



Issue 5 • 2019 Spring

HPR News

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Newsletter of the Health Professionals in Rheumatology

Shaping the future

Prof. Iain McInnes reveals his enthusiasm as he prepares to step into the EULAR President's role at the close of the annual congress in June

It is with great excitement – and perhaps a little trepidation – that I approach the presidency of EULAR commencing in June 2019. EULAR is a remarkable organisation comprising three pillars: namely patients (PARE), health professionals in rheumatology (HPRs) and rheumatologists. This is a rather unique structure for a medical society in Europe and offers extraordinary potential for us to recognise the major challenges that face people with rheumatic musculoskeletal diseases (RMDs), and co-operatively address them as a consequence. Working together, EULAR has excelled in generating treatment recommendations, classification criteria for our major diseases and points to consider around a range of clinical problems and opportunities. HPRs have been closely engaged in each endeavour.

Bringing new faces to the table

Having the patient voice at our core, and the inherent partnership of health professional, scientist and medical researchers, maximises the likelihood of success. It is something upon which we must now build further by increasing inclusion of, and energetic participation by, health professionals in our programmes. Especially, we seek to bring new faces to the table and, in this respect, it is essential that EULAR is outward looking and inclusive going forward. Critically, we must expand the number of health professionals across Europe contributing to RMD care – their central role in delivering clinical excellence is now clear; our efforts to further improve this role is evidenced in several exciting ongoing initiatives of the EULAR HPR Standing Committee. Moreover, HPRs are increasingly innovating exciting and contemporary educational initiatives – both for the professions and for patients – within the EULAR School of Rheumatology.



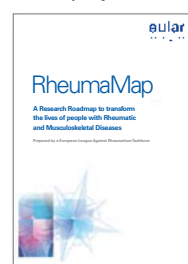
European rheumatology has led in many areas of research globally – delivering impact at multiple levels for patients. Recently, health professionals contributed significantly, with other EULAR pillars, to the generation of the RheumaMap. This public document lays out the major challenges facing the RMD field and proposes research priorities to all stakeholders, including especially politicians and funders.

Empowering the next generation

A priority going forward is now to create a EULAR Europe-wide Research Centre – virtual in nature but with excellence at its heart. By this means, we will provide the necessary networks, capabilities, data science, training and capacity building to empower the next generation of investigators in RMD research.

This will create outstanding possibilities for health professionals from across Europe, to participate and lead projects and programmes dealing with the most important questions of our times. Please join this exciting initiative – bring your ideas and your skills to shape the future!

As a final thought, a new initiative that I hope will emerge in this next presidency is an increasing sense of the importance of the global picture – RMDs afflict people in all parts of the world. Especially in lower-middle income countries (LMIC), clinical care is limited and RMDs barely recognised amidst so many other health imperatives. Working in local partnership, and with ambitious purpose, we plan to deliver educational and, eventually, clinical presence in LMICs, working especially with AFLAR. Given the necessity for multi-disciplinary care in these challenging environments, health professionals will enrich our efforts particularly as we seek to extend the spirit of EULAR to a wider community of people with RMDs.



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Overcoming barriers to OA hand exercises

By Els van den Ende and Krysia Dziedzic



Els van den Ende

Recently, the 2018 update of the EULAR recommendations for the management of hand osteoarthritis were published following a systematic literature review of published evidence regarding all non-pharmacological, pharmacological and surgical treatment options. Based on the evidence and expert opinion from an international task force, overarching principles and recommendations were formulated.

Core elements of the EULAR recommendations for hand osteoarthritis (OA) include patient information, hand exercises, and information on joint health and education. Therefore, health professionals in rheumatology play an important role in the management of hand OA.

Lack of high-quality evidence

However, there is a lack of high-quality evidence on the specific type of exercises and the specific content of patient education. Consequently, there is uncertainty for both patients and healthcare professionals as to what information they should use in supporting self-management.

To overcome this barrier, clinicians, researchers and patient representatives from Norway, the UK and the Netherlands took the initiative to EULAR to seek



Help with the gardening

funding to produce two short English-speaking videos with the aim of translating the EULAR recommendations into something practically helpful to implement best practice for hand OA. Once ready, these videos will be freely accessible on YouTube for health professionals and patients to access.

One video is devoted to general information about hand osteoarthritis and treatment options. The other illustrates the most important hand exercises. Both videos will be incorporated into the updated version of the EULAR online course for health professionals.

We welcome your views on the draft versions of these videos and will be showing them at the HPR booth at the EULAR Annual European Congress of Rheumatology in Madrid in June. Please visit us there in the EULAR Village. We hope you will watch the videos and provide us with feedback.



Krysia Dziedzic



There are many aids which can help people with OA in their hands



Help to open cans

Get in touch

Welcome to your spring newsletter. This time the focus is on diversity – understanding that every health professional in rheumatology (HPR) or patient is unique. Recognising and respecting diversity in age, race, gender, disability and HPR specialities (to name just some areas) can affect how services are developed, organised, delivered and whether they are effectively received.

The articles in this issue consider the varied issues of diversity. On page 5, Tanja Stamm considers its importance for EULAR's HPRs. Yeliz Prior shares her experience of working in a diverse community in the Big Interview on pages 6-7. Our Spotlight on article looks at how collaboration between different healthcare providers helps improve the co-ordination of care for people with rheumatic and musculoskeletal diseases.

If you have any ideas for future articles, don't keep them to yourself. Email me at kate@katebetteridge.me.uk



Do you have good news for the newsletter?

Ever since 2000, the HPR 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. Prescribe the newsletter free of charge to colleagues at www.eular.org/health_professionals.cfm

Update on the work of EULAR's HPR Standing Committee

By Rikke Helene Moe, Chair of the EULAR Standing Committee of Health Professionals in Rheumatology



Attendees at the HPR Winter Meeting

EULAR's Standing Committee of Health Professionals in Rheumatology is happy to be working with a growing number of competent health professionals in rheumatology (HPRs) from different European countries. The increasing activity within EULAR is visible – at the EULAR Congress, and through education and research, international projects, study groups, collaborations and recommendations.

The EULAR HPRs' Winter Meeting of the Scientific and Educational Sub-committees was held in Copenhagen between 27-28 November 2018. We worked hard, looking at how our HPR ambitions could help achieve the new overarching EULAR strategic objectives for the period to 2023. These are summed up in these six points:

1. EULAR School of Rheumatology – becoming the leading provider of rheumatic and musculoskeletal disease (RMD) education
2. Congress – delivering outstanding sessions
3. Quality of care – for the management of people with RMDs
4. Research – establishing a virtual research centre within EULAR
5. Advocacy – contributing to increasing people with RMDs' participation in work
6. Governance – enabling EULAR to delivery its strategic objectives.

In beautiful Copenhagen we started matching our own HPR committee strategies to the

overarching EULAR ones. The scientific strategies are mainly in line with overarching strategies 3 and 4, with the main aims being to:

- maintain and improve individuals' everyday life and participation in functional activities and society
- enhance individuals' ability to self-manage RMDs
- support individuals to stay in, or return to, work and education
- reduce inequality and inequity in healthcare for people with RMDs.

We ended up identifying a few important areas that we need to prioritise in order to meet the new strategy's windows of opportunity. The first two scientific themes we agreed to work on for the short term are increasing work participation and implementing physical activity.

The HPR educational strategies are mainly in line with overarching strategies 1 and 3, and aim to:

- identify HPR educational needs
- develop a comprehensive and evidence-based curriculum addressing the varying needs of HPRs in EULAR
- develop a tiered competency framework that allows assessment and certification against agreed standards
- develop an implementation plan to maximise access and uptake of educational resources provided by EULAR within the HPR School of Rheumatology, such as materials and activities included in the strategy.

During the Winter Meeting we did some further work on ways to develop the educational possibilities within the HPR classroom in the EULAR School of Rheumatology. The school can be used by health professionals to learn more online about effective treatments and high quality care. I would urge you to sign up and join now. You can read more about the HPR classroom on page 13 of this newsletter.

Learning from each other

Working together with our fellow American HPRs makes us stronger. The Association of Rheumatology Professionals (ARP) and the EULAR HPRs are, to a great extent, working towards the same long-term goals – with many shared challenges. Despite several

differences, we can help each other overcome these challenges and learn from each other. This year, you can see one result of our collaboration at a shared session called "Exercise – the Wonder Drug" at the EULAR Congress. You can read more about the ARP on the next page.

Our national HPR organisations are the foundation of our potential within EULAR, and our national HPR member organisations have their own sets of national activities. If you do not have a national organisation of health professionals in rheumatology, we may be able to help you form one.

We, the Standing Committee of HPR, wish you a very happy EULAR Congress in Madrid!



Beautiful Copenhagen

Edgar Stene Prize 2019

Ovidiu Constantinescu from Romania has won the 2019 Edgar Stene Prize competition. This year's theme, "My ideal employer – Work without barriers for people with RMDs", highlights how work – paid or voluntary – is an essential part of life. Ovidiu was diagnosed with rheumatoid arthritis in 1996 and has been a member of the Romanian League against Rheumatism for more than 15 years. He will read his essay, "An interview with a Straight Face", at the EULAR Congress



Ovidiu Constantinescu: 2019 winner

in Madrid. The 2019 Edgar Stene Prize competition booklet will be available from the EULAR Village during the congress.

American HPRs: Embracing diversity in rheumatology with new name

By Hazel L. Breland, ARP President, and Sandra J. Mintz, ARP Immediate Past President



The ARP Executive Committee

The Association of Rheumatology Health Professionals (ARHP), a membership division of the American College of Rheumatology (ACR), has changed its name. Embracing the diversity of its 22+ types of rheumatology professionals, the Association of Rheumatology Professionals (ARP); the Interprofessional Division of ACR is the only organisation serving the needs of the entire rheumatology community in the United States.

The collaborative role of the interprofessional team is essential to improving the health of people living with chronic conditions within the US. The singular voice of the College, through its rheumatologists and rheumatology professionals working together, strengthens the impact of College initiatives aimed at addressing the multidimensional determinant of health for over 91 million Americans with rheumatic or musculoskeletal diseases (RMDs).

Providing the best practices in rheumatologic care

Efforts to showcase the team throughout the organisation via diverse volunteer-led committees, advocacy efforts and fundraising activities demonstrate the intentional collaboration within the College to ameliorate health disparities by providing the best practices in rheumatologic care. Actively-engaged interprofessional ARP volunteers are responsible for the development of online and in-person educational offerings, practice guidelines and tools, advocacy and research efforts, workforce initiatives, publications and much more. This team is comprised of social workers, nurses, practice managers, pharmacists, research coordinators, biostatisticians, physician assistants, nurse practitioners, psychologists, physical and occupational therapists, athletic trainers, dieticians, librarians and researchers, to name a few.

From the broader international stage, ARP continues to jointly build opportunities with its interprofessional colleagues through shared educational offerings and joint lectures. Looking to the future, we are excited to explore how these international partnerships enable the interprofessional team to rise to the occasion in meeting the needs for rheumatologic care worldwide.

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From the Chair



From Rikke Helene Moe,
Chair of the EULAR
Standing Committee
of HPRs

Health professionals in rheumatology (HPRs) are vital for effective rheumatic and musculoskeletal disease (RMD) care. We collaborate to provide the best evidence for the best possible treatment and care at the right place and at the right time. But we are also challenged by healthcare systems in constant change, with workforces moving, multiculturalism, language issues, new evidence, technology and treatment options, comorbidity and lifestyle challenges – and with a variety of specialties and extended roles.

“RMDs are one of the most prevalent groups of diseases”

Let us not forget that RMDs are one of the most prevalent groups of diseases on the Global Burden of Disease Study 2017 list of years lived with disability (Lancet 2018: 1789-858). It is a field involving many specialties and competencies that warrant effective collaboration to help people with RMDs to develop active approaches to improve their wellbeing and help lessen the biopsychosocial burden.

HPR activity within EULAR is growing. We have task forces working on developing recommendations and points to consider. The study groups are actively engaged and constantly come up with new proposals, ideas and projects. We take part in joint campaigns and put a lot of effort into delivering a high quality EULAR Congress programme. We have our own bursaries, grants and prizes. We can also sign up for the EULAR School of Rheumatology to learn and network with colleagues all year long.

“Inspired, impressed, proud”

Thank you very much to all the HPRs who volunteer to share their knowledge, skills, enthusiasm and time to develop all these activities. You are remarkable in the way you take on new tasks and challenges. We should greet each other as old friends when we meet at the EULAR Congress, and take the opportunity to become inspired, impressed, proud and updated together as a team.

You may read this on your way to Madrid, but you may not know that we have already started planning the programme for Frankfurt in 2020. Enjoy this issue of the newsletter!

What health professionals are excellent at



Tanja Stamm played a leading role at the 2018 EULAR Brussels Conference

From Tanja Stamm, EULAR Vice President representing Health Professionals in Rheumatology

In my opinion, health professionals in rheumatology (HPRs) should be prouder – and more aware – of what they are excellent at. EULAR's HPRs demonstrate their excellence in several projects. A good example is the project, led by Prof. Thea Vliet Vlieland, on developing common core HPR competencies from the perspective of different professions.

Building a common understanding

Beyond the identification of core competences that are most relevant and suitable for all health professions in rheumatology, I think we should also take into account that HPRs are different and have specific areas in which they excel and are highly specialised. We should celebrate the specific expertise of each health profession and highlight the diversity (as well as similarities) between the professions.

This will foster even more multidisciplinary teamwork and build a common understanding which, in turn, will lead to holistic patient care. Patients with complex health conditions, experiencing lots of challenges in daily life, might benefit most if the various expertise of health professionals is used in an optimised manner. By focusing on both the similarities and differences

between HPRs, the culture of care and the well-being of the healthcare teams will be positively influenced.

Highlighting diversity

Apart from a common identity and profession-specific specialities, we also need to highlight diversity in a wider sense. We need, for example, to take the expertise, skills and knowledge of the health professions which are not so commonly represented in our (sub-)committees as a resource.

We have to go beyond the usually well represented professions and make sure that the perspective of these less-typical health professionals in rheumatology is sufficiently represented. These could be clinical pharmacists, biostatisticians, medical social workers, dieticians etc. Perhaps there will be other disciplines in the future that we are not considering at the moment.

Delivering holistic and personalised care

Furthermore, health professionals from different cultural backgrounds, gender and age contribute in a valuable way to delivering holistic and personalised patient care. Seeing patients from different cultural backgrounds – and supporting them to become effective managers of their own healthcare – will be facilitated if HPRs also represent diversity in terms of culture, personal identity, preferences, attitudes, spirituality and environmental factors.

Taken together, I am convinced that we should fully exploit our potential as a diverse group of different people and professions to successfully collaborate with patients, rheumatologists/physicians, scientists and other important stakeholders across Europe and beyond.

Help shape future HPR EULAR Congress programmes



You can help shape the health professionals in rheumatology (HPR) programmes at future EULAR Annual European Rheumatology Congresses. By sending your session proposals to the EULAR Standing Committee of HPRs, you can increase your chance of seeing your ideal session being featured on the HPR programme. Planning happens early so don't hang about. Email your ideas for the 2021 congress to Rikke Helene Moe, Chair of the standing committee, at rikmoe@gmail.com and Tanja Stamm, Vice President of EULAR representing HPRs, at tanja.stamm@meduniwien.ac.at

A diverse challenge

Yeliz Prior is a clinical academic based in Salford, UK. Originally from Istanbul, Turkey, she settled in the UK over 19 years ago and naturalised as a British citizen. She is married to James, an epidemiologist also working in rheumatology research, and proud mother of Max (17) and Mia (16). She talks to HPR News about meeting diverse needs



Tell us a little about your work

I work as a Senior Research Fellow and Director of Postgraduate Research Studies at the School of Health and Society, University of Salford full-time and also part-time in the Mid Cheshire Hospitals NHS Foundation Trust as an advanced clinical specialist rheumatology occupational therapist (OT).

My clinical work and research are closely aligned as I am interested in patient education and the self-management of rheumatic and musculoskeletal diseases (RMDs), with an emphasis on health behaviour change and use of digital health platforms. These span from the development and testing of patient reported outcome measures (PROMs) to therapeutic interventions in pain and fatigue management and online platforms to help people self-manage chronic long-term conditions.

I have been a member of the EULAR Health Professionals in Rheumatology (HPR) Standing Committee for over three years, and I am a co-opted member of the EULAR Scientific Committee, where I help to organise the HPR programme for the annual congress. Over the years I have led EULAR study groups (SGs) such as the Occupational Therapy SG, helping

to deliver multi-national clinical research projects, and recently became a founder and leader of the Work Rehabilitation in People with RMDs SG. I also sit on the British Health Professionals in Rheumatology (BHPR) Council within the British Society of Rheumatology as an Education Officer.

What does diversity mean to you when thinking about rheumatology?

Diversity is an important topic when considering the prevalence, patterns and mechanisms in which the impact of RMDs are investigated, access to treatment pathways are defined, and policy and guidelines are established. Thanks to advancements in science and technology, we now can access a wide range of health information instantly, but this does not necessarily mean all of this information is accurate, relevant or understandable by all.

I see the issue of diversity as two-fold. First and foremost, there is a need for policy makers and service providers to ensure that health and social care programmes and pathways for people with RMDs are inclusive and not only available to those with the means to negotiate the system. People from disadvantaged backgrounds, like migrants and homeless individuals and hard-to-reach populations (such

as those from minority cultures and with lower health literacy), should have equal access to understand and use health information and services to get early diagnosis and treatment. This would lead to better health and quality of life outcomes for everyone.

Secondly, in order to improve access to treatment and patient education, there is a need for cultural competence education for HPRs to ensure everybody receives equitable and effective healthcare. However, the evidence to link health professionals' cultural competence education with patient, professional and organisational outcomes remains limited. Moreover, these are long standing issues requiring not only policy changes but also a culture shift in how we prioritise, deliver and evaluate service provision in healthcare. The quality of any healthcare system depends on the focus, motivation and diversity of the workforce.

You work in an area of the UK known for its diverse population. What challenges do you face trying to meet the needs of people living with RMDs?

I work in an NHS Hospital in Crewe which has a large Polish population accounting 10% of the locals – some of whom speak English and others who don't. When I first took up my post five years ago, I was surprised to find that we did not cater for alternative languages such as Polish when sending out patient letters to confirm hospital appointments and provide information about diagnosis and treatment programmes. We used the Big Word telephone interpretation system to aid consultations with non-English speaking patients and, although this enables translation, the process does not quite allow for trust and a therapeutic relationship to be formed.

I have had to develop new strategies to engage patients through the use of body language and eye-contact to communicate



Yeliz with Ulla Nordenskiöld who helped establish EULAR HPRs



Yeliz with her family: son Max, daughter Mia and husband James

empathy and, over time, have got pretty good at drawing diagrams to explain complex concepts such as mechanisms of pain and fatigue to help patients adopt effective health behaviours.

What tactics have you found to be most successful in finding solutions to providing services that make a difference?

I found that the most important ingredients in a therapeutic relationship is to build trust and prioritise patients' goals. For example, a referral might be for pain management, but this might be confounded by anxiety and depression. I find helping patients to resolve the source of their distress – for example, financial difficulties due to loss of employment – is more effective than going down the route of therapeutic strategies only. Working with patients to stay in – or return to – work, through negotiating job accommodations with their employer or applying for disability benefits, significantly improves their ability to manage their symptoms of RMDs.

Self-management is a big area of interest for you. What have you had to do differently to meet the needs of a culturally diverse community?

Yes, for me patient education to enable self-management is the key to any rehabilitative intervention for people with RMDs. I strongly advocate a patient-centred approach to tailored self-management, which needs to take cultural diversity as well as personal and contextual factors into account during assessment, intervention planning and goal setting. This means I need to be aware of the different needs and boundaries of individuals

from diverse communities and tailor my approach to communication and patient education to their needs. This includes training other HPRs in observing and acting upon such nuances.

What role do you think the less common HPR disciplines have to play in helping people with RMDs?

In the UK the rheumatology team consists of a diverse set of HPRs including OTs, podiatrists, pharmacists and psychological therapists, such as cognitive behavioural therapists, to ensure a holistic approach to enable self-management. People with RMDs have complex needs and all of these specialities play an important role in addressing the day-to-day difficulties they are challenged with. In particular, I make a point of asking patients about their feet and foot problems. More often than not I refer my patients to a podiatrist for a biomechanical assessment to ensure they can stand comfortably to be able to undertake physical activities. Similarly, it is important to involve specialist pharmacists in their care to ensure adherence to the drug regimen, which is often compromised due to earlier side effects or misinformation.

Have you got any tips on making interdisciplinary working more seamless?

It is a complex process. I believe the main principles underpinning effective interdisciplinary team work are positive leadership, management support to allocate time and resources to enable communication channels to be open, an appropriate skills mix amongst team members and advocating patients' priorities in treatment outcomes.

How do you think that EULAR helps HPRs to address the challenges of diversity?

EULAR is inherently diverse in its membership and representation across different countries, disciplines, languages and approach to healthcare delivery. This offers countless opportunities to network and collaborate with HPRs and PARE members from diverse communities to learn from each other, conduct research, identify HPRs' training and patients' education needs. It also offers appropriate levels of training tailored to the specific needs of diverse disciplines and cultures through study groups, task forces, research grants and the School of Rheumatology – all of which are geared towards improving healthcare delivery and patient experience across all member states collaboratively.

You must have worked with colleagues from many different countries. What would be your top tip on adapting to new environments?

Thanks to EULAR I have had the opportunity to work with colleagues from all over the world and made life long friendships. My top tip for adapting to new environments is to embrace the culture and diversity within communities of practice and be open to change.



The EULAR community: bringing together Europe and the USA

Towards better communication between rheumatology and primary care

Ricardo Ferreira and Andréa Marques, nurses at Centro Hospitalar e Universitário de Coimbra in Portugal, explain a new approach to organising rheumatology services being piloted in their region

Primary healthcare professionals (PHPs) are essential for continuity of care, especially for people with chronic conditions like rheumatic and musculoskeletal diseases (RMDs). In this article we present the “Rheumatology Functional Co-ordinator Unit of the Centre” (UCFRC) or “ReumaLinks”, a pilot initiative being developed in Coimbra, Portugal’s central region to promote better communication and higher quality standards of care, and to improve policy makers’ awareness of RMDs.

Despite the small size of Portugal, an official, functional network between community and hospital care does not exist. Knowledgeable and skilled professionals are needed in both community and hospital care settings, maintaining close co-operation, centred on patients, to improve quality and safety of care.

There is a lack of graduate and postgraduate rheumatology education for health professionals (HPs) in Europe (1). This is, presumably, a greater issue in primary care. A recent online survey performed amongst nurses working in Portuguese primary care settings (n=129) showed that nurses have very low levels of confidence in providing education to people with RMDs, even to the ones they have contact with the most – namely people with osteoarthritis (69%), low back pain (68%) or rheumatoid arthritis (63%) (2). Furthermore, their confidence did not significantly improve with greater experience in primary care or with post-graduate specialisations – for example, in rehabilitation or

in community health (2). This lack of knowledge and training might partially explain why, in spite of RMDs being responsible for the majority of consultations in primary care, PHPs are not aware of their impact and relevance compared to other chronic conditions, such as diabetes, cardio or cerebrovascular diseases. These are also the diseases the public is more aware of.

Promoting closer co-operation

There are other important problems regarding rheumatology in the

Portuguese healthcare system: long delays in referrals – and incorrect referrals – of patients with inflammatory arthritis, and an evident lack of multidisciplinary care in both settings which leads to suboptimal management of RMDs and their associated co-morbidities. These problems are unlikely to occur only in Portugal.

After more than four decades organising annual rheumatology meetings for general practitioners (GPs), and without seeing enough improvement in the above-mentioned areas, the Head of Department for Rheumatology came up with the idea of “ReumaLinks”. It follows

already-existing models used in maternity, childhood and diabetes – models which are well implemented across the country.

“ReumaLinks” was legally created in November 2017 and aims to promote closer co-operation between the rheumatology services and primary care units of this region. It will serve as a pilot for the whole country, which is divided in five health

administrative regions (three in continental Europe: North, Centre, South; plus two in the autonomous regions: islands).

Primary care units have different structures and specific targets – for example focused on the family, vulnerable groups, schools or public health – and are organised into healthcare clusters. At the moment, this network integrates one rheumatology department and three healthcare clusters (with 72 units already involved). The network is still growing and is open to the region’s other rheumatology departments and primary healthcare clusters.

Pivotal role in co-ordinating care

Although the network was initially conceived for GPs only, the department’s rheumatology nurses soon called for the inclusion of primary care nurses as well. They are the biggest working force in this setting, playing a pivotal role in co-ordinating care, and are closer to the public (for example, doing home care visits). Unfortunately, other HPs, such as social workers, psychologists, physiotherapists, nutritionists among others, barely number more than one (of each profession) per cluster – for example, one social worker compared to 30 or 40 nurses. For this reason, the network started with only GPs and nurses, although four social workers now sit on the “ReumaLinks” steering committee and some physiotherapists interested in this field were present at the second workshop.

The main objectives of the “ReumaLinks” initiative are to:

- improve knowledge about RMDs in primary care
- improve and maintain standards of care provided for RMD patients
- develop educational standards for HPs in RMDs
- build partnerships with other health professionals in RMDs
- perform research.



Ricardo Ferreira



Andréa Marques

To achieve these aims, two main strategies were/are being implemented: i) direct lines of communication and ii) seasonal workshops. Regarding communication, after the identification of one GP (n=51) and nurse (n=76) per unit (Local Links), dedicated communications (telephone, email) to the central links were provided – that is to the rheumatologists (n=16) and rheumatology nurses (n=4). A special (“red”) phone line exists for urgent occasions, such as urgent referrals. Each central link is responsible for managing the communications of sub-groups of the Local Links.

Workshops have specific themes

Regarding the workshops, each year a specific theme is agreed. In the first year, “Early referrals of inflammatory arthritis” was selected, while the “Prevention of osteoporosis and osteoporotic fractures” was chosen for the next. On this point, practical workshops are being run every 3-4 months. A workshop starts with an introduction and discussion on the theme (symptoms of rheumatic conditions) for both GPs and nurses. The workshop group is then divided by professional background, and specific and practical themes are discussed – for example, differentiating mechanical from inflammatory pain for nurses, and lab tests for physicians.

The workshops are also used to develop common action programmes in a synergistic way, such as for prevention of osteoporosis, falls and osteoporotic fractures. We noticed that these programmes were already being developed independently, with different strategies, but were hardly used to assess efficacy. Being able to discuss and improve these kind of projects between different PHPs from different units – and between them and rheumatology health professionals – during paid working hours is already a major achievement.



“ReumaLinks” brings people together at themed workshops

Increasing RMD awareness

Another major benefit of “ReumaLinks” is the increasing awareness of all health professionals, patients and policy makers about rheumatic conditions. Involving social workers in the steering committee and initial workshop has also been an important further step, although much still needs to improve here.

PHPs have recognised this co-ordination unit as an important source of advice and education, having encouraged different initiatives in musculoskeletal health and rheumatology in primary care. This has also been demonstrated in the number of contacts that we have already received from primary care, the number of participants in the workshops (near 100%) and the interest from the media about the events (3).

Next steps for the project include the involvement of patient representatives in project planning and on the steering committee. We will attempt to increase the participation of other health professionals by promoting local interdisciplinary meetings. Some practice

manuals (for example, guiding principles for rheumatic disease referrals) and prevention flowcharts (for example, screening and follow-up of osteoporotic fracture risk) are being developed.

This co-ordination unit is supported by local health governance, which gives technical support to implement the project (for example, allowing PHPs to assess risk of fracture with FRAX). In the future, we aim to seek support from the national health system to implement this project all over the country.



Networking helps communication

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Practical teaching helps people learn

An example of collaboration from France

Developing RMD physiotherapist activity in France

By Thomas Davergne, physiotherapy PhD student



Thomas Davergne

As a young physiotherapist doing a PhD in physical activity focused on patients with inflammatory arthritis, I wanted to work specifically on these pathologies. To reach this objective, I needed to explore different

strategies, each of them encompassing challenges and pointing out certain realities about beliefs and habits around collaboration.

First, I acknowledged that there were misconceptions about exercises and the activity of physiotherapists. I reached out to rheumatologists and medical doctors close to my office in Paris, and told them about my work philosophy (which is in line with the latest recommendations). It appeared that some rheumatologists were still sceptical or poorly informed about the usefulness of aerobic exercises – or about

the capacity of physiotherapists to conduct them. This observation was also made elsewhere [1, 2].

When I contacted professional physiotherapists networks via Facebook, I felt a lot of enthusiasm. I noticed that a lot of physiotherapists were looking for collaboration to address patients with pathologies (such as inflammatory arthritis) which they were less trained to deal with. Some physiotherapists also recognised that patients with inflammatory arthritis (such as rheumatoid arthritis or ankylosing spondylitis) required specific clinical reasoning. The patients mentioned they were more comfortable addressing queries to therapists who have been specifically trained in their disease area.

Direct contact has proven to be an efficient way of building collaboration. Another strategy I explored was prospecting with rheumatologists during conferences I attended. I believe this route has been the most productive: it showed me that discussing and exchanging directly with someone is the best way to build collaboration. However, a potential

limitation to referrals is that rheumatologists need to know patients who live near to a physiotherapist's office since the physiotherapy programme requires frequent sessions. Patient's needs, in terms of care and localisation, need to be properly identified.

Yet, other strategies that I have not explored yet appear to have good potential. These include contacting local patient associations, professional associations working in rheumatology or larger patients associations, such as Pro Rhumato of AFLAR in France [3], or contacting other health professionals, such as pharmacists, who have contact with patients with inflammatory arthritis.

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An example of co-ordination from Finland

A National Musculoskeletal Programme

By Jaro Karppinen, Professor of Physical and Rehabilitation Medicine, University of Oulu and Finnish Institute of Occupational Health, Oulu, and Marja Kinnunen PhD, Executive Manager, Finnish Musculoskeletal Association



Jaro Karppinen

The Finnish population is one of the fastest-aging populations in Europe and, as we know, the incidence of rheumatic and musculoskeletal disorders (RMDs) tends to rise with age. Similarly, the prevalence of RMD risk factors, such

as overweight/obesity and sedentary lifestyles, have increased and are already more prominent among children. Thus, we need to support people's physical performance across all age groups.

In Finland, great work has been done in many sectors already. For example, all 312 municipalities have a legal obligation to organise healthcare, and to follow the health and wellbeing development of their inhabitants. Also, the municipalities must take health promotion into account in all strategic planning and procedures. For example, many municipalities support

patient organisations that provide peer support, information and easily accessible exercise classes. The use of the national evidence-based clinical practice "Current Care Guidelines" is highly recommended and is used by healthcare professionals in their daily work.

Nationally, it has long been recognised that the development of efficient care pathways is vital in healthcare, but a lack of physicians – especially in remote areas – has hindered patients' access to care. Direct access to physiotherapists is expanding, both

in public and private healthcare. First impressions from professionals indicate that direct access is cost-effective and enables patients with RMDs the optimal amount of rehabilitation at the optimal time.

RMDs issues are still a leading cause of sick leave, early retirement and loss of functional capability. In order to raise awareness and promote decision making and evidence-based practice, the steering group of the National Musculoskeletal

Programme started its work in February 2019. The previous programme, 2008-2015, raised awareness but it needs updating. The steering group includes members from medical professionals, members from the National Institute of Health and Welfare, the national parliament, RMD patient organisations, and other NGOs and the municipalities.



Marja Kinnunen



Anu Vehviläinen, Minister of Local Government and Public Reforms, opened the "Healthy musculoskeletal future in municipalities" seminar in September 2018

Changing public policy inclusively

By Neil Betteridge, International Liaison Officer, Public Affairs, EULAR

As this will be my final piece for *HPR News* in my capacity as International Liaison Officer, Public Affairs, I am delighted to see this edition promoting the theme of diversity. Although rheumatic and musculoskeletal diseases (RMDs) can affect anyone at any age, there is a well-established link with specified population subgroups, for example women, refugees and people from lower socio-economic groups, as well as the better known association with older people. Therefore, to change public policy in favour of people with RMDs and those health professionals in rheumatology (HPRs) who care for them, the only approach which makes sense is an inclusive one which addresses issues of equity and does not just maintain the status quo.

"The only approach which makes sense is an inclusive one"

Issues of equal access to healthcare emerged during EULAR's World Arthritis Day conference "Bringing chronic diseases to the forefront of health innovation". Since then, EULAR has produced a Position Paper based on the conference findings which you can find at eular.org/public_affairs_position_papers.cfm. It provides considerations for the development of future policy at EU, national and regional level. It asserts that to have the desired effect on individuals, societies and economies, policies need to address the following issues:

1. ensuring a leading role for people with chronic diseases in healthcare innovation
2. overcoming organisational and human challenges in the introduction of innovation
3. enhancing the use of big data in healthcare for the benefits of patients.

All of these calls to action, which are directed to national and EU policymakers, recognise that, for some people – HPRs and patients alike – forms of positive action are sometimes necessary. For example, whilst point 1 is calling for people with RMDs to play a greater part in designing future health services, we also



Neil Betteridge

highlight that many will require training or some ongoing support to become effective contributors. Barriers to enjoying the benefits of this sort of patient engagement can include training in technical language, and / or access to suitable technology necessary for participation.

This is echoed in the second point: overcoming "human challenges" relates both to workforce issues such as equipping HPRs with ongoing training and education which ensures they optimise innovation in healthcare, but also to enhancing patient self-management. The digital landscape is changing so quickly that each emerging technology risks not being compatible with its predecessor – or successor! So we need to be working now towards developing common standards for interoperability.

The third point, ensuring that big data brings real benefits to patients, also depends upon the establishment of common standards – for instance to ensure consistency in the composition and use of electronic patient records.

"Disability is a social rather than medical construct"

All of EULAR's public affairs work has embedded within it a commitment to fairness and social justice. For example, our current long-term plan prioritises ensuring that our community is

vocal in the development of disability policies. Disability is a social rather than a medical construct in policy terms, as it is focused on the removal of barriers which otherwise create social exclusion for people with impairments.

The overall priority for the public affairs function in this period is work, which means we will be working with HPR colleagues even more closely going forward, with common goals around maximising work participation for people with RMDs. As all HPRs know, many who are most at risk of occupationally-related RMD injuries or conditions are in manual and low income jobs, people who are not necessarily the classic "expert patients" who would seek help early and be articulate about their needs.

So a commitment to raising awareness amongst policymakers and the general public is important here, both to demonstrate the scale and nature of the problem, but also to illustrate some of the solutions, such as cost effective workplace adaptations. One way we will draw attention to these issues is via a photographic exhibition at the European Parliament which will show people with RMDs of varying ages and backgrounds in workplace settings. Conveying the relationship between these positive images, and the work carried out by HPRs, will be a critical part of the messaging as part of our overall coalition of interested parties.



HPRs Erika Mosor (centre) and Hana Šmucrová (right) at the conference

Combining exercise and fun

A new exercise programme created by Deutsche Rheuma-Liga, EULAR PARE's German member, targets younger people. Ursula Faubel and Nicole Stefan-Schick from the organisation introduce "aktiv-hoch-r"

Deutsche Rheuma-Liga (the German league against Rheumatism and Arthritis) is Germany's biggest patient organisation with more than 300,000 members. The organisation provides information and advice, and organises self-help groups as well as exercise groups for people with arthritis throughout Germany. The organisation also represents the interests of people with different forms of arthritis in the political process, raises awareness and supports research.

One of Deutsche Rheuma-Liga's main activities is to provide exercise groups for people with arthritis. Group exercise in warm water or in a gymnastics room, known as "Funktionstraining" in Germany, is offered to more than 12,000 Deutsche Rheuma-Liga groups. Doctors can prescribe



Ursula Faubel

the training as complementary rehabilitation measures. The prescription is usually for 12 – sometimes 24 – months and the courses are paid for by the German statutory health insurance and the German statutory pension insurance scheme. Physiotherapists instruct and supervise the group exercise, but the organisation lies in the hands of volunteers of Deutsche Rheuma-Liga.

"Integrating regular exercise is not always easy"

People with rheumatic and musculoskeletal diseases (RMDs) often know about the health benefits of physical activity. But many studies show that integrating regular exercise into daily life is not always as easy as it seems – especially while experiencing rheumatic pain and feeling physical limitations.

Deutsche Rheuma-Liga also realised that the majority of participants in their exercise therapy groups are older people. In order to achieve more diversity in participants and, most of all, to reach out to younger people with RMDs, Deutsche Rheuma-Liga developed a new training course. The programme was drawn up by leading experts in sports science and rehabilitation at the Friedrich-Alexander University Erlangen-Nürnberg, Prof. Dr. Klaus Pfeifer and Barb Heinz. The programme is called "aktiv-hoch-r" and includes theoretical background, as well as course modules and a curriculum for the trainers. The development of the programme was sponsored by the German statutory pension insurance scheme Deutsche Rentenversicherung Bund.

"Inspire participants to make a commitment to regular physical activity"

"aktiv-hoch-r" is an evidence-based exercise programme, which imparts knowledge of sports science and motivational aspects. "aktiv-hoch-r" is not just about the physical exercises; it also includes educational aspects to the programme. The aim of "aktiv-hoch-r" is to inspire participants at an early stage to make a personal commitment to regular physical activity by helping them to understand the benefits for their long-term health.

The programme aims to help people with RMDs to self-motivate to continue the programme after a course has ended and to adopt an active lifestyle. "aktiv-hoch-r" uses a holistic approach, involving positive experiences of movement and playful tasks. The focus is on the individual capability of each participant. Even though the primary target is younger people with RMDs with few functional impairments, the individual approach also allows the organisation to reach out to people from different age groups and diverse backgrounds.

The participants of "aktiv-hoch-r" classes learn how to move and how to exercise in a health-promoting way. They learn how to dose load in strength and endurance exercises. They also learn about the effects of regular physical activity on the body. There is a strong focus on self-efficacy,



Nicole Stefan-Schick

attitude and motivation: participants learn how to develop strategies to motivate themselves to do physical activity. A course consists of 12 classes of 90 minutes. The programme has been registered as a prevention course within the statutory health insurance. Participants can, therefore, receive a subsidy for the participation fee.

"With the benefits of new medications we easily forget the importance of physiotherapy and sport," says Dieter Wiek, Vice President of EULAR representing PARE. "This new course shows how you can control your activities to achieve sustainability and, very importantly, meeting others for these varied exercises is fun."

In order to get the programme started, Deutsche Rheuma-Liga trained trainers on a national level. Physiotherapists and other health professionals with a knowledge of training methods were able to participate in the training. Pilot courses for people with RMDs have been conducted, for example, in Berlin and Munich. A website www.aktiv-hoch-r.de provides basic information and includes a motivational video.



EULAR HPR educational activities

Thea Vliet Vlieland, leader of the EULAR HPR Educational Sub-committee, provides an update on developments

Currently, health professionals in rheumatology (HPRs) within EULAR are active in the development and provision of educational offerings in several ways. The activities are carried out via the EULAR School of Rheumatology, EULAR's HPR Standing Committee's Educational Sub-committee and through specific EULAR task forces.

Pre-eminent provider

The School of Rheumatology aims to be a pre-eminent provider and facilitator of high-quality education for physicians, health professionals and people with rheumatic and musculoskeletal diseases (RMDs). It has seven classrooms, one of which is the HPR Classroom which is advised by the HPR Educational Sub-committee. During and following the sub-committee's twice yearly meetings, current educational activities are evaluated and suggestions for new projects are made.

Currently, a number of projects are being executed by the members of the HPR Classroom, supported by a number of other HPRs, PARE members, rheumatologists and EULAR educationalist Catherine Haines. One of the



Thea Vliet Vlieland

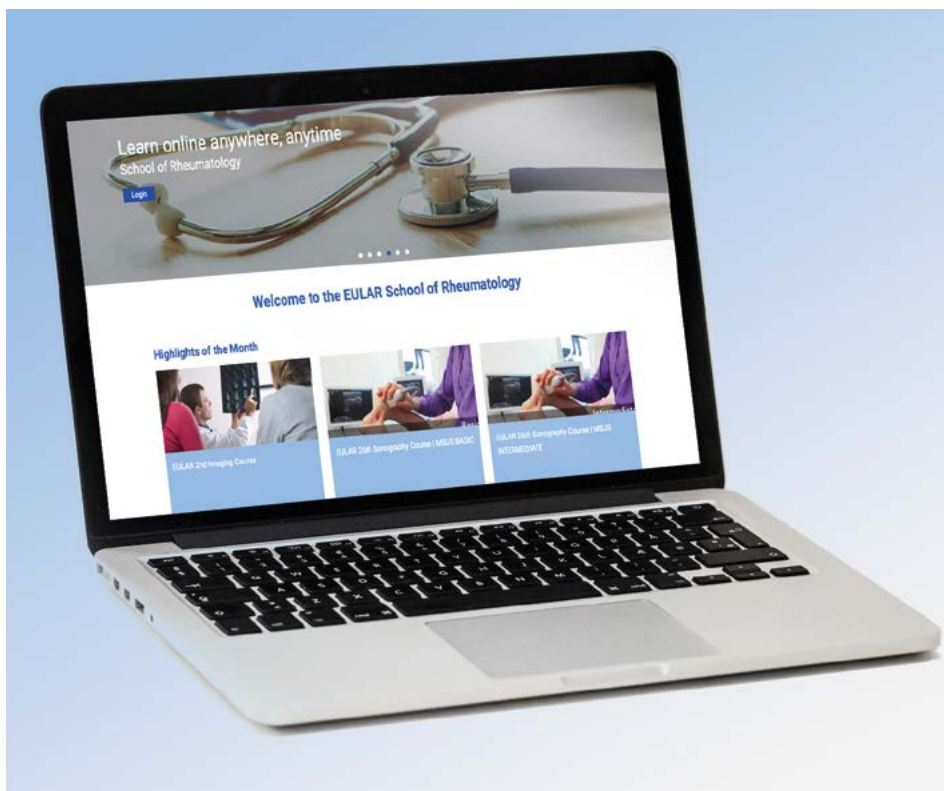
running projects relates to the enhancement and update of the HPR Online Course. Many authors across Europe are working hard to include the newest insights into the course materials and increase the number of pictures and films. Another improvement will be the inclusion of a non-mandatory module on rare rheumatic diseases. The 2019–2020 course will be launched in mid-September and registration will be open from mid-June until the end of November.

Identifying barriers

Other projects that are initiated by the HPR Classroom include an HPR mentoring project and the development of a live course for HPRs on a postgraduate level.

In parallel, a number of other educational projects are carried out. A previous survey has learned that it is not easy to reach out to HPRs in Eastern European countries. For this purpose, EULAR supports an implementation project to identify barriers and facilitators for the uptake of educational offerings in Eastern European countries and, subsequently, to develop and execute tailored implementation strategies. Another implementation project involves the dissemination of the updated EULAR guidelines on hand osteoarthritis among health professionals by means of short videos.

To conclude, from mid 2017 a task force worked on the formulation of desired generic core HPR competences. Such competences could well serve as the basis for an HPRs' curriculum on the postgraduate level. The results will be presented at this year's annual congress in Madrid.



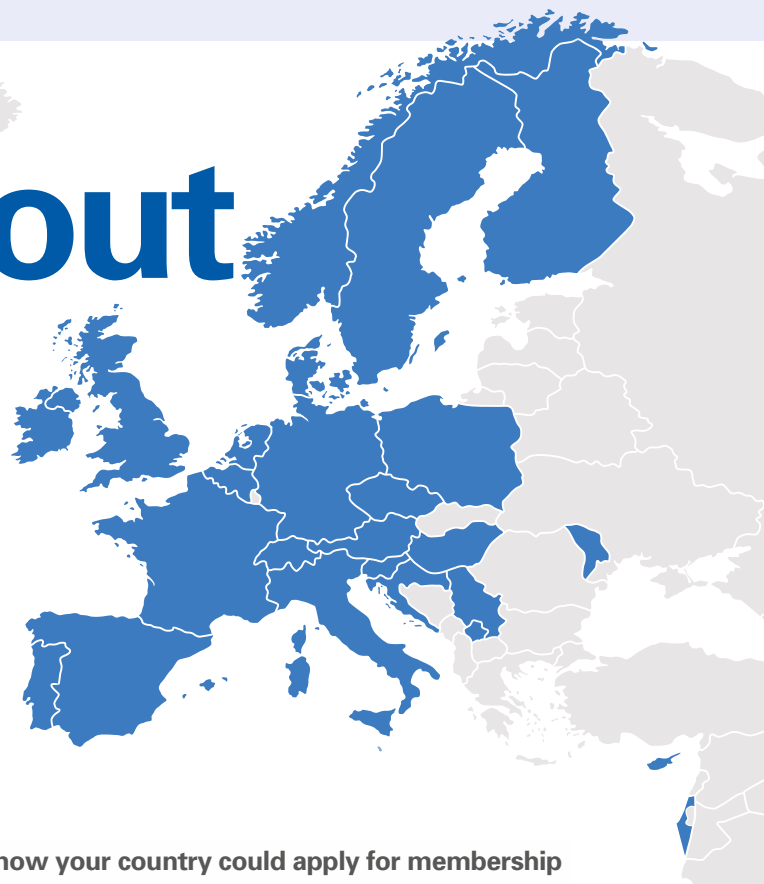
Study group meetings

EULAR Health Professionals in Rheumatology (HPR) Study Groups are established networks in their respective fields and play an active part in the research and treatment of rheumatic and musculoskeletal diseases.

Did you know you are welcome to join any of the study group meetings at the EULAR Annual European Congress of Rheumatology in Madrid in June? Get there early though to secure a seat! See page 19 to find out the dates, times and locations of all the face-to-face study group meetings.

Reaching out

EULAR continues to work towards growing its health professional network membership. We hear from a well-established member and one country in the process of setting up an HPR association



National HPR member organisations of EULAR:

Austria, Belgium, Croatia, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Hungary, Ireland, Israel, Italy, Malta, Netherlands, Norway, Poland, Portugal, Romania, Serbia, Slovenia, Spain, Sweden, Switzerland, UK

● Visit the EULAR Health Professionals' website to find out how your country could apply for membership
eular.org/health_professionals_membership.cfm

Challenges of establishing an HPR association

**Panagiotis Vitalis, PhD
 Researcher with the University of
 Wolverhampton, UK, provides tips
 learnt from Greece's experience of
 setting up a national HPR association**



Panagiotis Vitalis is helping to establish a Greek HPR association

Europe consists of 44 countries, 25 of which already have an association of health professionals in rheumatology (HPR) recognised by the European League Against Rheumatism (EULAR). Greece hopes to be one of the next.

Establishing such an association can have a positively significant impact on patients with rheumatic and musculoskeletal diseases

(RMDs) in a country. Therefore, when an HPR decides to be actively engaged in establishing a national association, he or she must be equipped with patience and perseverance, but the initiative is certainly worth pursuing.

Given that each country is governed by different legislation, in cases like ours in Greece the presence of both a lawyer and an accountant with expertise in this sector is a key attribute. Specifically, regarding the lawyers' contribution, the development of Articles of the Association is the first and most important step. A successful "statute" should be a) precise, according to the government's requirements and b) detailed, addressing almost all the potential actions that the association is developed to pursue. Both are crucial, otherwise a) will not receive immediate legal official approval from the relevant court, causing important time delay (especially in countries with heavy bureaucracy), and b) will impair the association's actions, which may hugely affect its proper functioning.

With regards to the accountant's role, it is also substantial in a) the decision making of the tax authority type of the association

and b) appropriate book keeping. The accountant should register the association with the competent tax authority, where the submission of several documents is also required. This is a very important aspect for the longevity – and legal actions – of the association.

In addition to the different legal requirements of an association, it is necessary to develop an action plan that will successfully promote better healthcare for patients with RMDs, and values and skills for any HPR social group work. Especially, it is important to identify people with a similar vision who intend to co-develop interdisciplinary approaches that will lead to successful collaborative partnerships within the association. As they say: "The whole is greater than the sum of the parts". When the individual parts are combined, it adds a different quality.



Central role for patients

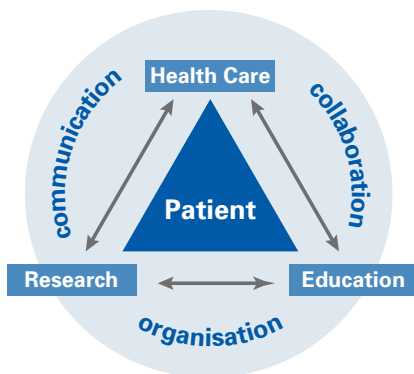
From Wilfred Peter, President of NHPR in the Netherlands

The Netherlands' Health Professionals in Rheumatology association (NHPR) consists of 450 members. These include rheumatology nurses and advanced nurse practitioners, physiotherapists (PTs), exercise therapists (ETs), occupational therapists (OTs), researchers, and a number of social workers, psychologists, podiatrists and physician assistants.

The NHPR's mission is to improve care for patients with rheumatic disorders by promoting high-quality care and professional education, and to optimise the accessibility and visibility of health professionals in rheumatology (HPRs).

The trias academica plays a central role in the policy of the NHPR to achieve those objectives.

The figure below schematically shows how healthcare, research and education relate to each other – with the patient in a central role.



Important challenges for the NHPR in the Netherlands include, firstly, collaboration in rheumatology healthcare between healthcare providers, hospital-based care and primary care and, secondly, providing outstanding educational opportunities for all health professionals.



Wilfred Peter

Collaboration between physicians and health professionals, with active involvement from patients, is becoming increasingly prominent in multidisciplinary recommendations and guidelines. Examples of our work in this area include two projects relating to the development of recommendations: 1) for exercise therapy for axial SpA and 2) for the initial assessment and treatment of the rheumatoid arthritis foot.

Another ongoing project is focused on improving the quality and visibility of primary care PTs and ETs. A nationwide registry will be developed for PTs and ETs with specific expertise in rheumatology care according to quality criteria in which educational courses, such as the EULAR Online Course for health professionals, play an important role. This project may serve as an example for improving the quality and visibility of other disciplines.

Future plans will explore structural collaboration with our national umbrella patient organisation (SRPN) and we aim to organise joint sessions for rheumatologists, HPRs and patients during the annual national rheumatology congress.



Finally, the NHPR research working group is now preparing a research proposal related to physical activity, one of the topics of the research agenda of the Dutch Society for Rheumatology. Close co-operation will be sought with the rheumatologists to develop a nationwide research project.

If your country doesn't have a national HPR association, and you are interested in establishing one, EULAR can assist you. It can provide advice and guidance to help you know what is involved.

Becoming part of the EULAR HPR network offers a wealth of opportunities to national health professional associations and their members. EULAR supports national HPR organisations to apply for HPR membership. Please contact Rikke Helene Moe, Chair of the HPR Standing Committee, at rikmoe@gmail.com for further information. The application deadline is 31 January each year.

Visit eular.org/health_professionals_member_orgs.cfm for more information and to find a list of all member organisations.

Learning from each other

Andriy Pentsak is a physical therapist from Ukraine. In 2018, he went on an educational visit to the Centre of Rehabilitation, Physical and Sports Medicine at Vilnius University Hospital in Lithuania

I work as a physical therapist at Next Step Ukraine, a rehabilitation centre which provides free rehabilitation assistance to active soldiers and wounded warriors in Kyiv. Together with other members of the multi-professional rehabilitation team from Ukraine, MD Olena Dolynna and occupational therapist Alina Tereshchenko, in May last year I went on an internship to a certified training centre for physical and rehabilitation medicine – the Centre of Rehabilitation, Physical and Sports Medicine at Vilnius University Hospital. The learning was carried out in the multi-professional environment of the clinic's outpatient and in-patient rehabilitation departments.

Lithuania was not chosen by chance for training, but because of its experience of effectively reforming the rehabilitation system of post-Soviet countries and similar socio-economic conditions. After the collapse of the Soviet Union, Lithuania chose the Western European vector of development and, during the subsequent 20 years, enthusiasts have effectively reformed the rehabilitation system by implementing modern rehabilitation standards at the state level. In Ukraine, physical and rehabilitation medicine is at a stage of development, the impetus for which was the beginning of a military conflict in the east of the country in 2014.

Urgent need for qualified rehabilitation specialists

The increase in the number of disabled people has led to the urgent need for qualified rehabilitation specialists, rehabilitation departments and equipment. There have been



Performing physiotherapy treatment on a patient

additional barriers, such as the lack of quality evidence-based educational programmes in the field of rehabilitation. The Lithuanian State Rehabilitation System has acted as a model for me because, in a rather short time, the country managed to implement a “rehabilitation miracle” which Ukraine now needs.

Our main mentor during the internship was Prof. Alvydas Juocevicius, President of the Lithuanian Society of Physical and Rehabilitation Medicine and head of the Centre for Physical and Rehabilitation and Sports Medicine Santaros Klinikos. Colleagues have named him the “father of Lithuanian rehabilitation” as he was one of the first to initiate reform and development of the rehabilitation system in the country.

On the first day of our internship we had a tour around the clinic, during which we were introduced to its history, main areas of work

and principles of rehabilitation assistance organisation. Each member of our team was assigned a clinical curator in accordance with the specialty (physical and rehabilitation medicine physician, physical therapist, occupational therapist).

The training programme consisted of theoretical and practical parts, and focused on acquiring skills and knowledge for working with rheumatology patients. Our morning started with lectures by the members of the multi-professional rehabilitation team (physical and rehabilitation medicine physician, physical therapist, occupational therapist, social worker) regarding the modern rehabilitation approaches used in the department. After lectures we observed individual and group therapeutic sessions which were held in the physical therapy halls, in the pools, in the rooms of occupational therapy and psychotherapy or in the office of a social worker.



Andriy being presented with a certificate by Prof. Alvydas Juocevicius

Achieving maximum patient participation

In the department we observed well co-ordinated team work, which determined the effectiveness of rehabilitation. Each specialist (physical and rehabilitation medical doctor, physical therapist, occupational therapist) conducted an assessment and set rehabilitation interventions according to evidence-based medicine data and the analysis of information received from each member of the rehabilitation team. As a result, there was an agreed set of goals and a rehabilitation programme, taking into account any requests from the patient and family members.

I would like to dwell on the role of the occupational therapist and social worker in the process of rehabilitation. Their significance as members of the rehab team in achieving maximum patient participation is unquestionable. In one of the departments, a girl with a spinal cord injury, who herself had recently been the patient, worked as an ergotherapist. After successful recovery, she worked as an occupational therapist and helped others. She coped well with her professional duties and positively motivated patients.

The occupational therapy rooms in the hospital had all the necessary equipment in order to help patients achieve their rehabilitation goals. Patients and their family members could be consulted in the rehab unit by a social

worker who is there to provide psychosocial assistance, counselling on education, legal and financial issues, and creating conditions for effective social integration. In Ukraine, these professions are only developing and the first steps are being taken to integrate occupational therapists and social workers into rehabilitation teams.



Andriy with Olena Dolynna M.D. (right) and occupational therapist Alina Tereshchenko (centre)

Sharing the knowledge

It's been almost a year since the end of the internship and we can already assess its impact on our daily practice. I share the knowledge I gained regarding my professional daily activity with students who are undergoing clinical practice in our clinic. My colleagues from the internship (Olena Dolynna and Alina Tereshchenko) provide rehabilitation services at rehab departments and teach in higher education Ukrainian institutions, using their knowledge and experience during clinical, pedagogical and scientific practice.

During the internship, we were able to become acquainted with rehabilitation care organisation, assessment tools, features of physical and occupational therapy, the use of physical modalities and assistive devices, and we gained experience of teamwork during the rehabilitation of people with rheumatic diseases. The gained knowledge helps us to be effective in our day-to-day work, contributing to improving the functioning and quality of life of people with rheumatic diseases.

In Ukraine, rehabilitation is still in the development stage, and we have a large number of tasks and goals. Thank you for the wonderful opportunity to gain new professional knowledge and experience. Our team is grateful to EULAR for the opportunity and we will do our utmost to promote and disseminate our experiences and learning in Ukraine.

Apply for a grant

EULAR awards up to 10 educational visit bursaries per year for rheumatology health professionals to visit colleagues in other countries. Information about how to apply can be found on the EULAR website at esor.eular.org/theme/lc_eular/layout/enrol.php?id=28



Szonja Váradi, Department of Paediatrics, Semmelweis University, Budapest, Hungary, reports on her educational visit to Great Ormond Street Hospital in London, UK in spring 2018



Szonja Váradi

I have worked at Semmelweis University, Budapest as a junior physiotherapist for two years, with my field of interest being paediatric rheumatology. Although I work in a professional, supportive and inspirational

rheumatology team, I do not have access to other outlets to improve my knowledge – another paediatric rheumatology centre for example. Therefore, the head of my rheumatology unit, Tamás Constantin MD, PhD, advised me to travel abroad and visit a more famous paediatric rheumatology centre to develop my skills. Our choice was Great Ormond Street Hospital (GOSH) in London.

I spent four weeks at GOSH observing the work of specialist physiotherapist Susan Maillard. She demonstrated her extraordinary skill and expertise, gave me her constant attention and showed great kindness during my time with her.



Susan Maillard

Rehabilitation programme

At GOSH, children with significant muscle weakness or joint stiffness, who have been

assessed by a specialist rheumatological doctor and the physiotherapy team, are included in an intensive rehabilitation group. The most common conditions are juvenile idiopathic arthritis (JIA), juvenile dermatomyositis (JDM) and systemic lupus erythematosus (SLE) from the inflammatory conditions, plus hypermobility syndrome and complex regional pain syndrome (CRPS) from the non-inflammatory conditions. There are up to 16 rehabilitation groups for children between 4-16 years. The physio team uses a progressive resisted muscle strengthening programme for two or more weeks.

During my visit, I participated in clinical assessments, physiotherapy assessments, physiotherapy teaching sessions, psychological teaching sessions, occupational therapy assessments, foot therapy assessments, and to assist in the gym sessions.

Planned learning objectives

I feel I achieved all the planned goals I set before the educational visit.

These were to:

- get to know a new system in the field of paediatric physiotherapy
- gain a deep knowledge about paediatric rheumatological physiotherapy
- understand how the rheumatological team works
- develop an understanding of both inflammatory and non-inflammatory conditions, alongside pain conditions
- observe objective assessments and gym sessions
- develop communication skills.

The rehabilitation programme at GOSH is a high-quality, successful programme and it was amazing to being part of it for a few weeks. The physiotherapists, doctors and healthcare workers were very open-minded, communicative and helpful, so it was easy to develop my knowledge and my language skills. I gathered a lot of oral and written information from the rheumatology team.

Learning from my visit

As a result of my educational visit I planned to implement some changes at my hospital. These were:

- working more closely with the multidisciplinary team to ensure each child has appropriate management
- introducing an ambulance service by the physiotherapists
- introducing group gym sessions for muscle strengthening
- highlighting the importance of the role of team members
- educating parents about their child's condition.

I have compiled a very thorough physiotherapy examination sheet especially for children with rheumatological disorders. This document now makes my work easier, allowing me to set up a more detailed, personalised treatment plan for children.

It is necessary for the family to be aware of the importance of muscle strengthening and the proper execution of the exercises, so I've edited a physiotherapy programme sheet containing specific muscle strengthening movements.

Seeing the communication by GOSH staff with the parents and children had a huge impact on me. I now always make sure to inform the family about the musculoskeletal aspects of their child's disease, and to highlight the importance of being active and doing physio exercises. It is also important to talk about pain and the distraction strategies which are a determining factor in pain management.

In the near future we plan to start an outpatient physiotherapy service in our hospital which I hope will provide physiotherapy treatment to many more children.

The rheumatology team at my hospital strives to discuss cases from the outset to set up the most appropriate plan for children – involving all team members throughout their treatment. Since my educational visit, I have started to work more closely with the team.

Madrid

12-15 June 2019



The EULAR 2019 Annual Congress of Rheumatology in Madrid will see high quality health professional in rheumatology (HPR) scientific sessions which introduce research and issues of interest in HPR practice. You will have the opportunity to attend 14 HPR sessions, including two abstract sessions and two joint sessions which have been organised with rheumatologists and PARE. Additionally, HPRs can take part in two dedicated poster tours.

The HPR booth will be located with the other EULAR pillars in the EULAR Village. Come and visit us: it is an ideal opportunity to meet the Health Professional Standing Committee and network with colleagues.

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 2019

Date	Session title	Session type	Room
12 June 14.15–15.45	HPR Welcome Session	HPR session	N115/N116
12 June 16.15–17.45	Rehabilitation: opening Pandora's Box	HPR session	N115/N116
12 June 18.15–19.45	The riddle of adherence	HPR session	N105/N106
13 June 10.15–11.45	Transformative care – the future	HPR abstract session	N105/N106
13 June 11:50– 13:30	T13: Furthering clinical management	Poster Tour	Poster area Hall 10
13 June 13.30–15.00	Exercise – more than a wonder drug	HPR session	N105/N106
13 June 13.30–15.00	Treatment is more than drugs	Joint Session PARE / HPR	N115/N116
13 June 15.30–17.00	How not to smoke like a chimney	HPR session	N105/N106
14 June 10.15–11.45	HPR Abstract Session II	HPR abstract session	N105/N106
14 June 11:50– 13:30	F13: Lifestyle, exercise	Poster Tour	Poster area Hall 10
14 June 13.30–15.00	Teenage look in the mirror (sexuality and body image meeting health care)	HPR session	N105/N106
14 June 13.30–15.00	Jewels in the crown of health professionals	EULAR Projects in Health Professionals	N117/N118
14 June 15.30–17.00	Know your methods! Interactive discussion	HPR session	N105/N106
15 June 09.00–10.30	Orthotic treatment: is it in or out?	HPR session	N105/N106
15 June 12.00–13.30	Behaviour change in fibromyalgia	HPR session	N105/N106
15 June 13.45–14.45	HPR Highlight Session	Highlight session	N105/N106

Study Group meeting schedule EULAR Congress 2019

There is a capacity for 20-25 participants per meeting

Study Group	Date	Time	Room	Study Group Leader	Email
STOPE – patient education	Thursday 13 June	17:00–18:00	S16	Mwidimi Ndosi	mwidimi.ndosi@uwe.ac.uk
Non-pharm Connective Tissue	Thursday 13 June	17:00–18:00	A10.07	Carina Boström	carina.bostrom@ki.se
Work Rehabilitation in People with RMDs	Thursday 13 June	18:00–19:00	A10.02	Yeliz Prior	Y.Prior@salford.ac.uk
Foot and Ankle	Thursday 13 June	18:00–19:00	A10.07	Gabriel Gijon Robert Field	gagijon@uma.es rfield@nhs.net
Physical Activity & Exercise	Friday 14 June	17:00–18:00	A10.07	Rikke Helene Moe	rikmoeg@gmail.com
Nurses Research & Strategy (REST)	Friday 14 June	18:00–19:00	A10.07	Yvonne van Eijk-Hustings Jenny de la Torre-Aboki	yvonne.eijk.hustings@mumc.nl delatorre_jen@gva.es

Meet the national health professional delegates on EULAR's HPR Standing Committee

There are 25 formally ratified EULAR HPR organisations represented by their presidents or other nominated officials on the EULAR Standing Committee of Health Professionals in Rheumatology.

The national HPR delegates contribute to shaping health professional activities within EULAR.

The Committee, headed by Chair Rikke Helene Moe, Past Chair Annette de Thurah and EULAR Vice President representing health professionals in rheumatology Tanja Stamm, discusses ongoing projects and new proposals for the EULAR Executive Committee, initiates the health professional programme for the EULAR Annual European Congress of Rheumatology, and supports and reviews HPR 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.

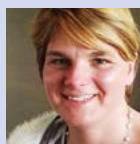
Rikke Helene Moe: rikmoe@gmail.com

Tanja Stamm: tanja.stamm@meduniwien.ac.at

Annette de Thurah: annethur@rm.dk



Austria: Sylvia Taxer
The president of the Österreichische Gesellschaft für rheumatologische Gesundheitsberufe (ÖGRG)



Belgium: Karlien Claes
The president of the Belgian Health Professionals in Rheumatology



Croatia: Nikolino Zura
The president of LABUD, the Croatian Society of Health Professionals in Rheumatology



Cyprus: Costas Ioulianos
The president of the Cosmorama+



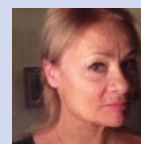
Czech Republic: Hana Šmucrová
The president of the Czech Association of Health Professionals in Rheumatology



Denmark: Janni Lisander Larsen
The president of the Danish Interdisciplinary Forum (DIRF)



Finland: Sirkku Ala-Peijari
The president of the MSD-professionals of Finland, SUOMEN TULESAMMATTILAISET R.Y.



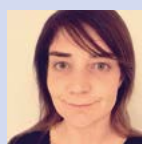
France: Françoise Alliot-Launois
The president of the French society of health professionals in rheumatology, Pro Rhumato



Germany: Ulrike Erstling
The president of the German Fachverband Rheumatologische Fachassistenten e. V.



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



Ireland: Patricia Fitzgerald
The president of the Irish Rheumatology Health Professionals in Rheumatology



Israel: Naomi Schultz
The president of the Israeli Rheumatology Multi-Disciplinary Forum



Italy: David Biscontin
The president of FOR-RheUMA, the Italian Society of Health Professionals in Rheumatology



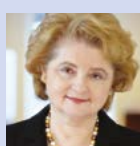
Malta: Dr. Alfred Gatt
The president of the Maltese Health Professionals in Rheumatology



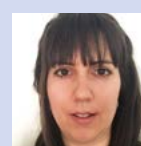
Netherlands: Wilfred F Peter
The president of the Netherlands Health Professionals in Rheumatology



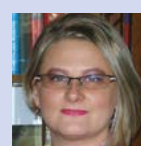
Norway: Camilla Fongen
The president of the Norwegian Interdisciplinary Organisation in Rheumatology (NIOR)



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



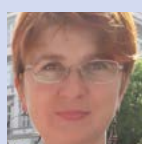
Portugal: Andrea Marques
The president of the Portuguese Association of Health Professionals in Rheumatology (APPSReuma)



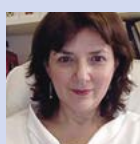
Romania: Cristina Ioan
The president of the Romanian Society of Medical Partners for Rheumatology (RSMRP)



Serbia: Svetlana Zekovic
The president of the Serbian Association of Health Professionals in Rheumatology (SAHPR)



Slovenia: Milena Pavic Nikolic
The president of the Slovenian Health Professionals in Rheumatology



Spain: Milena Gobbo Montoya
The president of the Spanish OPENREUMA



Sweden: Malin Regardt
The president of the Swedish Rheumatology Forum, SveReFo



Switzerland: Agnes Kocher
The president of Health Professionals in Rheumatology Switzerland (hpr)



UK: Caroline Flurey
The president of the British Health Professionals in Rheumatology (BHPR)

For contact details of all the member organisations and nominated EULAR liaison personnel, please visit the EULAR website to find the most up-to date-information.
www.eular.org/health_professionals_membership.cfm

Editorial office

Publisher: EULAR Standing Committee of Health Professionals in Rheumatology – Seestrasse 240, CH-8802 Kilchberg, Switzerland

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Layout design: Heikki Luukkonen, HL-Mark, Finland

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