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Welcome to the winter issue of your EULAR HP News. This issue is packed full of examples of exciting developments taking place within the EULAR HP network. EULAR’s President opens the newsletter and sets the scene for EULAR’s upcoming 70th birthday. Prof. Anthony Redmond explains the changes in his circumstances which have led to Dr. Annette de Thurah taking over as Chair of the EULAR Health Professional Standing Committee, Yeiz Prior shines a spotlight on the London Congress on pages 8-9. Finally, catch up on discussions at EULAR’s Brussels Conference which took place on World Arthritis Day 2016. Enjoy your read.

I welcome contributions and ideas for future issues. Don’t keep them to yourself! You can get in touch with me at any time by emailing me at kate@katebetteridge.me.uk.

Visit www.eular.org/health_professionals.cfm

A welcome from EULAR’s President

EULAR President Gerd R. Burmester reflects on EULAR’s upcoming 70th birthday

EULAR’s origins go back to initiatives for the formation of a European League Against Rheumatism by a group of rheumatologists in 1947. In September that year, the first officers were announced and an office was established at the premises of the Danish League in Copenhagen. Nineteen national rheumatological organisations formed the founding membership. EULAR then started a successful path of continued development towards the organisation we are today. In 1987, a Standing Committee of Allied Health Professionals (AHPs) was founded and officially ratified by the General Assembly in 1989. AHP membership started when the national AHP associations of Switzerland and the United Kingdom become full members of EULAR in 2006. Since then HP membership has grown steadily to 23 members today.

Early on, the patients were closely linked to EULAR. In 1973 the EULAR statues allowed inclusion of so-called National Community Agencies as members, later renamed to Social Leagues. A major development for the patients was the launch of the PARE Manifesto as a project of the EULAR Social Leagues in 2000. Then, in 2007, PARE (People with Arthritis and Rheumatism in Europe) became fully integrated into EULAR as a fundamental third “pillar”.

EULAR’s Secretariat also has its history, moving down from the north of Europe with stops in Brussels (1955), Basle (1965) and finally Zurich (1985) where a full-time Executive Secretary was employed. In line with the organisation’s activities, the Secretariat has grown to 10 staff members today.

EULAR has now grown into the largest global rheumatology association encompassing 45 scientific societies, 36 patient organisations and 23 health professional associations. It strives to serve the needs of 120 million patients in geographic locations ranging from Vladivostok to Lisbon and from Paphos to Hammerfest. This is also the beauty of EULAR – the many cultures which make interactions exciting and where you can learn from experiences of the diverse approaches to tackle problems in rheumatology. There are many challenges lying ahead, just to name a few: cross border medicine, prevention and retention regarding the workplaces, raising the awareness for rheumatic and musculoskeletal diseases (RMDs) in the general public, more research efforts to treat major disease like osteoarthritis, low back pain and fibromyalgia where novel approaches are especially needed, and comprehensive educational efforts to keep abreast with the latest developments in our discipline.

Here, the EULAR School of Rheumatology, to be launched next year, will be major step forward. Several classrooms have been formed, among them one for the health professionals which will also deal with the major task to set educational standards in these areas and EULAR accreditation processes. In addition, the “Don’t delay – Connect today” campaign will address the need to treat RMDs early to avoid damage. It will of course also include the HPs as an integral part.

Thus, the past and future developments at EULAR are tremendous and will be exciting to witness. I would like to very much thank all those who devote their valuable time and enthusiasm to this important organisation. Let us all celebrate the 70th anniversary of EULAR and the 30th anniversary of the HP pillar!
Welcome to Autumn and to a newsletter piece I had hoped not to be writing just yet. It is the custom for the Chair of the Health Professional Standing Committee (HPSC) to open up with HP News and so, normally, I would be sitting down to write a few hundred words reflecting on the recent congress and picking out the big issues for the coming months.

Unfortunately, in May this year, I had a bit of a health scare and have been faced with making a few significant life choices – including stepping down from the HPSC Chair a year early. I am succeeded by the extremely able Annette de Thurah who I know will make a great job of being Chair. She has been thrown in at the deep end somewhat, having been ratified as Chair-elect only a few weeks before taking on the full Chair’s role. The support I have received from Annette, from the Vice-President Christina Opava and from incoming Vice-President Tanja Stamm has also been immense and I am extremely grateful to them and to the wider EULAR community for the way that they have rallied round in our “hour of need”.

Of course, this is EULAR and the momentum and breadth of activity is far bigger than any one individual can influence significantly, and so the HPs will continue to be represented across all EULAR’s activities. The School of Rheumatology is taking shape and we are ably led in that endeavour by Thea Vliet Vlieland. Within the HP pillar, we will continue to develop and deliver the educational and research sub-committees, and their associated strategies and projects.

As for me personally, I do need to slow down a bit and I will be stepping back from quite a few of my activities… but I am not disappearing completely. Over the next year I have committed, as Past Chair, to helping Annette settle into her new (and unexpected) role, and I will stay on the Scientific Committee planning the Madrid Congress. I have great friends in the Study Groups and will continue to participate actively in the Foot and Ankle Study Group. Most importantly I will continue to be an active member of the EULAR family and so hope to see many of you in Madrid, and around and about on the EULAR “circuit”.

The Pain management task force presented in London

By Prof. Rinie Geenen, project task force leader

During the EULAR 2016 Congress in London, the pain management task force made a broad audience acquainted with the preliminary “recommendations” and “points to consider” that enable health professionals to provide prompt and knowledgeable support for pain management in people with inflammatory arthritis and osteoarthritis.

It was explained that, while there is sufficient evidence for recommendations, the points to consider are not (yet) clearly substantiated by data, but they are considered important.

An example of a point to consider is that the health professional is guided by a patient-centred framework throughout the assessment and management process using an individualised approach. Task force members consider such an approach important, although there is no clear evidence substantiated by data for such an approach.

Another point to consider is to understand pain as a phenomenon with multiple biomedical, psychological and social components including, but not limited to, pain intensity, peripheral and central neurophysiological factors, physical (dis)ability, psychological vulnerability and resilience factors, social factors, sleep quality and obesity.

Recommendations pertain to options that could be part of a personalised management plan aimed at the improvement of pain and its associated symptoms, as well as at pain-related disability. Such a plan can specifically include physical activity or exercise, aids and assistive devices, psychological and social interventions, sleep hygiene practices and weight management. About 100 health professionals attended the symposium in London. They were enthusiastic about the session and impressed by the systematic literature review that had been done to identify the scientific evidence associated with the pain management options. A modified version of the session will be presented, as part of the EULAR HP collaboration with the American Association of Health Professionals in Rheumatology, at their congress in Washington in November.
The EULAR School of Rheumatology was announced at the EULAR Annual Congress in London with a launch date planned for 2017. With the institution of the School of Rheumatology, all of EULAR’s educational activities will come under one roof. The School’s mission statement is: “The EULAR School of Rheumatology is the pre-eminent provider and facilitator of high-quality educational offerings for physicians, health professionals in rheumatology and people with rheumatic and musculoskeletal diseases”.

The School will host educational activities that have been available for some time, such as various online courses including the EULAR Online Course for health professionals (HPs). New educational offerings, such as online and live courses of different lengths, topics and composition, will also be developed and year-round webinars will be delivered.

Task forces have been set up to evaluate the education needs of various target groups and what we can offer them. HPs and patients are being considered especially carefully in order to define adequate educational offers for these groups. Currently, there are seven groups:

- PARE
- medical students, undergraduates
- trainees, residents, fellows in training
- teachers
- rheumatologists
- researchers
- HPs.

The HP faculty currently consists of five “teachers” from multiple countries and different professional backgrounds – all with ample experience in education on the national and international level.

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Working closely with the educational sub-committee of the EULAR Standing Committee of HPs in Rheumatology and the faculties of the other groups, the HP teachers will develop educational offerings serving the needs of HPs in Europe.

These activities will include further improvements of the EULAR Online Course for HPs, and the development of webinars and face-to-face courses specifically for HPs. The content and mode of delivery will be based on the findings from the survey among HPs held in 2015, as well as new surveys in the coming years.

You can pre-register now at the EULAR website to become a member and create your personal educational record, to take part in the new EULAR educational Credit Point System, to get discounts to certain educational offers and to access to additional educational material for viewing or download. Visit www.eular.org/school_of_rheumatology.cfm

There is still time to register for the EULAR Online Course for Health Professionals. It consists of a total of eight modules: four disease-specific modules (one on RA, one on OA, one on Fibromyalgia and one on regional musculoskeletal pain syndromes) and four generic modules (assessment and evaluation; interventions; psychosocial approaches and evidence-based practice). The duration of the course is nine months with an automatic free of charge extension of a second year if the modules are not completed or the exam not passed. 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, so that the entire course can be offered at EUR 100 per participant. It is aimed at health professionals who play an important role in the management of these conditions: nurses, physical therapists, occupational therapists and psychologists.

Registration is only open until 30 November.

Are you aware that EULAR funds one health professional (HP) research project in the arthritis/rheumatism field each year? Projects will be funded up to a maximum of €30,000 and must be in line with EULAR’s mission, goals and strategies. The application deadline for the 2017 HP research grant is 15 December 2016.

More information can be found on the EULAR website.
This is my first column as Chair of the EULAR HP Standing Committee (HPSC), having taken over from Prof. Anthony Redmond during the summer. I am fully aware that, compared to my predecessors Susan Oliver and Anthony Redmond, I am little-known to most of the HP community. Therefore, allow me a short presentation of myself.

I am 56 years old, come from Denmark and trained as a nurse. I have a master’s degree in public health (MPH) and a PhD in medicine. I have been working within rheumatology for almost 25 years and I am affiliated to Aarhus University, Denmark as associate professor.

I would like to congratulate my predecessors on a fantastic job. I feel I have much to live up to taking over from these two charismatic and hard-working leaders. I will do my very best to continue all their efforts, and I am lucky to be able to reap the fruits of their work in so many different areas.

In 2017, we will all take part in the 70th birthday of EULAR – and for health professionals this will also mark the celebration of 30 years’ work within EULAR. This is a welcome opportunity to determine the significance of what we have achieved up till now, and how well we are in line with EULAR’s three main strategic goals of education, advocacy and research.

Between 2013-16, the country membership of the HPSC almost doubled – no small thanks to the untiring efforts of Susan Oliver. We currently have 23 country members. This is a very positive development – the more country members, the stronger the HP voice will become within EULAR.

The Educational Sub-committee has agreed the scope of an educational strategy for health professionals this will also mark the educational visit to the Academic Rheumatology Unit, Bristol Royal Infirmary, UK. The visit resulted in discussions on how Denmark and the UK can work together to develop nurse-led fatigue interventions in future research projects and in clinical practice. I see this educational visit as a very fine example of how EULAR can be a platform for merging research across borders and, therefore, I will take the opportunity to draw your attention to the bursaries for educational visits to health professionals. I will encourage all of you to consider this opportunity. You can find a description on how to apply on pages 14-15.

Another important initiative is the academic mentorship programme led by Prof. Jo Adams, UK. A number of international academic mentors have volunteered for the programme, and many mentees signed up at the HP booth during the London Congress. Together with Dr. Rikke Moe from Norway, Jo Adams is now well under way matching the mentors with an academic mentor. We are very grateful to both Jo and Rikke for all their efforts on this. As HPs, we still represent a young and relatively inexperienced research area, and many good ideas for HP-led research and development may fall by the wayside because of lack of support and guidance. I strongly believe that mentoring is a very constructive way of utilising the resources that many HPs have.

While you read this, the preparation for the 2017 annual congress in Madrid is well under way. As for the sessions, the papers are falling into place, and I can promise you an exciting and very varied programme, with high quality sessions of relevance for all HP groups.

The end of January sees the deadline for abstract submissions. Last year we received approximately 200 abstracts from HPs across the world, and each year we notice an increase in both quantity and quality. I see this as a leading indicator that HP-led research has evolved and is gaining a foothold in the rheumatologic research units across the world.

I hope you enjoy this edition of EULAR HP News and I am looking forward to welcoming you all to Madrid next June to celebrate the 70th birthday of EULAR.
You became involved with EULAR when HPs had a very low profile. What type of organisation did it feel like back then?

I had my first taste of EULAR in 1987. I’d had a paper accepted at the Athens Congress and this turned out to be the first HP meeting. There was no separate HP programme or Standing Committee. The congress was extremely small by today’s standards and very medically dominated! However, I realised that attending the congresses provided a unique opportunity for exchanging knowledge and ideas. I found it exciting to meet HPs and patients from different countries whose experiences were so very different from my own. Over the next 25 years I attended the majority of congresses up until my retirement in 2011. The excitement and enjoyment that I originally felt never left me.

What are your memories of some of the early challenges faced by HPs?

The first challenge was professional recognition and acceptance. Although a number of rheumatologists were very supportive of HPs and multi-professional working, acquiring formal recognition for our work wasn’t easy. With the leadership and hard work of people like Vicky Stephenson, Willy Peters and the support of the Social Leagues, it would eventually arrive. In 1989, the EULAR Standing Committee of Health Professionals was recognised. The second challenge was acceptance of HP research, which was thought of as very second rate! Few rheumatology HPs were academically qualified and qualitative research was definitely unacceptable. The third challenge was HP funding – HP attendance at EULAR meetings was low, probably about 30 to start with. One reason for this was that HPs found obtaining funding to attend an international conference very difficult – there were no EULAR HP bursaries then!

How has EULAR changed over the years?

EULAR has become far more inclusive. Not only are there many different professionals involved, but the number of countries represented has increased exponentially. It has become much more strategic and work by the Public Affairs Group, which includes HPs, had led to the inclusion of rheumatic and musculoskeletal diseases (RMDs) as a major disease group in the EU’s research framework programme, Horizon 2020. The importance of HP work in patient management is now accepted, and research output and the quality of the research has improved beyond recognition. HPs are involved in many EULAR committees and interdisciplinary, collaborative working is the norm – a far cry from 1987. Finally, I think that EULAR is now seen as a conduit for the dissemination of best practice and this is reflected in the fact that HP organisations from 23 countries have joined the EULAR HP network, with others soon to join.

There have been a number of standout moments for me. Today we take it for granted that HPs have a programme of dedicated sessions throughout EULAR congresses, but it wasn’t until 1999 that we had a full 4-day programme. I was a member of the HPs’ Organising Committee and gave the keynote lecture. In 2006, in my capacity as President of British Health Professionals in Rheumatology (BHPR), I applied for BHPR membership of EULAR which was accepted. Two other proud moments were to follow – firstly, being the first nurse to be invited on to the Scientific Programme Committee in 2006 and, secondly, in 2010, being asked to become the Co-convenor of the EULAR Nursing Task Force. We produced and published recommendations/points to consider for the Basic and Advanced Role of the Nurse in the Management of Chronic Inflammatory Arthritis.

How has HP research contributed to developments in clinical care?

Evidence based practice is the basis of cost effective care, and it is important to tease...
out treatments that work and those that don’t. Patient education is a good example. There is now ample evidence that it is beneficial, particularly in chronic diseases, but there are still many questions to be answered as to its mechanism and delivery. Physiotherapists are researching their care, for instance assessing the most efficacious hand exercises and health-enhancing physical activity programmes for people with RA. The care given in nursing clinics has been shown to be safe and effective, but their cost effectiveness has still to be fully established, and podiatrists are demonstrating the importance of foot and ankle care in multi-disciplinary teams.

What challenges still remain?
Healthcare has improved dramatically over the years resulting in an ageing population in whom chronic diseases are rife. Many innovative and effective medications are being developed and they are costly, but so are people’s expectations! The dilemma of providing high quality care with finite resources will be a major challenge to all countries in the future. Finding ways of cost effective, inclusive collaborative working may be the key.

You invented nurse-led consultations. Can you tell us a bit about how this came about?
I was working as a research nurse undertaking drugs studies. Being a nurse, I felt I had to provide a full package of care whilst patients were in my clinic and the patients appeared to appreciate it. Once the study was completed, I had to refer them back to the rheumatologist. One day, an ex patient knocked on my door asking if she could see me. I said of course she could, but wasn’t she booked in to see the doctor? She said that she’d seen him, but now she needed to see me to get advice about her symptoms and drug regime. Really, it all stemmed from there. More patients began requesting consultations and so it was agreed that we could hold nurse-led clinics alongside the consultants. I then undertook a small piece of research assessing patients’ satisfaction with the clinics and this was published. The response to the paper was overwhelming and the rest is history.

Over the years, the development of nurse-led care has been astounding.

Educational programmes have been developed to ensure competency, and specialist nurses in a number of counties can perform musculoskeletal examinations, prescribe medications and perform intra-articular injections. Nurse-led clinics are now commonplace in the UK and parts of Europe, and research to date has demonstrated they are beneficial and cost effective.

How did being a member of the EULAR HP network enhance your work?
In many ways. Firstly, meeting HPs from other countries helped me to understand both the similarities and differences in European healthcare systems and care delivery. Dissemination, and the sharing of knowledge and skills was a two-way process from which I personally benefited enormously and I think that I was able to improve my patient care because of it. My research portfolio was also enhanced as I was able to carry out collaborative, multinational research – a great boost and again a massive learning curve.

How do you think people with RMDs might have benefitted from the work of EULAR’s HPs?
I think patients have benefited by having better educated and informed HPs. The first Teach the Teachers course was created by EULAR HPs and held at the University of Leiden in 2008. However, advancement in technology has resulted in the development of an online course. Ensuring that practice is evidence based is crucial to good care, and research by HPs is being produced via EULAR-funded research. Finally, practice guidelines and recommendations for HPs have been published and this should help to ensure quality of care across different countries.

How do you think the approach to treating patients has changed over the years?
I began working in rheumatology in 1981 when rheumatoid arthritis was treated using the pyramid approach; NSAIDs and introducing DMARDs at a relatively late stage. This late treatment led to many patients developing irreversible damage. Today, effective drug therapies for some conditions have improved dramatically, as has the approach to the patient. Patients are now accepted as partners in their management who need to acquire the tools to self-manage their condition. As financial pressures increase, HPs may well be required to undertake more advanced, autonomous practice. I think HPs need to ensure that they are suitably educated for such roles and that any role changes are for the benefit of patients.

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How did it feel to be awarded the first ever HP Meritorious Service Award and which of your EULAR achievements are you proudest of?
When I received the email saying I was to receive the award, I honestly thought it was a hoax! Once I realised that it was for real I was astonished and very honoured. Attending the award ceremony in London was a real thrill. My award was presented at the opening ceremony by Christina Opava and she gave a very flattering overview of my career. She really made me feel very, very special.

If I have to choose just one achievement, it would have to be having the honour of obtaining BHPR membership of EULAR.
What does it take to change health behaviour?

Highlights from the EULAR Health Professionals’ Congress sessions

This year, I was given the honour of presenting the highlights from the Health Professionals (HP) Programme at the EULAR 2016 Congress. As the EULAR HP Programme had a vast number of interesting, innovative and original research presented by multi-national, multi-disciplinary and leading group of HPs, I had to identify an emerging theme from the programme to capture the essence of the latest research conducted in this area.

With this in mind, I noted that most research alluded to the growing importance of self-management through increased physical activity (PA) in people with rheumatic and musculoskeletal diseases (RMDs) to tackle symptoms of pain, fatigue and depression, as sedentary lifestyle is associated with negative health and quality of life outcomes. Hence, I chose to focus on how HPs could support PA through enabling health behaviour change in people with RMDs.

Self-management of RMDs is a hot topic because it empowers individuals to take control of their physical and mental health, help to reduce healthcare costs and prevent future disability. Not a day passes without more information available now to people with RMDs to help support self-management than ever has been. So, in the midst of all the information and support available, what is the role of HPs in helping people to make positive changes in their lives?

Well, we know from the literature that information acquisition does not result in health behaviour change unless cognitive and behavioural strategies are put in place. Indeed, to achieve improved health and quality of life outcomes, there is a need for a significant shift in an individual’s perceptions, habits and behaviour. Therefore, HPs have an important role in facilitating the health behaviour change to support the self-management of RMDs.

Prof. Pernilla Åsenlöf from the Uppsala University in Sweden talked about the ongoing shift of paradigm and change of perspectives within pain management, emphasizing that the approach in physiotherapy changed from rest to staying active, considering bio-medical and prognostic factors to psychological and social factors, pain relief interventions to behaviour skills training, and assessments of pain and pain diagnostics to assessments of the person in pain and its consequences, personal activity goals, and theory-driven behaviour analysis. She recommended that pain treatments should include recommendations for prompt pain management task force of HPs, patients and rheumatologists from Europe and the United States to make recommendations for prompt pain management in inflammatory arthritis (IA) and osteoarthritis (OA). This large body of work consists of core prompts and general pain management that any HP should be able to provide. Recommendations will involve a personalized pain management plan, which will also include PA and strength training as well as other interventions such as sleep hygiene and weight management.

Another study focusing on behaviour change techniques to effectively promote PA in people with rheumatoid arthritis (RA) was presented by Dr. Keegan Knittle from the University of Helsinki, Finland. Dr. Knittle suggested, while many healthcare professionals have the ability to effectively promote PA among patients with RA, some techniques common in clinical practice could actually be proven to be counterproductive. He discussed prominent behavioural determinants and theories, and outlined how behaviour change typically unfolds among patients with RA – with particular emphasis on increased motivation and intention for PA, and changes in PA behaviour itself.

In the UK, researchers from the University of the West of England, Bristol, developed a PA programme for people with fatigue in RA. Dr. Fiona Cramp presented a conceptual model of fatigue in RA in her talk, suggesting several possible ways in which physical activity may alter the fatigue experience. Her clinical recommendations included the importance of HPs’ competence in effective behaviour change approaches to address psychosocial factors and enhance opportunity and motivation for PA modification.

A PhD candidate from Trinity College, Dublin, Ireland, Tom O’Dwyer, presented the main findings of a randomised clinical trial (RCT) exploring the effects of a PA behaviour change intervention in adults with ankylosing spondylitis (AS). Results suggested that PA behaviour change intervention is practiceable and safe, and has shown significant improvements in health-enhancing PA, spinal mobility and quality of life.
Step 1) Engage with them. How does behaviour fit in their life at the moment? Ask about their past.

Step 2) Assess motivation. What is important to them? How might a change affect these valued things?

Step 3) Look at both the pros and cons, and allow time and space to work through these.


Step 5) Promote autonomy. The decision to change is entirely up to the patient – what are they going to do going forward?

Dr. Knittle also emphasised the importance of making the process enjoyable, and having fun whilst implementing these steps. He explained that behaviour change request learning and learning outcomes are improved when the process is enjoyable.

Finally, if you missed any sessions due to competing timetables, networking and meetings, or you were unable to attend the congress, I highly recommend you make time to view the recorded sessions from London Congress, which are available online at the EULAR Congress website.

I look forward to seeing you all in Madrid in 2017.
Putting pain in perspective

Pernilla Åsenlöf, professor of physiotherapy at Uppsala University in Sweden, shares her perspective on how knowledge of behavioural learning and change can help improve the management of chronic pain

The core of physiotherapy is how physical activity, physical exercise and movements contribute to health. Physical activity in itself, and methods to enhance it, could be defined as health related behaviours. As a consequence, successful implementation of physical activity in the lives of people experiencing a chronic disease requires knowledge on behavioural learning and behaviour change techniques. According to my point of view, theory and techniques for behaviour learning and change should be included in the core of physiotherapy too. This article will briefly cover how this is reflected in the ongoing change of paradigm within physiotherapy pain management.

Over the past three decades, the search for effective pain treatments in chronic non-cancer pain conditions has intensified. Despite a growing body of scientific studies, there is still no cure for chronic pain and methods targeting pain per se do not report sufficient effects in terms of pain relief. The mechanisms behind chronic pain are complex, involving several interactions between a plastic nervous system, psychological, and social factors.

Learning process

A person in pain learns how to react, cope, and manage pain by interaction with the social context e.g. significant others and healthcare personnel, but also in relation to one’s own thoughts and expectations. This learning process is, to a high degree, person and situation specific, challenging development of treatments suitable for larger groups of persons. Today, there is significant knowledge about which psychological and behavioural factors contribute to a poor prognosis and play a significant role for worsening and maintaining a chronic pain condition as well.

The role of physiotherapy in pain management has changed over time. There has been – and perhaps still is – a large focus on diagnostics of pain origin and the management of the pain, which may be adequate for acute pain conditions. However, the methods for diagnostics traditionally used by physiotherapists are not valid and reliable enough. Neither is there a convincing evidence base for treatments based on such methods. For chronic pain, evidence is clear: in absence of a cure for pain, treatments should target the consequences of pain. This implies three different shifts of perspectives for physiotherapy pain management:

(1) from diagnostics and problem-solving to behavioural analysis and goal attainment
(2) from focus on pain intensity reduction to increased activity in daily living
(3) from information on pain management to behavioural skills training.

Shifts in perspective

First, physiotherapists need to be skilled in discussing and setting behavioural goals for daily living activity rather than goals including pain reduction.

Second, physiotherapists should not stay with pain diagnostics but move forward to establish relationships between patient-specific context, explanatory biopsychosocial variables, activity behaviours and consequences of behaviour – that is establish functional behavioural analysis on key behaviours for goal attainment for each particular person. For instance, the most important analytic strategy may be to establish an analysis of avoidance of physical activity to detect the mechanisms behind a person’s inactivity. Thereafter, treatments should be based on what is needed to alter these mechanisms, e.g. if avoidance behaviours are driven by fear and anxiety, we have learned from respondent learning theory and empirical research that exposure-based treatments are more effective than methods focusing on pain relief.

Third, an important aspect is that, if one has unconsciously learned a new way to move, or even worse, not to move and staying sedentary due to pain, behavioural skills training is needed to re-learn how to move and use one’s body despite the presence of pain.

Finally, it is worth considering the change of perspectives also in rheumatology rehabilitation. One existing view is that pain very much originates from inflammation and, once the inflammation is treated, pain will be reduced and activity restored. However, this is too short-sighted since people with inflammatory diseases also experience behavioural learning processes associated with pain i.e. the impact of psychological factors and behavioural learning certainly apply to people with inflammatory diseases and pain as well.

More skilled

Most of all, I hope for a breakthrough when it comes to the cure of chronic pain. While waiting for this, I foresee that healthcare personnel – irrespective of profession – need to be more skilled in learning theory, behavioural assessments, and analyses and application of health behaviour change techniques to increase the possibility of supporting people with chronic pain to live an active life in a way that is meaningful for each individual in his or her social context.
On behalf of the EULAR Public Affairs Group, Neil Betteridge, EULAR's Liaison Officer, Public Affairs, reports on World Arthritis Day activities in Brussels

EULAR’s annual Brussels Conference took place this year on World Arthritis Day itself, 12 October, and was entitled “How to reduce the burden of chronic diseases in the workplace. New policies for better working conditions and the retention of ill-people at work”. The aim was to develop policy recommendations to EU and national policymakers on this topic. All three EULAR pillars – health professionals (HPs), clinicians and PARE – were equally involved in the planning and delivery of what proved to be a highly successful event. Thanks go to the EULAR Brussels Office, with support from the EULAR Secretariat, for much of the hard work involved.

Improving working conditions is a huge issue for EULAR members. The impact of rheumatic and musculoskeletal diseases (RMDs) is the most important work-related health problem and the main cause of work loss, absenteeism and early retirement. Moreover, the European Commission is currently reviewing existing legislation on health and safety at work, and is likely to propose new legislative and non-legislative measures in the coming months.

The two main issues discussed at the conference were how to improve working conditions to better prevent work-related RMDs; and how to improve working conditions to facilitate the retention of people with RMDs at work, as well as the return to work after sick leave. Whilst HPs play a key role in reducing the burden of RMDs in the workplace, there are often obstacles which prevent timely access to occupational therapists and other HPs. So one of the workshops was dedicated to a discussion on how to overcome these barriers.

This workshop was organised in collaboration with the European Social Insurance Platform (ESIP), and co-chaired by Dr. Annette de Thurah (Chair of the EULAR Standing Committee of HPs) and Franz Terwey (ESIP Director). Participants identified four main challenges: i) lack of awareness among workers with RMDs of how health professionals could help them – and how to access them ii) insufficient awareness of the existence of evidence based guidelines, and the relevant regulatory framework iii) the problem that reimbursement is not always based on evidence of outcomes iv) and the fact that in some countries, there is a lack of occupational health professionals with adequate qualifications and training.

Delegates also stressed the need to raise awareness about the role and contribution of occupational HPs, and how to access them; the need to share good practices on access to occupational HPs; and the need to promote co-operation between sectors, especially health and employment, at both EU and national levels.

I am grateful to all the HPs who contributed to this event. EULAR will shortly develop and share policy recommendations based on the outputs of the conference recommendations. Once these are approved by the EULAR Executive Committee, we will engage in advocacy actions aiming to reduce the burden of RMDs in the workplace – and the role of HPs in this activity will once again be crucial.

I am also delighted to report that the day after the conference, the EU Commissioner for Health and Food Safety, Dr. Vytenis Andriukaitis, and members of his cabinet, received a EULAR delegation. This comprised, Prof. Gerd R. Burmester (EULAR President), Annette de Thurah (Chair of the HP Standing Committee), Prof. Hans Bijlsma (President Elect), Sören Haar (Head of the EULAR Brussels Office) and myself.

The aims of the meeting were to explore possible enhanced collaboration between the Commission and EULAR; discuss ongoing EU policies on public health; and to present EULAR’s views and recommendations.

Specifically, we discussed the Commission’s work on chronic diseases; the possible contribution of EULAR to both the EU Health Policy Platform and other policy initiatives; the development of the health workforce in the area of RMDs, including HP mobility issues; and the need to promote actions on early intervention.

The meeting was fruitful and a number of follow-ups were agreed, which we will share with you as they take shape.

EU Affairs update: working towards a better future

Rikke Helene Moe (left), Norwegian Interdisciplinary Organisation in Rheumatology, attended the conference and provides her view from the HP perspective. These are just some highlights from my favourite discussions.

Prevention and education: Educating the general population about how to prevent and treat RMDs is necessary. Teaching basic knowledge about RMDs should be considered – to schoolchildren for example.

Timely treatment: If work is a goal of the patient, it should be considered, included and evaluated as an outcome of care. An important question posed was: How do we get access to health professionals who can help adapt the workplace and physical function?

Adjusting work: I was happy to hear participants talk about the need for complex interventions. There is no excuse not to do everything in our hands to integrate people with RMDs in the workplace.

Rehabilitate when warranted: The EU is aware of the positive results of including social partners, rehabilitation, and systems of co-operation between clinicians, workplace and people with RMDs to facilitate successful work participation – how then do we reward already existing European frameworks through creative, supportive and positive approaches?

Focus on resources and facilitators: Many people with RMDs are eager to work. With a few adjustments, high quality care and flexible workplaces many can – and do – work.
Restrictions on the ability to work not only hamper a person’s health but have a great, and manifold, impact on a person’s quality of life. Over the last 20 years, studies in Germany and Sweden have proven that early diagnosis and new therapies have greatly improved the working ability of people with rheumatic and musculoskeletal diseases (RMDs) so that, compared to 20 years ago, they are not in danger of retiring as early.

Nevertheless, data shows that, due to their illness, people with RMDs retire earlier than the average population. Early retirement means less income and, often, a loss of self-esteem and social contacts that can lead to isolation.

There can be great diversity regarding the retirement situation of people with RMDs in Europe – the quality of the healthcare systems varies and the ability to work depends on diverse factors such as legislation, employment possibilities for disabled people or the availability of part-time employment.

So the key issue for people with RMDs focuses on primary, secondary and tertiary prevention to enable people with RMDs to maintain their job and thus quality of life.

When PARE was invited to present at the 2016 EULAR Brussels Conference entitled “Reducing the burden of chronic diseases at the workplace – new policies for better working conditions and the retention of ill people at work”, PARE decided to explore the views of our member organisations by conducting a survey about legislation and policies on RMDs in the workplace and the situation keeping people with RMDs in work in their countries.

**PARE’s survey results**

Nineteen of the 37 EULAR PARE member organisations, from different countries across Europe, answered the survey and commented in a detailed manner. More than 70% of these organisations provide direct support to people with RMDs to manage their condition in the workplace. The organisations’ activities are rather diverse – they range from online tools for doctors, employees and employers to direct assistance to people with RMDs, or some even offer work coaches for people with RMDs. The organisations are of the opinion that policy makers and employers are not aware of the need to reduce the burden of RMDs in the workplace. About 75% of respondents think that employers are not supporting employees well enough. There is a lack of employer support in adapting the workplace to meet the needs of employees. These circumstances lead employees to conceal their health situation as they are afraid of losing their job. This counts especially for those who have fixed-term contracts. However, big enterprises support employees much better than small ones.

Only one fourth of those surveyed rate legislation and policies as being effective. Over a third of the countries say that existing legislation and policies do not address this issue. In many cases, there is a lack of advice and information about legislation that could be of help to young people.

Access to occupational health professionals and therapists seems to be an issue across Europe, with over half of PARE’s organisations classifying existing legislation and policies as not effective and a further 11% saying that existing legislation and policies do not address this issue.

**Recommendations**

EULAR PARE and its member organisations have developed the following recommendations aimed at policy makers and employers to address the provision and implementation of occupational health policies.

- Provide financial incentives to employers that systematically support employees’ well-being.
- Adopt legislation that requires employers to accommodate flexible/adjusted working hours for people with RMDs (similar to parental part-time rules).
- Adapt working environment and working hours to individual needs.
- Change perception and attitudes, and consider employee health as an investment.
- Focus on coordination between policies (employment, health care & public health, social affairs).
- Foster and strengthen primary, secondary and tertiary prevention, and reinforce legislation against exposure to risk factors.

PARE’s survey underlines that effective lobbying activities are imperative to turn these recommendations into reality.
Next year will be a year of celebrations within EULAR. It is the 70th anniversary of the organisation, but also the 20th anniversary of the PARE Congress.

Furthermore, it is 30 years since the unofficial Standing Committee of Allied Health Professionals was established in 1987 under the lead of nurse Vicky Stephenson. She arranged a meeting in Athens for some 30 health professionals who voted for their own group in EULAR and elected members for the first official and active working group.

Vicky Stephenson was very determined to elevate this group into an actual EULAR Standing Committee and, with the support from the EULAR Social League (now PARE) and the EULAR executive director Fred Wyss, this happened two years later when the group was ratified by the General Assembly.

Since then, we have had a fantastic development and we are now a self-evident part of EULAR — often referred to as its ‘third pillar’. In 1997, the position of Vice President representing Health Professionals was established and, in 2006, Switzerland and the United Kingdom became our first national association members. Now, 10 years later, we have 23 members and another one or two will hopefully be ratified at the next General Assembly.

A selection of accomplishments during our first 30 years includes our own congress programme, educational bursaries, travel grants, research grants, and project grants resulting in EULAR recommendations and points to consider. We have developed courses, for example the teach-the-teacher course and, most recently, the online course dedicated specifically to health professionals’ needs. Soon we will also be able to offer educational activities in our very own “classroom” in the EULAR School of Rheumatology.

We have our own HP newsletter and may recognise HP accomplishments with abstract awards and the meritorious service award that is now also available to health professionals. Important developmental work is done in our six study groups and we enjoy collaboration with the other two EULAR pillars, and with our peers in the American Association of Health Professionals in Rheumatology.

We plan to recognise our 30 year anniversary in different ways. Please contact us if you have a story to tell about some phase of the development of the EULAR HP network or want to share photographs or other historic materials with us!

The accomplishments described above are the result of the dedicated hard work to EULAR Health Professionals by numerous HP volunteers from around Europe under the strategic leadership of likewise hard-working previous Vice Presidents and Chairs of our standing committee. When looking back at the first 30 years, it is easy to understand that we would not be where we currently are without them, and we really owe them a big THANK YOU!

Along with the celebrations, a major long-term campaign will be launched next year. It is called “Don’t Delay – Connect Today” and aims to increase recognition of early diagnoses and timely evidence-based treatment of rheumatic and musculoskeletal diseases. It would be easy to think that this is only for rheumatologists and only related to inflammatory rheumatic diseases. I am, however, quite convinced that health professionals have a major role to play in both diagnostic procedures and when it comes to the tailoring of non-pharmacological treatment.

I recall many occasions when I, as a primary care physiotherapist, suspected a patient with back pain to have undiagnosed ankylosing spondylitis and was able to establish contacts with a rheumatologist that could confirm this. At last year’s congress, physiotherapist Paul Kirwan from Ireland described the tools he had developed to “diagnose” patients with rheumatoid arthritis and presented research results proving very high concordance with subsequent research set by rheumatologists. When it comes to osteoarthritis, we now know that the best evidence-based treatment is information, exercise and weight reduction, which could all be initiated and supported by health professionals. In order not to delay this treatment, it could be started early when a patient with hip or knee pain, without confirmed OA diagnosis, presents.

We, as health professionals, thus may play important roles during 2017. Please do join in celebrating and campaigning with us!

EULAR HP Standing Committee Chairs (since 1987)
Vicky Stephenson
Willy Peters
Nora Price
Jaana Hirvonen
John Verhoef
Tanja Stamm
Thea Vliet Viljeand
Susan Oliver
Anthony Redmond

EULAR HP Vice Presidents (since 1997)
Jana Kordova
Jill Lloyd
Peter Oesch
Kåre Birger Hagen
Learning from each other

A EULAR-funded educational visit to the United Kingdom gave Karin Jensen, Hanne Hansen and Jette Primdahl from King Christian 10ths Hospital for Rheumatic Diseases, Graasten, Denmark plenty of ideas for developing nurse-led fatigue interventions. Here they provide a brief report on their visit.

The group from King Christian 10ths Hospital for Rheumatic Diseases, Graasten, Denmark: Hanne Hansen, Jette Primdahl

In January 2016 we had an exciting educational visit to the Academic Rheumatology Unit, Bristol Royal Infirmary, University West of England, Bristol, UK. The educational visit was supported by a health professional (HP) educational grant from EULAR. Our visiting group from King Christian 10ths Hospital for Rheumatic Diseases, Graasten (KCG), Denmark, consisted of registered nurses (RN) Karin Jensen and Hanne Hansen from the outpatient department and associate professor, RN, Jette Primdahl.

The aim of our visit was to discuss the cost and development of one-to-one nursing interventions to help patients with inflammatory arthritis to self-manage their fatigue. Furthermore, we wanted to learn more about the education of patient research partners at the rheumatology unit as we have involved users in our research projects at KCG since 2007.

We had planned our study visit to ensure we spent the same two full days in Bristol as a group from Glostrup, Denmark. Their group consisted of both clinical nurse and researcher associate professor Bente Appel Esbensen, postdoc Kathrine Loeppenthin and registered nurse Lise Bøyesen. Additional issues were discussed during this joint time which gave us the opportunity to learn even more and to discuss future research opportunities of interest across the three units.

The programme was planned by Prof. RN Sarah Hewlett, and psychologist and senior research fellow, Emma Dures, from the Academic Rheumatology Unit, Bristol Royal Infirmary based on the described aims from the two visiting groups. The programme included presentations of research experiences, exercises related to fatigue interventions based on cognitive behavioural theory, sharing of experiences and ideas and lots of discussions.

The programme included the following five themes.

1) Fatigue group CBT intervention: trial, materials and practice

We discussed previous experiences from Bristol regarding group-based fatigue interventions. We tried a few of the tools ourselves including a dialogue based on a fatigue diary each of us had filled out in advance. We discussed how to use some of the different tools in one-to-one nursing consultations and we discussed outcome measures as well.

2) Physical activity and fatigue

Experiences regarding physical activity and fatigue were shared from Glostrup and Bristol. Fiona Cramp, together with another physiotherapist from Bristol, participated in this session where they shared their research including problems in implementing physical activity as an intervention. We discussed issues such as the importance of physical activity in patients with fatigue, motivation, interventions and how to include physical activity in clinical practice.

3) Fatigue one-to-one

We discussed how to implement one-to-one interventions in clinical practice and research, how to use cognitive behavioural therapy (CBT) approaches, piloting interventions, and training needs for the nurses involved delivering the interventions – and how to fulfil these needs. We also discussed the advantages and disadvantages of group-based interventions and one-to-one interventions. All three research groups were interested in working more closely together in this area in the future.

4) Men and their support needs

Psychologist, PhD, Caroline Flurey, from Bristol and Bente Appel Esbensen presented their research in this area and we had a joint discussion about the implications on clinical practice, research methods and ideas for future research in this area.

5) Patient research partners

We were lucky to meet Bev Davis, one of the experienced patient research partners (PRP), from Bristol. At Bristol they have many years’ experience of user involvement in research and they have been a great inspiration to the research unit at KCG. We discussed how to introduce new PRPs, training needs, how to recruit new PRPs, the role of the PRPs in research studies and how they were involved in a training programme regarding psychological support to patients with inflammatory arthritis in Bristol too.

Conclusion remarks

The study visit has been very inspiring and rewarding for both the clinical nurses and the nurse researcher as it linked clinical practice and research throughout the programme and the discussions. Hearing about the learning from many years’ experience with research in fatigue interventions was very inspiring. The clinical nurses gained an increased understanding of the importance of fatigue interventions as part of nursing care and they could bring back small exercises to use in their nursing consultations too.

Differences between our daily practices were illustrated by a short walk through the outpatient department.
at the Bristol Royal Infirmary where we were lucky to be able to share experiences with some from the clinical staff in Bristol. It was rewarding to have two groups attending at the same time for a study visit – it has increased the opportunities to plan research in the future across the three units. Socially, we also enjoyed each other’s company and the opportunity to network.

We have fulfilled all the learning objectives for the visit. We achieved a thorough insight of the experiences from Bristol regarding fatigue interventions, we practiced skills from their Rheumatoid Arthritis Fatigue Trial, and have started discussions on how we can work together to develop nurse-led fatigue interventions in future research projects and clinical practice both in our ward and outpatient department and thus benefit our Danish patients.

We have already shared and discussed new ways to recruit and introduce new PRPs with the user board in our research department at KCG. The clinical nurses at our hospital have presented their experiences and what they have learned to their colleagues in the outpatient department at KCG and made relevant tools available to their colleagues.

We thank EULAR for its financial support.

Learning objectives

- Achieve a thorough insight into the experiences of Sarah Hewlett and Emma Dures’ previous work regarding group interventions towards fatigue and outcome measures.
- Enable planning of the implementation and training of nurses to carry out one-to-one interventions based on the previous experiences with group interventions delivered by psychologists or nurses in Bristol.
- To practice a few skills from RAFT (Reducing Arthritis Fatigue).
- Based on the discussions, we will be able to decide how we can develop and pilot a common one-to-one intervention or one-to-one interventions with context specific adaptations.
- Learn about the content and delivery of education for patient research partners in Bristol and discuss opportunities and barriers for user involvement in research.

How to apply

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.

Application deadlines are 31 March and 30 September each year. Applications should include:
- curriculum vitae with date of birth
- objective of the educational visit
- budget
- written confirmation from the host hospital or institute that the educational visit has been accepted, indicating the tentative time frame of the training stay.

Following a visit, recipients are required to submit an outcome focused report (1-2 pages) to the EULAR Secretariat. The report should include:
- a description of the experiences
- a summary of planned learning objectives – and key learning points from the visit that address these
- reflection on how the visit might inform practice in the home country describing a brief plan for implementing any changes that might arise.

Visit www.eular.org/health_professionals_educational_visits.cfm for more detail. Applications should be submitted by email to the EULAR Secretariat at gabriela.kluge@eular.org
EULAR continues to work towards growing its health professional network. In this issue, we hear from Germany – the latest country to have been endorsed by the EULAR Executive Committee. Their membership should be ratified by the General Assembly in June during the 2017 Congress.

Fachverband Rheumatologische Fachassistenz e.V., the German Association of Health Professionals in Rheumatology, knows it has to catch up to bring their nurse professionals up to the level of some other European countries. Ulrike Erstling explains how they hope membership of the EULAR HP network will help.

By way of introduction, my name is Ulrike Erstling and I am the 1st chairperson of the German association of health professionals (HPs) in rheumatology. The association was founded in 2009 and currently brings together 87 members from all over the country. Our main objective is to represent and strengthen the position of our professions. Another focus is the continuous education of health professionals.

We organise training sessions which often offer not only face-to-face lectures, but also combine interactive workshops for practical and authentic experiences. In addition, training courses have become an integral part of the annual meetings of the Deutsche Gesellschaft für Rheumatologie/ DGRh e.V. (German Society of Rheumatology/ DGRh e.V.) and Berufsverband Deutscher Rheumatologen/ BDRh e.V. (German association of rheumatologists/ BDRh e.V.).

As a result of new regimens for the treatment of patients with inflammatory arthritis, and, at the same time, a decrease of outpatient clinics due to a lack of rheumatology specialists in Germany, the role of health professionals has become more and more important. Consequently, since 2006, curricular training oriented at our association’s training guidelines has been offered to health professionals in rheumatology (Rheumatologische Fachassistenz DGRh / BDRh), under the auspices of the Educational Academy in Rheumatology in Germany (Rheumatologische Fortbildungskademie GmbH).

This additional qualification has become highly successful. According to current statistics (June 2016), so far 1,184 graduates successfully finished the certified basic courses. Compared to other European countries however, the development of rheumatology as a nursing specialty – with nurses undertaking advanced roles – is still at quite the beginning stages.

In order to speed up the development of an extended role for our professions – and true to our motto of “we are moving” – we decided that our next future-oriented goal would be to get organised at the European level within the EULAR network of Health Professionals in Rheumatology (HPR).

So, as a first step I attended the Annual European Congress of Rheumatology in Rome 2015 and visited the booth of the HPR in EULAR village. After meeting with Sue Oliver, then the Chair of the EULAR Health Professional Standing Committee, our association prepared for membership. We were happy to receive notice of endorsement of the Executive Committee recently.

Within our association, we are ready to reach to the next level representing our professions. At the same time, we hope to learn from the experiences and developments in other European countries.

We are especially looking forward to becoming part of an important international platform and we hope for lively exchanges with the associations from the other European countries.

If you would like to find out more about our organisation, contact:

Fachverband Rheumatologische Fachassistenz e.V.
Office: c/o Ulrike Erstling
Dombach-Sander-Straße 87a
51465 Bergisch Gladbach
Germany
Email: u.erstling@forum-rheumanum.de
Phone: +49 176-840 705 59

Our main objective is to represent and strengthen the position of our profession.

We were happy to receive notice of endorsement recently.

The role of the health professional has become more and more important.

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The role of the health professional has become more and more important.
EULAR Health Professional Membership Directory

EULAR’s *Directory of Health Professional Membership Organisations* has been updated for 2016-2017. You can learn all about the country members of the Health Professional Standing Committee including a breakdown of organisational member specialties and details of societies’ main activities for the coming years.

One of the priorities of EULAR is to strengthen the health professional (HP) network. This directory is a tool to increase your level of knowledge about each other. It aims to help you interact more easily with member colleagues across the EULAR HP family.

Visit [www.eular.org/health_professionals_member_orgs.cfm](http://www.eular.org/health_professionals_member_orgs.cfm) to view or download your copy of the directory.

Becoming part of the health professional network offers a wealth of opportunities to national health professional associations and their members.
HP Study Groups: challenges and opportunities

By Yeliz Prior, Study Group Co-ordinator

As Annette Ladefoged de Thurah becomes our new Chair of the Health Professional Standing Committee (HPSC), I have been given the opportunity to step into her shoes as the co-opted member of the EULAR Scientific Committee and Study Group Co-ordinator. Even though I have been a member of the HPSC and leader of the former Occupational Therapy Study Group (SG), I had no idea how much hard work is carried out by the EULAR Scientific Committee until I attended my first two meetings this year. I am really excited about my new role co-ordinating the SGs and am looking forward to working with our SG leads to make the best of the meetings in Madrid in 2017.

The Annual European Congress of EULAR provides an unmatched opportunity for international colleagues to physically get together and network. It has allowed us to have a number of informal discipline and/or topic specific HP group meetings over the years. The number of meetings taking place within the scientific, HP and PARE pillars has increased exponentially year on year, with growing numbers of requests made for rooms and facilities to accommodate these meetings. Consequently, a consultation took place with the EULAR Secretariat and Executive Committee to define criteria for groups to allow for the planning and facilitation of these meetings at the Congress.

As a result, EULAR HP SGs formed by the existing HP network groups were formally recognised by EULAR in 2013. Today, our SGs play an active part in the research and treatment of RMDs. Currently, EULAR has endorsed the following study groups within the HP sphere:

- EULAR Nurse Research and Strategy Group (REST)
- EULAR Clinical Nurse Study Group
- EULAR Physical Activity and Exercise Therapy Study Group
- EULAR Psychology Study Group
- EULAR Foot and Ankle Study Group
- EULAR Study Group on Patient Education (STOPE).

These groups have agreed to submit a bi-annual report and a membership update to the Secretariat on request to maintain the title of ‘Study Group’ for the subsequent year. The EULAR Scientific Committee has decided to include a SG Poster Session in the 2017 Madrid congress programme, specifically aimed to disseminate the projects undertaken within these SGs and showcase their achievements.

This means that each SG is expected to submit an abstract to the Madrid congress (the deadline for abstract submissions is 31 January 2017) and nominate a poster presenter. We are really excited about this opportunity as it provides an excellent platform to introduce new members to the existing SGs, and encourage sharing good practice amongst SGs to further improve collaborative strategies.

More information on EULAR HP SGs is available on the EULAR website (www.eular.org/health_professionals_study_groups.cfm). If you are thinking about applying for a new SG, I would recommend you to review the existing SG topics and annual reports to consider whether your research interest could be pursued through one of the existing networks.

SGs are open to anyone to attend, and people with rheumatic and musculoskeletal diseases are warmly welcomed. Please feel free to contact me at y.prior@salford.ac.uk to discuss any ideas or queries you may have. I will be more than happy to help and steer you in the right direction.

Yeliz Prior and Annette de Thurah work closely together to ensure a good handover during the London EULAR Congress
EULAR PT Physical Activity and Exercise Therapy Study Group update

By Rikke Helene Moe, SG Leader

Traditionally, the EULAR physical therapist SG has met at 08.00 hours in the morning at congresses. Last year we wanted to apply for a second study group aimed only at physical activity. However, as EULAR wanted to limit the amount of SGs, we discussed formally changing the name of the study group to clarify our project.

We congratulated the EULAR physical therapists, Theresa Bieler and Camilla Fongen, who received HP Abstract Awards at the opening ceremony in London. We had reports on educational bursaries and heard from members of the group who are working on the EULAR HP research grant on measuring physical activity.

We also discussed future research projects on studies on intensity of exercise and implementation of physical activity in the community. We set up working groups for these and, of course, a working group for a session proposal on exercise and physical activity for EULAR 2018.

Foot and Ankle Study Group update

By Dr. Gabriel Gijon-Nogueron, SG co-Leader

We held the fourth meeting of the Foot and Ankle Study Group (F&A SG) bright and early on the first day of the congress. We have a diverse and active membership with some 30 members from 11 countries. Each year we hold quarterly virtual meetings using video conferencing, but this is our only meeting in person.

The main focus of the meeting was to discuss progress on the various projects we are conducting and to identify new areas for future development. One of the main current projects is “Provision of Care Services for Rheumatic and Musculoskeletal Diseases Related Foot and Ankle Problems: A Survey from 16 European Countries”.

This programme of work is being led by Dr. Begonya Alcacer-Pitarch (University of Leeds) and the first phase, summarising how foot and ankle care is delivered in the different healthcare systems across Europe, was presented as a poster at the congress. Given the success of the project, it was unanimously agreed that the second phase should progress with the group’s support.

Additional projects were suggested by those present and these were discussed in more detail at the online meeting in September.

At the end of the congress meeting, Dr. Michael Backhouse explained that the group’s next online meeting would be hosted using new software. Anyone who would like to join the group or would like further information should contact the me at gagijon@uma.es

EULAR Nurses Study Group – REST update

By Yvonne van Eijk-Hustings, SG Leader

Approximately 20 people – 19 rheumatology nurses and one rheumatologist – from nine different European countries and Japan attended the meeting. The group was informed about EULAR’s membership of the European Specialist Nurses Organisations (ESNO). Further information about this will follow but you can check the ESNO website (www.esno.org) in the meantime.

Furthermore, we presented the results of the EULAR nurses’ survey which explored their expectations about the nurse SGs, their preferences for a format for collaboration and their willingness to participate.

Within REST, several working groups have been engaged in various research topics. As nurses we have a broad scope!

Our results are:

- research articles published
- research articles submitted for publication:
  - Fusama M, et al. Survey on attitudes regarding EULAR recommendations for the role of nurses involved in medical care of patients with chronic inflammatory arthritis in Japan
  - international collaboration: the European Qualitative research project on Patient-preferred outcomes in Early Rheumatoid Arthritis (EQPERA). Project leader Kristien van der Elst, Belgium, has begun work and the project is currently being carried out in Sweden and the Netherlands. Norway (and maybe Germany) will follow soon.

Finally, we discussed future opportunities and topics of interest. Examples are: the role of nurses in optimising Treat to Target; next steps in cardiovascular screening; ethnicity; health literacy; qualitative studies on nurse sensitive outcomes, international comparisons; and updating EULAR recommendations for the role of nurses. We also agreed who the contact person will be.

If you want to know more, participate in a project or share ideas for a new project, please contact me at yvonne.eijk.hustings@mumc.nl

References

Meet the EULAR HP Standing Committee’s national HP delegates

There are 23 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 Annette de Thurah 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.

Spain: Jenny de la Torre-Aboki
The president of the OPENREUMA

Bulgaria: Rumen Stoykov
The president of the Bulgarian Society of Rheumatology

Cyprus: Costas Ioannis
The president of the Cosmetothea

Austria: Patrizia Frenz
The president of the Österreichische Gesellschaft für rheumatologische Gesundheitsberufe (ÖGRG)

Belgium: Thijs Swinnen
The president of the Belgian Health Professionals in Rheumatology

Czech Republic: Hana Šmucrová
The president of the Czech Association of Health Professionals in Rheumatology

Denmark: Jette Primdahl
The president of the Danish Interdisciplinary Forum (DIRF)

Finland: Sirkku Ala-Piirainen
The president of the Finnish Interdisciplinary forum (DFI)

France: Françoise Alliot-Launois
The president of the French society of health professionals in rheumatology, Pro Rhumato

Germany: Joost Dekker
The president of the Netherlands Health Professionals in Rheumatology (NHPR)

Greece: Costas Ioannis
The president of the Cosmetothea

Hungary: Andrea Domján
The president of the Hungarian Association of Rheumatology Health Professionals

Ireland: Derek Deely
The president of the Irish Rheumatology Health Professionals Society

Malta: Dr. Alfred Gatt
The president of the Maltese Health Professionals in Rheumatology

Netherlands: Janet Dekker
The president of the Netherlands Health Professionals in Rheumatology (NHPR)

Norway: Rikke Helene Moe
The president of the Norwegian Interdisciplinary Organisation in Rheumatology (INO)

Poland: Prof. Anna Kuryliszyn-Moskal
The president of the Polish Society of Health Professionals in Rheumatology

Portugal: Lurdes Barbosa
The president of the Portuguese Association of Health Professionals in Rheumatology (AAPR)

Romania: Cristina Ivan
The president of the Romanian Society of Medical Partners for Rheumatology (RSMPR)

UK: Jill Forth
The president of the British Health Professionals in Rheumatology (BHPR)

Croatia: Soon: Croatia
From June: Germany

Czech Republic: Hana Šmucrová
The president of the Czech Association of Health Professionals in Rheumatology

Denmark: Jette Primdahl
The president of the Danish Interdisciplinary Forum (DIRF)

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Netherlands: Janet Dekker
The president of the Netherlands Health Professionals in Rheumatology (NHPR)

Norway: Rikke Helene Moe
The president of the Norwegian Interdisciplinary Organisation in Rheumatology (INO)

Poland: Prof. Anna Kuryliszyn-Moskal
The president of the Polish Society of Health Professionals in Rheumatology

Portugal: Lurdes Barbosa
The president of the Portuguese Association of Health Professionals in Rheumatology (AAPR)

Romania: Cristina Ivan
The president of the Romanian Society of Medical Partners for Rheumatology (RSMPR)

UK: Jill Forth
The president of the British Health Professionals in Rheumatology (BHPR)