Editor’s welcome

It has been great to get to know many of you over the last year. Those of you who have contributed to this newsletter have been very generous with your time – all have been keen to share your experiences with your colleagues across the EULAR Health Professional (HP) network. Thank you.

If you are attending the EULAR Congress between 10-13 June in Rome, come and say hello at the HP stand – V1 & V2 in the EULAR Village. Pop along to meet members of the Health Professional Standing Committee, learn more about their work and that of HP member organisations.

The HP Educational Sub-committee is running an online survey to find out your needs so they can develop EULAR’s educational core curriculum for HPs. All HPs are invited to take part. The survey will take about 10 minutes to complete and all answers will be collected anonymously. You can access the survey here: http://maartenskliniek.survey.netq.nl/nq.cfm?q=0d304742-8502-4da3-8da5-8b7765a06b3c

I would like to wish Susan Oliver best wishes as she steps down from the role of Chair of the HPSC. She has been a great support to me in producing this newsletter for you. I look forward to continuing to work with Christina and Tony to bring you interesting articles to help support your work.

This is your newsletter and I am keen that it covers issues that matter to you. Please do get in touch to let me know issues you would like to share or ideas you would like to discuss with others.

My aim is to produce a varied newsletter which supports you and your work in providing care to people with rheumatic and musculoskeletal diseases (RMDs).

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

Please do get in touch.

Best wishes

kate@katebetteridge.me.uk

In this issue

In this issue we have an article by Richard Wakefield outlining a new initiative by the EULAR Health Professionals – a task force to define the education and training needs of health professionals undertaking musculoskeletal ultrasound for inflammatory arthritis and osteoarthritis.

Christina Opava, HP Vice President considers the role of health professionals in person-centred care. Sue Oliver reflects on her time as Chair of the Health Professional Standing Committee, while Chair Elect Tony Redmond talks to you about his aspirations when he takes over the position.

Dieter Wiek, Chair Elect of PARE – EULAR’s patient network – explains plans for this year’s World Arthritis Day. Everyone is encouraged to High 5 for World Arthritis Day. Find out how you can get involved on page 10.

Visit: http://www.eular.org/st_com_health_professionals.cfm

Do you have good news for the newsletter?

Prescribe the newsletter free of charge to colleagues at www.eular.org/st_com_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.

Contact the newsletter editor for further information at kate@katebetteridge.me.uk
“Although there are some differences in healthcare delivery between Europe and North America, both parties felt we could find a piece of work of interest to HPs wherever they worked. The management of pain was identified as a great place to start, especially as pain is a predominant symptom for many people who have a rheumatic and musculoskeletal disease (RMD) As such, it is important that HPs are competent and informed in the assessment, management and support of those experiencing pain. Inflammatory arthritis and osteoarthritis were selected as the focus of this project as they are two of the largest RMD patient populations. “So we have been exploring how we could start this work and, over the last 18 months, both committees have been working together to establish clarity on a range of approaches and how best to proceed.”

A project proposal was prepared and submitted to the EULAR Executive: The Health Professionals’ Approach to Pain Management in Inflammatory Arthritis and Osteoarthritis. We were successful in our application for funding and the task force will begin its work soon, with Prof. Rinie Geenen (pictured) as the task force leader.

Although it has been agreed that this first step of the work will be a EULAR project, two ARHP colleagues have been invited to join the project group. The HPSC hopes that this will be the first stage in building stronger collaborative approaches and that, together, we will be able to facilitate wider international dissemination and implementation of such recommendations.

Hopefully this is the first step towards many years of collaborative projects.

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**Online Course for Health Professionals**

The EULAR Online Course for Health Professionals focuses on major musculoskeletal and rheumatic diseases (RMDs) including fibromyalgia and osteoarthritis (OA). It is aimed at health professionals (HPs) who play an important role in the management of these conditions – nurses, physical therapists, occupational therapists and psychologists.

It consists of a total of 8 modules: 4 disease-specific modules (on rheumatoid arthritis, on OA, on fibromyalgia and on regional musculoskeletal pain syndromes), and 4 generic modules (assessment and evaluation, interventions, psychosocial approaches and evidence-based practice). Care has been given to integrate the multidisciplinary perspective of the treatment of RMDs.

The duration of the course is nine months, with an automatic “free of charge” extension to a second year if the modules are not completed or the exam not passed. A final examination is offered once a year and a EULAR certificate is issued upon passing the exam.

The online course was developed with a substantial grant from EULAR and continues to be highly subsidised by EULAR. The entire course can be offered at EUR 100 per participant. See page 13 for more information.

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**Edgar Stene Prize winner announced**

Denmark has once again produced the winner of the Edgar Stene Prize competition – PARE’s essay competition for health professionals. Charlotte Secher Jensen, impressed the judges with her essay “Living in the moment,” said Diana Skingle, Chair of the Standing Committee of PARE and ex officio jury member.

2015 winner, Charlotte Secher Jensen, impressed the judges with her essay “Living in the moment.” It was a difficult choice to make as, this year, 24 entries competed for the Prize – the highest number ever received.

The booklet featuring all shortlisted essays is available from the EULAR website. Download it from www.eular.org/pare_stene_prize.cfm or pick up a copy at the HP stand at the EULAR Congress.
Meet your new Chair

As Prof. Anthony Redmond assumes position as Chair of the Health Professional Standing Committee (HPSC), he talks about what motivates him and the qualities he hopes to bring to the post. Anthony – or Tony as he likes to be called – is Professor of Clinical Biomechanics at the University of Leeds, Institute for Rheumatic and Musculoskeletal Medicine.

What made you put yourself forward for Chair of HPSC?
My natural tendency is to get involved with things – and I am a much better participant than a spectator. I have been lucky to get involved in collaborations internationally and this has opened my eyes to the challenges around the role of HPs in Europe. I have been extensively involved in lobbying for HPs in the UK for the last 10 years and have discovered that there are many reasons why the time is right for HPs to assert themselves more in healthcare in general.

In many places, the scope of practice of HPs has increased markedly, allowing us to work much more closely with medical colleagues. At the same time, our research base has improved, we have many more research students, active researchers and senior professors and this gives us a standing that would have been unthinkable 20 years ago.

The time is ripe to champion HPs within EULAR member countries and I stepped forward because I was in the position where I could either call for others to do it and be a spectator, or I could try to lead from the front.

I think I can be an effective advocate for HPs. I have some valuable experience working in the UK political scene and I can be diplomatic or forceful as required. I certainly still carry scars of valuable lessons learned while chairing ARMA, the UK umbrella body for rheumatic and musculoskeletal disease (RMD) organisations and will carry those lessons over to within EULAR.

I am also lucky to be working in an environment which is a true meritocracy. Within a research institute, everyone is as good as their work, so distinctions between medical clinicians, HPs, non-clinical scientists and others become less important. Leeds is by no means the only place where this happens, but working here has given me the confidence to be judged on my merits, not on any labels attached by others.

Tell us about your background
I am a podiatrist by clinical background, and podiatry has provided my with a very useful grounding for working in an organisation such as EULAR. Podiatrists in the UK are relatively independent, with diagnostic rights and a scope of practice that is determined more by human anatomy than by professional boundaries.

I worked as a clinical podiatrist and then as a specialist in RMDs before making a part transition into academia in the late 1990s. I moved to Australia in 1997 and did a PhD and post-doc at the University of Sydney. In 2002 I came back to the UK to take an academic research post at Leeds funded by Arthritis Research UK, investigating the relationship between mechanics and biological processes in foot problems associated with RMDs. I am head of a section in Prof. Emery’s Institute in Leeds and professor of clinical biomechanics, which is my current day job.

For the last five years I have been active in a number of European collaborations, both research-specific and more broadly. I have led on two EULAR-funded initiatives, conducting a multi-language translation and validation of a core outcome tool for scleroderma to enable cross-centre international collaboration, and establishing the EULAR Scleroderma Health Professionals Network EUSHNet. In 2013 I also founded the EULAR foot and ankle study group.

What do you think is the key challenge facing HPs?
Overcoming a lack of understanding about what we do. This sometimes presents through relatively low respect for advances in HP practice and HP status, as well as confusion about our role compared to that of medical and scientific colleagues. There are a number of approaches we need to take to change this: we need to ensure that HPs pull together and present a common front to the outside world, and we need to be much more active in promoting the benefits of what we do.

Of course, this lack of understanding occurs within EULAR also, and this shows up in the hierarchies within EULAR – so HPs still have much to do. There have been major advances in HP representation in recent years however and, as our research and evidence base builds, more credibility for what we have to offer EULAR, we have more opportunities for making our case.

On a EULAR-specific level, one major challenge revolves around HPs being able to represent themselves with a common voice and purpose. EULAR membership by-laws require that HPs in a EULAR country can be represented by only one member organisation, that itself must represent multiple HP groups. Some countries can find it difficult to pull HPs together which limits their representation within EULAR, as well as reflecting broader problems.

What do you want to achieve while you are Chair?
I have identified three priorities for my time in the Chair: advocacy, evidence and education.

We will address the advocacy agenda through overt campaigning such as our EU Public Affairs activities, as well as through more subtle activities within EULAR structures, and maximising the impact of HP members, for example through Study Groups.

Generating and implementing evidence-
based practice is fundamental to raising the profile and improving the practice of HPs. This includes generating new knowledge through top quality research, engaging HPs EULAR-wide with the research agenda, and supporting effective implementation through recommendations guidelines and supporting materials.

This overlaps with the education strategy and we will continue to develop EULAR educational materials for HPs, such as the EULAR Online Course which launches this year.

**How can HP member organisations support you in this?**

There are a number of things that EULAR members can do to help HPs to help ourselves. We can make sure to represent a common HP image to others – even if we sometimes disagree internally! Importantly, the member organisations are the sharp edge of their own countries’ interaction with the rest of Europe. We need them to tell us what the needs are in their own countries. And we certainly rely on them to help cascade EULAR-wide initiatives and to act as champions so that best practice initiatives developed in centres of excellence or as EULAR-wide projects have the best chance of influencing practice across EULAR.

**How will this impact on patients?**

Patients will always benefit when HP practice aligns with the best available evidence, the best methods of delivering care, and when care is provided by motivated and proactive clinicians.

HPs have a unique role in the health system because our work is so hands-on and the effects are usually so immediate. As caring professionals, we all believe that everything we already do will produce the best outcomes for patients. But with evidence for treatments and wider health systems evolving constantly, we all need help to stay up-to-date and to keep doing what is actually best.

**What about the future?**

The most obvious development is the increasing trend towards self-management and empowering people to look after their own conditions better themselves. HPs have a huge role to play in this because, again, most of what we do is so practical and applied. As the balance of responsibility shifts away from medically-led care to patient-centred care, HPs are ideally placed to act as both the intermediaries and a safety net.

**Do you think the role of HPs is changing?**

We now have health professional PhDs and professors in medical research institutes, we have HPs who are using diagnostic imaging, prescribing medications and contributing to the health system in ways that could not have been predicted even 10 years ago. Indeed, many would argue that developing HPs is the only way that modern public healthcare systems can survive. Medical care is so specialised, costly and complex that, without the real-world benefits arising from multidisciplinary HP working, many national health systems would collapse under the weight of unmet demand.

We have to learn to pull together though. Clinical colleagues and, even more, politicians do not want to see the boundaries between the different health professions, and they are not interested in turf wars or disputes about concepts of care. HPs will succeed when we present a common, clearly articulated and well-justified case showing that what we have to offer is good for patients and good for governments looking to fund care.

**And what about you outside of work?**

I am married to Anne-Maree, a super-understanding Australian who I don’t think will ever forgive me for dragging her away from the sunshine and outdoor lifestyle of Sydney where we met. I have two grown up daughters Lowri and Nia, and our home is also shared by the world’s least affectionate cat.

I am keen on sport and music. As I get older, my sporting interests have had to adapt a bit and my main active passion nowadays is cycling. I have taken on a few challenges on two wheels including riding coast to coast across England in a (long!) day and riding the iconic stage of the Tour De France up the Alpe D’Huez.

**What motivates you?**

I firmly believe that the world would be a better place if we all aimed to put in a little more during our lifetime than we take out. My overriding motivation, therefore, is to make at least some difference during my lifetime – and EULAR is a great vehicle for any of us to do that.

**What would you like your legacy as Chair to be?**

My first job is to live up to the example set by my predecessor Sue Oliver. Sue has done an amazing job as Chair, embracing the role, effectively as a full time job. I am very fortunate that at least some of the legacy that I will leave will actually be reflected glory from Sue’s efforts. More directly, I hope that my legacy will mirror my own personal journey, in that I hope that my time in the Chair will see a continued advance in the scope of practice of HPs, an increasing acceptance of our role and some substantive steps towards inclusion of HP-specific elements in EU-wide health policy, guidelines and recommendations.

**Contact Tony at A.Redmond@leeds.ac.uk**
Health professional: who fits?

What do we mean when we use the term “health professional”? Sue Oliver, Chair of the Health Professional Standing Committee (HPSC), reflects on the issues and asks colleagues and patients to share their thoughts.

For us, as health professionals (HPs), it is probably seems quite straightforward. But what does a new person with a rheumatic and musculoskeletal disease (RMD) think a health professional is? How do they know we have the training and competencies to undertake the tasks we are undertaking — and are these tasks evidence based? How would you define the term HP? Are there any barriers to being defined as a health professional? For example would we consider a Chinese herbalist on the high street a health professional? They provide some advice on health and have a therapeutic relationship with that person. What about a massage therapist? And so the questions flow. Well lots of questions and although the questions seem straightforward, they are not.

Within EULAR we use the term HP to define nurses, occupational therapists, physiotherapists, podiatrists, psychologists and social workers. Many do not like definitions that set out to define what we are not — for example we do not hold a physician’s qualification. In this discussion we need to be mindful of the fact that defining an HP is important for the patient — they need to have clarity about qualifications and knowledge, and be reassured that the practitioner seeing them is eligible to provide treatments, examine them and offer support.

However, within the EU the term health professional means all clinicians caring for patients — including medically qualified colleagues and others. It can sometimes prove to be a little difficult and misleading.

As Chair of the HPSC, I was asked by EULAR to represent it as an HP for the European Medicines Agency Work only to discover that they had expected a medical representative!

It is also difficult when attempting to get to grips with many aspects of complex EU policies and EU commissioners work. It is sometimes necessary to read through many pages of documents referring to medical practitioner issues to find an occasional mention of nurses and physiotherapists etc. As there is likely to be an increasing focus on health professionals, their training competencies and directives allowing movement within Europe, we need to be focused and clear on what we understand an HP to mean and how we define ourselves.

For the HPSC there are additional challenges as we are frequently asked to clarify eligibility of applications for educational grants, travel bursaries and research grants. When we started to explore this issue and provide a provisional working definition, we realised that the registration, training and professional requirements for different disciplines varied in many countries.

So as yet, we do not have the answers for you, but we do have a temporary working definition on our website and we will be working on defining an HP more succinctly. So this will be an on-going piece of work that our incoming Chair, Tony Redmond, will be leading on.

Please contact incoming Chair Tony Redmond at A.Redmond@leeds.ac.uk to share your views
A growing discussion has recently started about the definition of a health professional. In health, the term “professional” has traditionally referred to someone that has been formally educated and trained to provide care in a specific scientific domain. Professions have better social recognition if a public association regulates ethical and moral obligations of its members, and promotes continuous education and an evidence-based practice. The skills to establish a therapeutic relationship are also of the utmost importance. That said, should, for instance, an expert on reiki, acupuncture, homeopathy or massage be considered a health professional? If so, why?

Ricardo Ferrera, nurse PhD student, rheumatology department, Coimbra, Portugal

The role of HPs within rheumatology is to support patients in coping with the consequences of their disease on the different domains of daily life. The different disciplines represented by HPs have a mutual treatment target – the behaviours of patients. In other words, HPs coach their patients in actions they can take to influence their health and to reduce the consequences of their disease. Examples are doing exercises, using assistive devices or engaging in social activities. I suggest defining an HP in rheumatology as a professional who is skilled to coach patients with rheumatic diseases to effectively improve their health.

Els van den Ende, senior research co-ordinator, departments of rheumatology and pharmacy Sint Maartenskliniek, The Netherlands

As RMDs are complex and affect many aspects of patients’ lives, there should be a professional team of physiotherapists, psychotherapists, ergotherapists, occupational therapists, social workers, a rheumatology nurse and dietary specialist to care for the patient, together with the rheumatologist. In Bulgaria, we can only dream of having rheumatology nurses. Recently, the first graduates in ergotherapy completed their education in the medical institute in Sofia. At present, the most common health professionals taking care of patients are physiotherapists. There are many things to be changed and a lot to be done in our country in order to provide complex care for people with RMDs.

Bojana Botova (pictured), vice president of the Bulgarian organisation for people with rheumatic diseases, and Snejana Boytina, patient representative, Bulgaria

All members of our society have a specific qualification approved in Switzerland e.g. through study or special training. Years of experience are not relevant for membership but dedication to patients with rheumatic diseases is. Medical doctors are excluded as members. The society has not yet got a clear opinion regarding membership of complementary medicine therapists. Even if there are several well-recognised disciplines such as Chinese medical therapy, there are also a lot of cures with dubious character. Membership to the society of those therapists would be discussed for any individual request.

Valérie Krafft, director of, and written on behalf of, the Swiss League against Rheumatism, Switzerland

The EULAR recommendations for patient education for people with inflammatory arthritis in *Annals of Rheumatic Diseases* published in March 2015. Warm congratulations to them. Not only did they produce this publication, but they have been energetic in encouraging wide dissemination. Please could you all play your part in helping to encourage wider dissemination and implementation.

EULAR recommendations are crucial to raising standards and encouraging high quality evidence-based practice especially to have the role of the HP recognised as key to improving patient care and informing policy makers, health ministers and hospital managers of the need to enhance the role of HPs.

Apart from our vital high level academic research which we set out to highlight, there is a great deal of work going on – exciting news from the Educational Sub-committee about the online course, and much more with both the Scientific Sub-committee’s work and activities in the HP Standing Committee. There is so much to look forward to.

It has been a real honour to serve you and I would like to thank each of you, the members of our committee, Kate our newsletter editor, the Secretariat and the Executive Team for their support and warmth during my time as chair. Tony will do a great job!

I am delighted to be contributing to our newsletter and sharing some personal thoughts and reflections of the year – whilst also welcoming you all to our Congress in Rome!

This is my last contribution to the newsletter as current Chair of the EULAR Health Professional Standing Committee (HPSC). I know the work of the HPSC is in safe hands with Tony Redmond waiting in the wings to take over the role of Chair. I am sure that with Tony and Cristina, supported by Annette and the wider teams of the Scientific Sub-committee, the HP Standing Committee members and, very importantly, the HP Study Groups, we are in strong shape and can look forward to future progress with great enthusiasm.

We have had some great milestones in the last year and I will be highlighting these in my report to the General Assembly at Congress. We will have increased our HP membership to 22 members (subject to voting at our General Assembly in Rome) and we would like to give a warm welcome to France, Hungary and Portugal.

Another great success this year, has been the publication by Heidi Zangi, Mwidimi Nodosi and colleagues of their excellent work on the EULAR recommendations for patient education for people with RMDs. The HPSC also welcomed you all to our组合REPORT meeting in Lisbon, and we would like to give a warm welcome to France, Hungary and Portugal.

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Embracing the potential of ultrasound

New task force to define the education and training needs of health professionals undertaking musculoskeletal ultrasound for inflammatory arthritis and osteoarthritis

By Dr. Richard Wakefield, senior lecturer and honorary consultant in rheumatology, and task force leader for this project

The modern management of patients with rheumatic and musculoskeletal diseases (RMDs) demands that practitioners are able to identify and treat the earliest signs of disease in a timely manner. This is particularly true of patients with inflammatory arthritis where “tight control” and suppression of inflammation correlates with reduced damage and improved clinical outcomes.

Indeed, the introduction of new, expensive and potentially toxic drugs means that the accurate assessment of patients is even more important so as to avoid under- and over-treatment.

The challenge remains as to what clinical tools are the most effective way of evaluating patients, although it is known that clinical examination is often inaccurate. The ability to be able to “look under the skin” and to directly visualise structures through imaging has become increasingly relevant and important.

Feasible examination tool

In recent years, ultrasound has become an increasing available and feasible examination tool for rheumatologists as a result of improved technology and falling costs. This has enabled, for the first time, the possibility of providing “point of care” imaging to supplement routine clinical assessments. The ability to scan patients in clinic at the time of consultation allows immediate decision-making and often avoids referral for unnecessary tests.

One of the most powerful aspects of musculoskeletal ultrasound (MSUS) is as an educational tool, whereby it allows patients to better understand their disease status.

However, it is not just clinicians embracing ultrasound. With a changing landscape of healthcare provision and widening health practitioner roles, there is an increasing need for all members of the healthcare team to be taught how to perform ultrasound.

These roles include autonomous working, specialist rheumatology nurses undertaking drug-monitoring clinics, physiotherapists running specialised musculoskeletal clinics and podiatrists working in foot assessment clinics. In each of these situations, ultrasound allows a swift and reactive service.

EULAR as an organisation has been instrumental in the development of MSUS for rheumatologists across the world. It has been at the forefront of developing educational courses, training resources and guidelines which have provided a standard for all rheumatologists and national societies to work towards.

However, the focus of such initiatives has been predominantly directed towards medical clinicians, without specifically addressing the needs and challenges encountered by the other health professionals.

New task force

To this end, a new EULAR task force has been established to specifically evaluate and support the role of ultrasound performed by health professionals. With me in the position of task force leader, and supported by Dr. Heidi Siddle as Fellow, a multi-disciplinary European team of imaging experts, practitioners and patients has been brought together with the intention of scoping out and developing recommendations for the use of MSUS by health practitioners.

The project’s title is “Defining the education and training needs of health professionals undertaking musculoskeletal ultrasound for inflammatory arthritis and osteoarthritis”. The specific objectives will be to define an education and training curriculum, which will include developing a standardised approach to assessing competencies suitable for health professionals. The intended initial focus will be on patients with inflammatory arthritis (IA) and osteoarthritis (OA).

Transparent approach

This will be the first time that recommendations will have been developed to support the use of MSUS by health professionals. The recommendations will offer a transparent and structured approach to the performance of high quality examinations that is recognised by EULAR. It is clear that as the use of ultrasound continues to expand and the breadth of those who are responsible for scanning widens, guidance and governance frameworks will need to be in place to ensure the best quality for patients is maintained.

The task force is due to complete its work by June 2016.
I am the principal podiatrist in rheumatology at the Leeds Teaching Hospitals NHS Trust and associate professor in the Institute of Rheumatic and Musculoskeletal Medicine at the University of Leeds. I have recently been appointed as the clinical leader of the Foot and Ankle Studies in Rheumatology (FASTER) programme.

During the past 15 years I have developed a clinical academic career and I have just been awarded the first non-medical National Institute for Health Research (NIHR) Clinical Lectureship in Leeds. My clinical expertise has been developed in the field of podiatric rheumatology whilst also establishing a clinical research portfolio. I was awarded my PhD in 2013.

The NIHR Clinical Lectureship is a personal research training award for health professionals to develop careers that combine clinical research and academic leadership with continued clinical practice and clinical development. It provides me with an exciting opportunity to engage and support health professionals in clinical research, as well as establishing a clinical academic pathway for other non-medical clinicians locally.

Prevent progression

The research I undertook for my PhD used high-resolution ultrasound imaging and MRI to identify pathology in the painful forefoot of patients with rheumatoid arthritis (RA). My research findings contribute to the body of evidence that suggests the development of foot disease in patients with RA is the combination of inflammatory and mechanical factors during the course of disease.

Furthermore, the evidence supports the detection of early inflammatory foot disease and targeting therapy to prevent progression of disease which, ultimately, results in forefoot pathology. Recent evidence has demonstrated that patients in disease remission, based on the DAS28 classification criteria, may still have active disease in foot and ankle joints.

Ultrasound imaging has been shown to be more sensitive than clinical examination at detecting synovitis, and there is an increasing body of evidence demonstrating the ability of ultrasound to detect ongoing disease activity – even when clinical remission is achieved.

My clinical research has most notably informed the podiatry recommendations (15 and 16) in the UK’s National Institute for Health and Care Excellence (NICE) guidelines for patients with rheumatoid arthritis (Clinical Guidelines 79), as well as being a key component of the ARMA Standards of Care for People with Musculoskeletal Foot Health Problems and other local guidelines.

The specific recommendations for the NICE (www.nice.org.uk) guidelines and Arthritis and Musculoskeletal Alliance (www arma.uk.net) Standards of Care have been subsequently incorporated into the UK’s Department of Health implementation guidelines for Any Qualified Provider (AQP) commissioning for podiatry services throughout England.

I gained a Post Graduate certificate in musculoskeletal ultrasound in 2009 and, in conjunction with Dr. Richard Wakefield, provide a specific foot and ankle ultrasound clinic for rheumatology patients. Dr. Wakefield is well known within EULAR, having co-edited the first EULAR-endorsed ultrasound book Applications of Musculoskeletal Ultrasound in Rheumatology (Elsevier) and is an author of the imaging module for the EULAR Online Course in Rheumatic Disease and EULAR Introductory Ultrasound Online Course.

Providing clinical solutions

Dr. Wakefeld and I perform diagnostic ultrasound scans and provide clinical solutions for highly complex patients to improve the patient pathway in rheumatology.

The foot and ankle ultrasound service also provides a platform for the academic training of health professionals and medics in ultrasound imaging of the foot and ankle as well as development of clinical assessment skills to improve their clinical identification of foot pathology.

My current programme of NIHR-funded research aims to develop a clinical care pathway for persistent inflammatory foot and ankle disease in patients with RA as well as developing a Foot and Ankle Ultrasound Scoring System for RA (FUSS-RA) in conjunction with the international Outcome Measures in Rheumatology (OMERACT) group. My NIHR Clinical Lectureship provides the opportunity to improve the foot health care of patients with a long-term inflammatory disease that can have a significant impact on mobility and functional capacity.

Advancing clinical role

High-resolution ultrasound imaging is a widely accessible and relatively inexpensive imaging modality that is being used increasingly by rheumatologists and health professionals to improve patient care. The advancing clinical role of health professionals highlights the need to consider competency frameworks and educational requirements that support these developments.

I have been nominated as the EULAR research fellow on the new working group to develop competencies for health professionals using ultrasound (see page 8). This is a wonderful opportunity for me to use my own experiences and knowledge of ultrasound imaging to work with EULAR and European experts from across Europe to help develop extended clinical roles for health professionals, and ensure patients receive care from competent, well trained health professionals.
High 5 for World Arthritis Day 2015

By Dieter Wiek, incoming Chair of the Standing Committee of PARE

Get involved
We would like everyone to get involved in High 5 for World Arthritis Day. As a health professional (HP), here are some ways you could get involved.

- Nominate, thank and inspire other HPs and policy makers to make a difference for people with RMDs or send a note of encouragement to patients.
- Share information about World Arthritis Day with your patients – encourage patients to get involved in local High 5 activities such as dance flashmobs or the social media campaign.
- Inform patients about activities and tools they can find on www.worldarthritisday.org
- Attend and support events organised by a patient organisation.
- Sign up to be part of the #WADHigh5 Thunderclap and encourage your networks to do the same.

Remember: You can be as creative as you like with your High 5 pose!

High 5 for World Arthritis Day forms part of the wider 2015-2016 theme: It’s in your hands, take action. This reflects the idea of patient-centred care and “taking control” to encourage the active involvement of patients and their families in the design of new care models, and in decision-making about individual options for treatment. We all recognise the importance of taking steps forward in the care and treatment of our patients with RMDs.

It’s in your hands, take action and join us in raising awareness of RMDs. Let’s make World Arthritis Day 2015 our most successful year yet.

www.worldarthritisday.org

I really like the idea of celebrating the World Arthritis Day since it is of huge importance to raise the awareness of RMDs, what can be done to minimize their consequences and the important role of health professionals. Being part of the WAD task force is a privilege for me as a health professional. I feel that it is a true win-win situation. It provides an arena for me to convey evidence-based knowledge on self-management, lifestyle and quality of life to people with RMDs. In return, appealing materials which are useful in HP communication with people with RMDs appear at the World Arthritis Day website.

Christina Opava, Vice President EULAR Health Professionals and WAD task force member

#WADHigh5

For World Arthritis Day this year, we are asking people to take action and share virtual High 5s on social media to raise awareness of RMDs. The High 5 for World Arthritis Day campaign will initially be launched at the EULAR Congress in June, with social media activity kicking off in July.

Our aim is to take social media by storm by owning High 5s across Twitter, Facebook, Instagram and all other channels with the hashtag #WADHigh5 – inviting people to share their High 5 photos, videos and messages of support and encouragement for people with RMDs. Everyone can get involved in the #WADHigh5 campaign by High 5ing a friend in support of their RMD, a health professional for their patients with RMDs or even a politician to spur them to take action for people with RMDs.

The High 5 is…

- Recognised all over the world – perfect for a global campaign.
- Attention-grabbing – helping us take RMD awareness to all audiences.
- Highly visual – you can’t ignore it!
- Action-driven – calling for people to take action over RMDs.
- Accessible to all – you can High 5 when standing or sitting and in a range of different ways (eg Low 5 or Side 5).
- A uniting, positive expression – demonstrates support and encouragement.
I am delighted to have this opportunity to set out for EULAR health professionals (HPs) the current plans and priorities in the area of EU Public Affairs.

For HP members unfamiliar with this activity, the work is really focused on delivering advocacy and public policy work which helps to influence the thinking of policymakers at both EU and national levels. EULAR’s Public Affairs Group, which I chair on behalf of the Executive Committee, is comprised of senior representatives of all three EULAR pillars, including whoever is the current President. The current HP member on this group is your Chair Susan Oliver. Your support is crucial to our success and, at the same time, I hope it benefits your organisations nationally and across Europe.

For example, over recent years a major success for EULAR has been to have the EU explicitly include RMDs in important work streams such as the latest research framework programme, Horizon 2020. We now need to capitalise on this opportunity.

HPs have so much expertise

This is a period where overarching research topics are being given priority by the European Commission (the budget holder for the programme). Topics such as healthy ageing, prevention and independent living, where HPs have so much expertise, are high priorities for the EU. As such, HPs have never been better placed to bid for support directly or be part of multi stakeholder bids for these funds.

Optimising this opportunity requires a EULAR-wide strategy on research, which includes the health professional perspective alongside that of clinicians and people with RMDs. So we are fortunate to have Prof. Iain McInnes leading the development of EULAR’s new Research Roadmap project. The HP leadership team at EULAR has already helped shape this project by its presence on the working group. We will be sharing the outputs of this work shortly, seeking your views and support in taking it forward with policymakers nationally as well as in Brussels.

Public Affairs priorities also include improving the legislative framework regulating medical research practices, in particular the new Data Protection Regulation. The proposed legislation will establish new conditions for the storage and use of personal data by third parties in commercial and non-commercial activities (including research). Should the European Parliament position prevail, medical research would be severely hindered in Europe.

Together with a number of scientific organisations EULAR has signed a position statement calling on the EU to ensure the introduction of provisions for the use of personal data in scientific activities. In addition, EULAR has invited its member organisations to join a social media campaign aiming to express their support for these provisions. Many of you have already participated: thank you.

EULAR has a higher profile

Public affairs work has given EULAR a higher profile at the heart of the EU. We are now expected to be involved in a range of broader policy areas, such as medicines / biosimilars, eHealth, and integrated care. One reason for this increased visibility is our annual Brussels conference in October, close to World Arthritis Day. I hope that your organisation will continue to inform and support these events via your ideas and participation.

In particular, I would ask you to note that the topic for this year’s event is largely focused on HPs. In response to your suggestions we are looking at the issue of health professionals’ mobility and the interface with patients’ rights to cross border care. Sub-topics to be covered include:

- recognition of professions and qualifications at European and national levels, and the harmonisation of education/training competences
- the concentration of the health workforce in bigger/wealthier countries and the consequent lack of health professionals elsewhere.

Your national organisation should already have received a “Save the Date” communication (13 October) so please note it in your calendar and try to join us! The afternoon is given over to workshops and, if you have suggestions about issues which they could cover, please contact Susan Oliver who is leading for HPs on the conference planning group.

Continued backing

Your support in securing the continued backing of the European Parliament is also essential in this next period. One of the key priorities for EULAR currently is to re-establish the parliamentary Interest Group on RMDs. EULAR has met a number of newly-elected MEPs to secure their support on policy initiatives related to our strategic priorities. If you have links with any MEPs in your country, or would be interested in developing such links, please let us know as our Brussels office can support you in doing this.

EULAR’s actions will, therefore, continue to focus on the three main policy areas of research, public health, and employment and social affairs. This includes access to healthcare, following our successful conference on this topic last October. We have produced a draft policy paper and are using these policy recommendations as a basis for discussions with policymakers.

EULAR’s first ever Public Affairs strategy, and updates on all of these activities, is on the EULAR website. Please have a look and let us know if you want to get involved.
Mentoring for European health professionals

Jo Adams, professional lead for occupational therapy at Southampton University, takes time to explain the preparation for a new programme being introduced by EULAR Health Professionals

A multidisciplinary European working group has been set up to explore the feasibility of developing a EULAR health professional academic mentorship programme across Europe. The opportunity for developing such a programme was identified by the EULAR Health Professional’s Scientific Subcommittee and responded to the potential for EULAR health professional members to benefit from either becoming a mentor or from accessing mentorship to support their own development.

A multidisciplinary working group has now been established and consists of Associate Prof. Jo Adams (occupational therapist, UK), Yvonne van Eijk-Hustings (nurse, The Netherlands), Dr Rikke Moe (physiotherapist, Norway) and Prof. Rinie Geenen (psychologist, The Netherlands).

The group has already met and developed strategic aims and objectives about what such a mentorship programme may consist of and what such a programme could achieve. We will be seeking consultation and feedback at EULAR 2015 in Rome. We want to hear your own views on whether you think you may be able to offer skills in becoming a health professional mentor or would like to access such mentorship.

From initial contact with health professionals across Europe, colleagues have already indicated that they see benefit in a mentorship programme.

“I lack confidence and practice with reading a paper critically at the level of academic skill that I think is necessary and appropriate. Writing abstracts and designing a research study would be useful to learn.”

“I think help with writing research publications including abstracts, opinion pieces and papers, and formulating important research questions for studies would be useful. I also think mentees might benefit from learning how to present data on poster and oral presentations. I think a mentor could support individuals through a grant application process.”

People have suggested that they would see academic mentoring as including support on...

“Networking, managing relationships (with supervisors, other academics, clinical managers etc), applying for funding, publishing and accessing training.”

and

“Reflective practice, learning needs analysis skills, role competencies and training matched to them, research into practice, guidelines and care pathway development.”

The systems already in place to support health professionals to develop skills and confidence in academic roles vary across Europe. Some health professionals already have established systems to support them through clinical academic mentorship and pathways, whilst other professionals and countries are still developing these pathways. This is where the potential benefit in sharing these resources may come.

Experienced academic health professionals have already shown a willingness to share their learning resources across Europe and indicated a willingness to act as mentors with the appropriate support and training.

So what next? We are excited about the possibilities of developing a European-wide health professional academic mentorship programme and need to know your views. We want to know how such a system could help support your academic development and whether you would be willing to contribute as a mentor to such a programme.

Please do come and join the health professional session Thursday 11 June at 13:45 in Room 10 H to contribute to the discussion and development of a European academic mentorship programme.

We look forward to seeing you there.

Jo, Yvonne, Rikke and Rinie
Sub-committee round up

Scientific Sub-committee

By Christina Opava, Vice President EULAR, representing the health professionals

EULAR’s Health Professional Standing Committee (HPSC) is growing considerably. Two years ago at the Madrid congress, the HPSC had 15 member countries. With France and Hungary as our most recent additions, we are soon to have 22 member countries.

This means that the HPSC has even more knowledge, experience and dedication than before, and that more HPs from a wide range of countries wish to be involved in our work. It also means that more is expected from the HPSC when it comes to delivering high-quality education and research for health professionals in rheumatology.

This was one reason for arranging a EULAR HP winter meeting in Copenhagen last December. There, our recently-introduced Educational Sub-committee met with our already well-established Scientific Sub-committee for separate and joint deliberations. Representatives of three recently-appointed member countries were also present to learn more about our work and give their input.

The two main subjects for the Scientific Sub-committee discussions were the development of a mentorship programme, and how to accomplish and report the HPSC tactical objectives for 2017 about increasing the amount of high-quality HP-led research.

After thorough discussions it was agreed that the mentor programme should be a goal-oriented academic mentorship, tailored to individual needs of both mentor and mentee. A task force led by Jo Adams was appointed. It will explore the feasibility and approaches, propose a time frame, create preliminary templates on qualifications and qualities required for future mentors and mentees, and present an outline at the Rome congress (see page 12). Furthermore, it was strongly felt that HP networking events during congresses would be of great value. This is something we are now exploring and hope to launch at next year’s congress in London.

EULAR’s misson of the HP Educational Sub-committee is to enhance education and research for health professionals in musculoskeletal diseases – as do the opportunities for HP-led research.
The HP-led research is a more complex issue since education and training of HPs varies widely across Europe – as do the opportunities for HP research careers. We discussed comprehensively how to (i) identify and quantify HP research activity, (ii) assess its quality, (iii) promote patient involvement, (iv) facilitate clinician involvement in research, and (v) facilitate dissemination and implementation, and submit a FOREUM application on a HP-led project. These discussions will be followed-up at the upcoming Scientific Sub-committee meetings in Rome in June and the next HP winter meeting.

To take part in the survey visit http://maartenskliniek.survey.netq.nl/nq.cfm?q=0d304742-8502-4da3-8da5-8b7765a06b3c

Members of the HP Educational Sub-committee

Thea Vliet-Vlieland, PT, Netherlands, Chair
Christina Opava, PT, Sweden, HP Vice President
Ingrid LANDERG, RHEUMATOLOGIST, SWEDEN
Antonella Moretti, nurse, Italy
Catherine BOUVAS, RHEUMATOLOGIST, FRANCE
Hana Sumacova, OT, CZECH REPUBLIC
Els van den Ende, PT, Netherlands, convener HP Online Course
Yeliz Poyraz, OT, UK
Milena Gobbo, psychologist, Spain
Pedro Munuera, podiatrist, Spain
Dieter Wiek, PARE, Germany

Lead authors: EULAR Online Course for HPs (Convenor: Els van den Ende)

Module 1: Rheumatoid arthritis, Karin Niedermann, PT, Switzerland
Module 2: Osteoarthritis, Melanie Holden, PT, UK
Module 3: Fibromyalgia, Joke Wierink, Psychologist, Netherlands
Module 4: Regional musculoskeletal pain disorders, Peter Oesch, PT, Switzerland
Module 5: Psychosocial approaches, Raine Green, Psychologist, Netherlands
Module 6: Assessment and evaluation, Ingrid Kyken, OT, Sweden
Module 7: Interventions, Thea Vliet-Vlieland, PT, Netherlands
Module 8: Evidence-based practice, Sarah Ryan, nurse, UK

Education Sub-committee

By Els van den Ende, member of the Educational Sub-committee and convener of the Online Course for HPs

After several years of ongoing preparations, the EULAR Online Course for Health Professionals will be accessible from mid September this year.

The online course consists of four disease-specific modules and four generic modules. Care is given to integrate the multidisciplinary perspective of the treatment of rheumatic and musculoskeletal diseases (RMDs), in particular the perspective of nurses, physical therapists, occupational therapists and psychologists. The HP online course is a collaborative effort of outstanding expert authors from various disciplines across Europe. With financial support from EULAR, the entire course can be offered at 100 Euro per participant.

In its strategic goals, EULAR has emphasised the importance of appropriate professional education for health professionals in order to improve the care of patients with RMDs. To achieve this goal, the EULAR Health Professional Standing Committee (HPSC) has taken the initiative to enhance educational offerings for HPs by establishing an Educational Sub-committee.

The new sub-committee is chaired by Prof. Thea Vliet-Vlieland, and has 11 members representing a good mix of countries, professions and seniority in allied healthcare. It had its first meeting in Copenhagen last December, jointly with the HP Scientific Sub-committee. The mission of the HP Educational Sub-committee is two-fold: 1) to develop an educational core curriculum for HPs and 2) to describe a set of generic core competencies on the basic and advanced level.

To feed the development of a EULAR educational core curriculum for HPs, more insight into HPs educational needs, and barriers and facilitators to participate in current and future educational offerings is needed. We have developed an online survey on HP educational needs across Europe.

On behalf of the Educational Sub-committee, I cordially invite you to complete this short online survey and to pass the link to colleagues – a large number of respondents will allow us to get insight in educational needs across countries and disciplines. Future initiatives of the Educational Sub-committee will be based on the results of this survey!
Learning from each other

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. Here, we learn about three success stories.

Toon van Helmund is a psychologist from St Maartenskliniek’s hospital in the Netherlands. He provides an update on his November 2014 visit to the Djakonhjemmet hospital in Oslo.

On the first day of our visit, myself and my colleague Annemieke Vedder, who is a social worker/researcher, were welcomed to Djakonhjemmet hospital’s psychology department and given an introduction into the activities of the psychologists in the hospital by Ingrid Hyldmo.

Topics we found very interesting included training in communication for medical professionals, and the supervision for medical and paramedical professionals on subjects like dealing with stress, giving feedback to colleagues and managing counter transference. We discussed how we could further introduce these kind of activities in our hospital.

We were especially interested in how this department has succeeded in empowering patients by letting them participate in the meetings – goals for their own treatment, progress of the treatment and evaluation of the treatment were discussed. It gave us a number of ideas for how patient participation in our hospital could be further improved. It was also inspiring to discuss how the complexity of rehabilitation problems could maybe be more specifically defined.

We were introduced to a number of researchers who gave presentations on a range of research topics – for instance a presentation on mindfulness with patients with RMDs was very interesting. We, in turn, gave a presentation on cognitive behavioural therapy (CBT) with fibromyalgia and RA patients. The discussion afterwards resulted in giving us ideas for how we could create training materials for professionals on communicating with patients with chronic pain.

In all, the visit with our Norwegian colleagues was very worthwhile. We are grateful for their hospitality, we intend to stay in touch with them on the topics that are interesting to both hospitals and hope to meet them again in our hospital in Nijmegen.

And of course we want to express our gratitude to EULAR for this wonderful opportunity.

Back in our own clinic we have given presentations on our visit to our colleagues in the rheumatology department. This resulted in lively discussions about potential innovations. We have also started to implement some therapeutic techniques we learned about during our visit. And we have been able to use the above-mentioned insights on this topic in our ongoing discussion on patient participation.

Annemieke has given a presentation to her colleagues during a meeting of Dutch health professionals working in rheumatology, and I will give a presentation to Dutch psychologists working in medical psychology shortly.

How can I apply?

Information about how to apply can be found on the EULAR website at www.eular.org. Applications should be submitted by email to the EULAR Secretariat at gabriela.kluge@eular.org.
I am a Research Fellow, working closely with Prof. Alison Hammond at the University of Salford in England, UK. Back in 2013, Alison and I had an educational visit from Dr. Eda Tonga, a physiotherapist with a PhD in OT from Turkey, funded by the EULAR educational visit grant. The grant allowed her to learn from our research and clinical practices of rheumatology OT in the UK.

At this visit, Dr Tonga expressed the wish to translate the outcome measures we use in the UK to Turkish. This was when I came up with the idea to put together an application for the EULAR health professionals grant to conduct a multi-national project to translate, culturally adapt, and test the Turkish and British versions of the “Valued Life Activities Scale (VLAS) and the Measure of Activity Performance – Hand” questionnaire in people with rheumatoid arthritis.

We have been also working with Prof. Karin Niedermann from Switzerland on another EULAR HP grant, so I contacted her to ask whether she would be interested in the development and testing of these questionnaires in German too, and she has agreed to support the application.

A fellow OT colleague in Sweden, Dr. Mathilda Bjork, who previously translated and adapted the VLAS to Swedish, also joined us as a co-applicant to provide support and advice for this project.

Self-management is a common term for behavioural interventions in terms of management of chronic diseases. Self-management approaches towards physical activity are discussed intensively in literature. However, they are not well established in Switzerland. The aim of the visit was to learn more about self-management concepts and goal management, and how they could be applied in a cardiovascular training intervention in AS patients. The project is conducted in close co-operation with the patient organisation, Swiss Ankylosing Spondylitis Association (AVMB), and aims for nationwide implementation.

The visit was scheduled for three days. The programme was diverse and very interesting, consisting of theoretical inputs and discussions with Dr. Bode and other researchers, related to their specific research areas. Nevertheless it also provided enough spare time for writing up the very useful ideas. On the first day, Christina Bode welcomed us and introduced us to the faculty members. Karin Niedermann gave a short introduction to the project’s issues. Based on this information, we defined aims and questions for the coming sessions. Key aspects were motivation and behaviour change.

On the second day, various researchers presented their projects and the projects’ background. The discussions about occurred challenges were very informative. Main topics were empowerment of social support, implicit association task, and persuasive technology.

On the third day, we had an introduction to blended care. Furthermore, we discussed the challenges of our project in-depth. As a result of the discussions we formulated next steps and possible co-operation.

We aim to finalise and publish a study protocol.

I am very grateful for the revealing discussions and I would like to thank all participants for their helpful input. My special thanks goes to Christina Bode for her time, for an inspiring programme and her interest in collaboration. Furthermore, I would like to thank Karin Niedermann for her support, and sharing the project and ideas with me.

I learned a lot and I am looking forward to working on the project.
EULAR HP membership

Reaching out

EULAR continues to work towards growing its health professional network membership. We hear from two countries who are in the process of applying.

Visit the EULAR Health Professional website at www.eular.org/health_professionals_member_campaign.cfm to find out how your country can apply for membership.

From June:
- France
- Hungary
- Portugal
- (pending ratification)

Soon:
- Croatia
- Germany
- Iceland
- Malta

The Maltese HP association is well on track to becoming a member

By Doris Aquilina, rheumatology nurse specialist at the Mater Dei Hospital, Malta

In 1990, Prof. Carmel Mallia started the rheumatology specialisation in St Luke’s Hospital which was the only acute government hospital in Malta. From then on, the unit kept on developing and, at the moment, the multidisciplinary team consists of five rheumatologists, one specialist nurse, one clinical pharmacist, one podiatrist, two occupational therapists (OTs) and physiotherapists. Since then we have moved to Mater Dei Hospital.

During the week, each rheumatologist sees the patients at the outpatient department. The specialist nurse runs an injection clinic and two nurse-led clinics which are held in tandem with the rheumatologists’ clinics. Once a week the podiatrist holds her clinic and the clinical pharmacist attends the ward rounds.

The OTs have their clinics in their department, whilst once a week they do their best to be present during outpatient clinics. The physiotherapists see referred patients in their department and liaise with us accordingly.

It has always been our wish to affiliate with the EULAR health professionals. A few years ago we had started the process but, due to unforeseen circumstances, it did not materialise. A few months ago Mrs Susan Oliver, Chair of the EULAR HP Standing Committee, contacted me as the specialist nurse asking if we would be interested in being part of the EULAR HP membership. We jumped at the offer and quickly held a meeting.

Sue sent us all the necessary paperwork and offered to visit us. All of us involved are very busy in our areas but we always manage to meet. It was a challenge to find a day when we could tell Sue to come over – both because of her busy schedule and ours as well. But, because there is a lot of good will, we found a day.

We had already started working on our constitution when Sue arrived in Malta and, thankfully, all we needed was to do some adjustment as advised. Sue’s visit to Malta was very fruitful and it gave us a boost to keep moving on.

We look forward to being part of EULAR HPs as we are sure that it will open up a lot of opportunities – both for research and to be able to meet other healthcare professionals working in the same specialties. It is also an honour to be part of such a big organisation.

“It gave us a boost to keep moving on”

EULAR Health Professionals News

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Hungary is looking forward to becoming an active participant in EULAR activities

By Andrea Domján, president of Hungary’s health professional organisation

The Hungarian Association of Rheumatology Health Professionals (HAR HP) is the social and representative organisation of healthcare professionals working to provide specialist care in healing and treating rheumatic and musculoskeletal diseases (RMDs).

Our goals include:
- enhancing the professional knowledge of our members
- publicising the findings and achievements of Hungarian rheumatology care professionals to international professional audiences
- broadening the scope of rheumatology knowledge for patients and the staff treating them
- protecting the professional integrity of those who work in healthcare.

We have approximately 250 members. Most of them are ordinary members who have healthcare professional qualifications and who also have at least 12 months of practical experiences in jobs related to treating patients with RMDs. We have supporting members too who support the efforts of the association through financial and other contributions.

HAR HP was founded in 2013 and, since then, we have organised many congresses and one-day meetings for health professionals. The first national congress (HAR HP I Congress) was in 2013 in Debrecen. There were more than 100 participants.

HAR HP II Congress was held in the last year in Pécs. The main issues were guidelines in rheumatology, biosimilars and biological drug treatments, infection, vaccination and immunology, rehabilitation of children with rheumatic diseases and patient’s right in rheumatology. It was very successful.

Now we are organising HAR HP III Congress. There will be oral presentations about metabolic diseases, bahnology, biological drug treatments, lifestyle advice for nurses and, for the first time, there will be poster section.

Every year we organise a one-day meeting in Budapest called Novelties in Rheumatology. During this meeting, health professionals hear presentations about up-to-date rheumatological treatments, such as biological drug treatments, chronic osteomyelitis, alternative treatments for rheumatic arthritis, bahnotherapy, osteoporosis etc.

These occasions are very good for sharing our experiences with each other, but we would like to open up to other European health professionals’ organisations. Joining the EULAR health professionals will provide this chance.

It is a great opportunity for Hungarian health professionals to hear about results of international studies, to share their work experiences with other health professionals and to exchange ideas – it provides a good communication platform.

Year-on-year, more and more Hungarian colleagues would like to participate in the EULAR Congress. In the future we want to present Hungarian rheumatology health professionals’ research at the annual EULAR Congress.

From the Vice President

By Christina Opava, Vice President of EULAR representing Health Professionals

Person-centered care is characterised by true partnership with patients by listening to their stories and identifying their resources and possibilities to form the basis for a jointly formulated health plan, underpinned by respect and understanding of their self-esteem and will.

Patient-centered care is not as profoundly influenced by patients’ lives outside healthcare or by who they are as human beings.

None of the above concepts should be confused with personalised medicine, which is merely about use of biomarkers, genetic information and imaging for better diagnostics and tailoring of treatment.

Person-centered care may sound like Utopia and there are indeed many barriers to overcome in realising it. Thus, all health team members should be capable, responsible and willing to develop a healthcare based on the equal value of human beings. Mutual respect for each other’s competencies should be developed along with a less hierarchical healthcare organisation. However, it is hard to imagine that it would not be worth the efforts to incorporate patients as partners and that this would not lead to a more humane and cost-effective healthcare.

Person-centered care may also represent challenges to the present research paradigm and, in particular, to the randomised controlled trial (RCT) which require large, homogeneous samples, randomised into at least two groups: one assigned to “active treatment conditions” and one to “control conditions”. No individual preferences for any of the conditions can be satisfied. Both conditions need to be strictly defined, considerable effort is spent supporting and monitoring study participants adherence to their assigned conditions while refraining from their preferred actions that are not part of their respective study condition.

Outcome measures are the same for all study participants and presented on a group level to enable between-group analyses. Despite commendable work on development and use of patient-reported outcomes, most of them still represent the view of the majority. They can thus not be individualised to capture outcomes that may mean the world to a single study participant, e.g. reduced little finger pain for a violinist or better functioning of a mother to playfully wrestle with her teenage son and reach him beyond words.

RCTs are of great value for the right purposes, but are not adequate for all contexts. Complementary research designs that better incorporate the targeting of certain individuals and the tailoring of treatments to their needs, thus capturing the value and outcome of person-centered care, must be recognised as equally – sometimes more – valuable. Thus, the value of studies with qualitative designs that capture patient stories, experience-based designs that truly involve patients in the development of interventions and studies mapping processes for improved partnerships with patients should be recognised.

They will be crucial for future development of a more humane and person-centered care, where health professionals can play leading roles.
Since 2011, the Health Professional (HP) Study Groups (SG) have been an established part of the EULAR structure, and there is no doubt that they have been a profound success story.

Today, a total of six groups exist (see Box 1). Within all six groups, important networks have been built across Europe enabling HPs with the same interests to work together on relevant rheumatological topics in a focused way.

**HP Study Groups: where are we now?**

Every year, EULAR hosts a meeting for each SG at its Annual Scientific Congress. However, as most of the work takes place between these meetings, many of the groups have been working very hard on establishing communication platforms enabling them to hold meetings online.

During these online meetings, the groups have prepared proposals for the Scientific Congress, identified research areas, and formed working groups within the SGs on different specific topics. For example, the nurses role in the cardiovascular screening and identification of specific outcomes within rehabilitation, nursing and physical activity.

Hence, the SGs form a very important part of the work of EULAR HPs as they also serve as the basis for ideas and input for the EULAR leadership to consider.

**What the future might bring**

Today, most of the SGs are profession specific and, obviously, there is a strong need among HPs to liaise with people from their own profession. Only one of the groups – the Foot and Ankle SG – is subject specific.

A EULAR SG can be a result of any topic relevant to HPs. Any topic can be put forward for consideration to the HPSC and, if supported, it will then be submitted for consideration and ratification by the EULAR Executive.

**Box 1**

**Study Groups and leaders (March 2015)**

| Study Group name                  | Leader of the study group     | E-mail address                          |
|-----------------------------------| gibgaiaalcacer-pitarch@leeds.ac.uk | delatorre_jen@gva.es                    |
| Nurses Study Group – Clinical     | Jenny de la Torre              | y.prior@salford.ac.uk                  |
| Nurses Study Group – Research & Strategy | Yvonne Eijk Van Hustrings     | yvonne.eijk.hustings@mumc.nl            |
| Occupational Therapist Study Group | Yeliz Prior                     | y.prior@salford.ac.uk                  |
| Physio Study Group                | Rikke Moe                      | rikmoe@gmail.com                        |
| Psychology Study Group            | Eric Taal                      | E.Taal@utwente.nl                      |

**Box 2**

**Characteristics of EULAR Study Groups**

- Founded by individual investigators
- Not project specific but topic specific
- Application via formal letter initially to the Chair of the Health Professional Standing Committee or EULAR Secretariat. Must include clear aims and objectives
- Endorsement process: approval by chair of the respective standing committee after consulting with other chairs
- No financial support from EULAR
- Provision of meeting rooms at EULAR Annual Congress, upon availability
- Representativeness and inclusiveness of participation: appointed study group leader, attendees from at least three European countries, minimum of 10 persons
- Brief bi-annual progress report setting out achievements in alignment with aims and objectives
The EULAR Congress in Rome 2015 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 16 HP sessions, including two abstract sessions and two joint sessions which have been organised with rheumatologists and PARE. Additionally, HPs can take part in three poster tours.

Visit the Health Professional Standing Committee and network with colleagues at the Health Professional Stand. Find us at stands V1 & V2 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 2015

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<th>Day / time</th>
<th>Session title</th>
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<td>Health Professional Welcome Session</td>
<td>HP Session</td>
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<td>10 June</td>
<td>Get on the move with rheumatic and musculoskeletal disease</td>
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<td>Ethnicity – a blind spot within rheumatology?</td>
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<td>11 June</td>
<td>HPR Abstract Session I: Evidence based practice</td>
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<td>Cardiovascular risk assessment – getting to grips with the challenges</td>
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<td>Health Professionals’ mentoring and networking</td>
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<td>11 June</td>
<td>Innovations in healthcare – can you Google it?</td>
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<td>12 June</td>
<td>HPR Abstract Session II: Getting to Grips with Evidence</td>
<td>Abstract Session</td>
<td>Room 10 A</td>
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<tr>
<td>12 June</td>
<td>Social and work participation – research into practice</td>
<td>HP Session</td>
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<tr>
<td>12 June</td>
<td>Fit to fight rheumatic and musculoskeletal diseases – how much exercise is beneficial and safe?</td>
<td>HP Session</td>
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<tr>
<td>13 June</td>
<td>Unlocking the mystery of health economics</td>
<td>HP Session</td>
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<td>13 June</td>
<td>Family business</td>
<td>Joint Session Clinical / HPR / PARE Session</td>
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<td>13 June</td>
<td>Breaking down barriers – implementing non pharmacological guidelines in clinical practice</td>
<td>HP Session</td>
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<td>13 June</td>
<td>Quality indicators – a way to measure the quality of care</td>
<td>Joint Session Outcome / HPR</td>
<td>Hall 1</td>
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<tr>
<td>13 June</td>
<td>HPR Highlight Session</td>
<td>Highlight Session</td>
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Meet the EULAR HP Standing Committee’s national HP delegates

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