seen by a nurse were more frequently referred to occupational therapists. This difference was statistically significant.

Furthermore, when estimating nurses’ long-term effects of interventions on the patient’s quality of life, psychosocial and general well-being, or on the other hand, nurses’ impact of interventions on the patient’s employment status and social participation, the recommendations acknowledge nurses’ role as complementing the roles of a psychologist or a social worker. Co-operation is always seen as welcome.

– Team playing is not only recommended, but is in the core of the interdisciplinary work, says van Eijk-Hustings.

Time will show if there will more interdisciplinary HP recommendations regarding non-inflammatory diseases, e.g. fibromyalgia.

The whole article is available at Annals of Rheumatic Diseases (ARD), October 31, 2011 at http://ard.bmj.com/content/early/2011/10/28/
From the patients’ point of view:

1. Patients should have access to a nurse for education to improve knowledge of CIA and its management throughout the course of their disease.
2. Patients should have access to nurse consultations in order to experience improved communication, continuity, and satisfaction with care.
3. Patients should have access to nurse-led telephone services to enhance continuity of care and to provide ongoing support.

From the nurses’ point of view:

4. Nurses should participate in comprehensive disease management to control disease activity, to reduce symptoms and to improve patient-preferred outcomes.
5. Nurses should identify, assess, and address psychosocial issues to minimise the chance of patients’ anxiety and depression.
6. Nurses should promote self-management skills so that patients might achieve a greater sense of control, self-efficacy, and empowerment.
7. Nurses should provide care that is based on protocols and guidelines according to national and local contexts.
8. Nurses should have access to and undertake continuous education in order to improve and maintain knowledge and skills.
9. Nurses should be encouraged to undertake extended roles after specialised training and according to national regulations.
10. Nurses should carry out interventions and monitoring as part of comprehensive disease management in order to achieve cost savings.

The rehabilitation Institute Apila is owned by the Finnish Rheumatism Association. The institute is situated in Kangasala, near Tampere, about 200 kilometers from the capital Helsinki. Apila has a long tradition of providing interdisciplinary health services targeted in the rehabilitation of people with rheumatic and other musculoskeletal diseases. The institute functions also as a resource center for people with rare rheumatic diseases. In most cases, rehabilitation courses are founded by Kela – the Social Insurance Institution of Finland – which has strict standards on the interdisciplinary requirements of best care.

Vocational or medical rehabilitation
Kela’s rehabilitation services are free of charge for the rehabilitee. To qualify for a Kela-founded vocational or medical rehabilitation, one needs a medical certificate with information about the rheumatic disease in question and a supportive reference for rehabilitation. For a vocational rehabilitation, her/his work capacity is at risk of deteriorating as time passes. Medical rehabilitation for persons with severe disabilities is targeted at people less than 65 years of age. The rehabilitation promotes autonomy, motivation, and coping skills and improves or maintains capacity, functioning and self-managing.

You can visit Apila’s website at: www.kuntoutumiskeskusapila.fi

Please contact the editorial office of EULAR HP News to tell about your interdisciplinary team in rheumatology.
The Health Professional Programme

<table>
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<tr>
<th>Session type</th>
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| HP Session   | • How to run an osteoarthritis clinic in daily practice  
               • Crossing boundaries of primary to secondary care  
               • Clinical update in connective tissue diseases  
               • Cardiovascular health in rheumatic diseases  
               • Challenges in health professionals’ practice: how to develop and execute a treatment plan for a patient with a rheumatic condition and multimorbidity  
               • Promotion of physical activity in rheumatology targeting patients, health service providers and the public  
               • Health professional highlights |
| 2 Poster tours | • HP work and research |
| 2 Abstract sessions | • HP science  
                          • HP practice |
| Joint sessions | • Patient involvement in research: Past, present and future  
                          • More topics coming |
| Workshop | • “I’ve been asked to review a guideline - where do I start?” |

The EULAR Congress 2012 in Berlin will be the venue of high-quality HP scientific sessions introducing health professional research and issues of interest in the HP practice. There will be 6 HP sessions, one workshop, two abstract sessions and poster tours. In addition there will be an highlight session and joint sessions organised together with rheumatologists and the Standing Committee of People with Arthritis/Rheumatism in Europe (PARE).

The full programme is available in spring 2012 at EULAR website: www.eular.org.

Get ready for Berlin
EULAR Congress 6-9 of June 2012 in Berlin provides a unique occasion for the exchange of scientific and practical information between professionals, people with rheumatic diseases and scientists in Europe and from around the world.

Abstract submission for Berlin 2012
The electronic HP abstract submission system will be open until the 31 January 2012. Abstracts received after the deadline will not be accepted. Health professionals (HP) can choose to submit their abstract either for practice and clinical care (topics A1 – A5) or for HP research work (topics 7 – 27).

Health Professionals Travel Bursaries
EULAR awards travel bursaries to the first or presenting author of a health professionals’ abstract that has been accepted for oral or poster presentation at the Congress. A travel bursary facilitates attendance at the Congress. Also bursary applications should be submitted via the electronic application system. Further information at: www.eular.org/edu_travel_bursaries_ahp.cfm.