



Issue 7 • 2020 Spring

HPR News

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fighting rheumatic & musculoskeletal diseases together

Newsletter of the Health Professionals in Rheumatology

Here for you: EULAR School of Rheumatology

By Els van den Ende, faculty member of EULAR's Online Course for Health Professionals in Rheumatology

Over the last few months, the COVID-19 crisis has brought uncertain times to Europe and the rest of the world – with the uncertainty seeming to grow every week. International and national measures to close businesses and services have, as a consequence, seen many more people work from home and rely on digital possibilities.

EULAR is ready to meet this increased demand thanks to its ability to provide education virtually through its School of Rheumatology. Many health professionals in rheumatology (HPRs) might not be fully aware of the educational opportunities which are available to them – opportunities which are of relevance to those of you who are homebound during this difficult period and are also a great support to those working in clinical practice who need access to high-quality information. I would like to use the newsletter to map EULAR's educational activities for you.

High quality educational offerings

EULAR has traditionally been a pre-eminent provider and facilitator of high-quality educational offerings for physicians, health professionals in rheumatology and people with rheumatic and musculoskeletal diseases (RMDs). In 2017, these activities were consolidated into the EULAR School of Rheumatology (ESOR), supervised by an advisory board led by Prof. Annamaria Iagnocco. Now, in 2020, ESOR is a fully integrated operational entity of EULAR with different classrooms. One of these is the HPR classroom led by Prof. Thea Vliet Vlieland.

EULAR offers two types of registration within the EULAR school. As a



learner you can enrol yourself in your chosen EULAR School activity or event without needing to be a member. But, by choosing to become a member, at an annual cost of EURO 30, you can enjoy additional benefits and receive specific discounts.

What does ESOR offer to HPRs?

Already running for a seventh year, the EULAR Online Course is specifically for health professionals in rheumatology. Importantly, a number of outstanding expert authors from across Europe are involved in the development and continuous updating of the course.

Membership of ESOR allows you access to the EULAR App which provides information and guidelines on RMDs. In addition, the ESOR web pages offer free learning materials. Here, I would like to point to the [hand videos](#) – the result of a EULAR-funded project – which interactively bring to life the EULAR recommendations about the management of hand osteoarthritis (OA) to both health professionals and patients.

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>> Face-to-face opportunities

In addition, I would like to draw your attention to some face-to-face activities which will be of interest in a COVID-safe life. ESOR offers interesting possibilities to learn and to exchange with colleagues across countries and disciplines. A live course for health professionals was recently developed to take place in Madrid and can, hopefully, be rescheduled as soon as the COVID-19 crisis subsides.

You could also consider making an application for a bursary to support an educational visit to health professionals other than physicians working in the field of rheumatology. You can read more about this on page 14-15 of the newsletter.

Citing Prof. Annamaria Iagnocco: "Education is an ongoing activity of our professional life; it is an essential element of high-quality care."

Types of membership

Learner: As a learner, you can enrol yourself in your chosen EULAR School activity or event without needing to be a member of the School.

Member: As a member, you will be kept up to date on the EULAR School's latest news and enjoy additional benefits such as free access to certain educational information and receive specific discounts for educational meetings, courses and events. The annual membership fee is EUR 30. Membership runs from June-June each year. There is no membership fee reduction after June.

The EULAR Online Course for HPRs



Online learning offers many opportunities

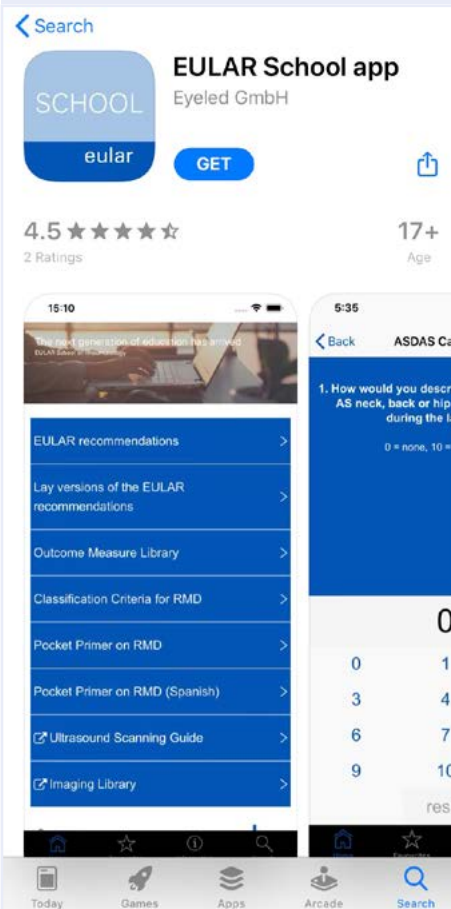
The next course starts on **14 October 2020** and lasts for one year. It consists of a total of eight modules:

- four disease-specific modules: inflammatory diseases; OA; rare diseases and pain syndromes
- four generic modules: assessment and evaluation; interventions; psychosocial approaches and evidence-based practice.

Care is given to integrate the multidisciplinary perspective of the treatment of rheumatic diseases. The module on rare diseases is non-mandatory.

Visit <https://esor.eular.org> to register.

About the App



The App is a comprehensive tool which includes recommendations, an outcome measures library, an imaging library, classification criteria for RMDs, as well as useful external links and a EULAR Pocket Primer on RMDs – all accessible from any location (online and offline).

Edgar Stene Prize winner 2020

47-year-old Hristina Bankova from Bulgaria has won this year's Edgar Stene Prize competition with her essay "One step at a time".

Dieter Wiek, EULAR Vice President representing PARE, said: "This year's theme 'Being a person with a rheumatic or musculoskeletal disease – How my voluntary work benefits me' has allowed people to reflect on what volunteering means to them. People's motives for doing voluntary work are diverse – such as coping with your own problems, communicating with others and

feeling understood. These competition essays show how voluntary work can be a great benefit to individuals."

Winner Hristina learned about the theme of the 2020 Edgar Stene Prize competition from the Bulgarian Organisation for Patients with Rheumatic Diseases (BOPRD). She said: "I felt: 'This is my topic'. I believe volunteering brings fun and fulfilment to my life which means a lot to me."

You can read this year's three top ranked essays on the [EULAR website](https://eular.org)



Hristina Bankova: 2020 Stene Prize winner

Implementing physical activity prescribing

By George Metsios, project convenor, from the Institute of Sport at University of Wolverhampton, UK



The **Implementation of Physical Activity** into routine **Clinical practice in Rheumatic Musculoskeletal Disease (IMPACT-RMD)** study aims to address known barriers that stop people with RMDs engaging more in physical activity. People living with RMDs say that they want their trusted healthcare professionals to advise them on physical activity, but that they don't receive such advice. However, frontline healthcare staff (doctors, nurses, physiotherapists) report that they are not confident in prescribing physical activity since they lack such knowledge (medicine, nursing and physiotherapy curricula do not include relevant modules).

The IMPACT-RMD Consortium will, for the first time, co-develop two e-learning physical activity courses (~20min each) for frontline health practitioners to understand the multiple physical activity benefits and to implement physical activity advice in all their encounters with all RMD patients.

This work has a strong co-development approach, involving both frontline healthcare staff as well as RMD patient groups. Our collaborating patient groups from six EU countries will ensure that the information taught to frontline healthcare practitioners will be delivered to RMD patients in a bespoke and patient-centred manner. We intend to test this method to investigate whether these e-learning courses will help frontline healthcare staff to advise about physical activity – and if patients with RMDs will do more physical activity based on this advice.

Making progress

Much progress has already been made with the following having been achieved. We have:

1. conducted a survey in different RMD patient groups in different countries to validate these known above-mentioned barriers
2. conducted meetings as a Consortium and confirmed the content of the courses
3. developed the first online course (knowledge on the multiple physical activity benefits) and begun developing the second one (implementing physical activity advice in clinical practice). Videos are required for our second course, but progress here is slow due to the Covid-19 outbreak
4. published our protocol paper describing the detailed project steps and its implementation, and published a review paper on the benefits of exercise on cardiovascular outcomes in RMD patients.

We have learnt that the barriers for engaging in physical activity are different for each individual patient, and that there are challenges in reaching agreement within a Consortium of experts. But, this can be achieved via good communications and proactive working between RMD patient groups and frontline healthcare professionals. We have also learnt that the main barriers to engaging in physical activity reported by RMD patients – specifically relating to pain, fatigue and disability – are the ones that can be significantly improved via engaging in more physical activity. However, RMD patients are not aware of this.

Next we will develop and finalise the second e-learning course and work with the EULAR education team to turn both e-learning courses into an interactive format. We also have our final meeting online to investigate how we can evaluate whether these e-learning courses are effective in increasing healthcare staff's knowledge of physical activity – as well as whether physical activity advice is implemented within clinical practice after doing our e-learning courses. Finally, we want to investigate whether the advice provided by frontline healthcare staff to RMD patients can increase physical activity levels in RMD patients.

Robust implementation framework

Through this work, we will help frontline healthcare staff understand the overall benefits of physical activity on symptoms and co-morbidities in people living with RMDs. We will also help frontline healthcare staff provide consistent advice on physical activity during routine RMD patient consultations.

We have developed our approach in a way that frontline healthcare staff can provide either brief physical activity advice (e.g. when a consultant has <3 min with a patient during a busy routine clinic) or extended advice (when a healthcare professional such as a physiotherapist or nurse has >3 min with a patient). Our methodology is governed by both a robust implementation framework as well as strong behavioural change theory, always informed by identified barriers and facilitators from RMD patients.



IMPACT-RMD aims to address barriers stopping people with RMDs being physically active

Assessing implementation of the EULAR Recommendations for patient education

By Dr. Mwidimi Ndosi, project leader, from the University of the West of England, Bristol, UK

Over recent months, the EULAR Study Group on Patient Education (STOPE) has progressed its work assessing the implementation of EULAR Recommendations for patient education in inflammatory arthritis. This EULAR-funded project has involved developing a survey for healthcare professionals and patients to assess whether they find the recommendations acceptable, appropriate and, most importantly, whether healthcare professionals can apply these in their daily clinical practice.



The STOPE Study Group members



Sarah Bennett

This work would have been impossible were not for our country champions and patient research partners in each collaborating country who undertook the laborious task of translating and culturally adapting

the survey into 20 languages. They also actively promoted and distributed the survey using snowball sampling and social media. This resulted in a good response from healthcare professionals as well as patients with inflammatory arthritis from 23 countries.

Multinational survey

Dr. Carina Bostrom is the Country Champion from Sweden. Working with Dr. Ingrid Larsson and patient research Partners, she used a dual panel approach to adapt the original English survey into Swedish and translate the survey responses from Swedish into English. Carina said: "This project will not only increase the awareness of the EULAR Recommendations for patient education within Sweden, but also identify barriers to implementation and, ultimately, improve patient care."



Mwidimi Ndosi

Dr. Sarah Bennett, a Rheumatology Research Associate working in Bristol, co-ordinated this multinational survey and undertook the analysis of the health professionals' data, which was completed in December 2019. The findings will be presented by Sarah at the coming EULAR e-Congress. The analysis of the patients' dataset is in progress and the findings will be reported in summer.

This important project will help us to understand any barriers to implementing the recommendations and to identify ways to improve the standards for patient education provided by rheumatology teams.

From the Chair

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

The COVID-19 outbreak has been a test of patience, restructuring and trust. We have noticed people applauding healthcare workers from their balconies across Europe and it has become visible that people rely on us, like we rely on each other.

If you have cases to report, you can do so on the [EULAR COVID-19 Rheumatological Register](#)

I am sorry that we will not be able to physically see each other at the EULAR Congress in Frankfurt, but we are excited about testing a virtual format. As health professionals in rheumatology (HPRs), we are currently shaping future healthcare to increase the need for optimised evidence-based



care, innovation and seamless collaboration. Already, our study groups include targeted projects focusing on the implementation of EULAR Recommendations and educational programmes. If you are interested in taking part in implementation projects or have great ideas, please [get in touch](#) with the HPR leadership.

HPRs all over Europe are lucky to be part of a

wonderful fellowship and have colleagues to trust, co-operate with and learn from. I would like to challenge you to identify potential HPR country members to grow our network, and to promote greater use of our travel bursaries and educational visit grants to learn from each other.

As my term as HPR Chair comes to an end, I am very confident about passing the tasks over to my friend Ricardo Ferreira from Portugal. I will still be involved as Past Chair for one more year to support him – and you – in all our HPR activities. I am most grateful to our Vice President Tanja Stamm for her boldness, professionalism and hard work. Also for the fun and laughter we have had in between intensive workdays.

We all need a little extra friendliness these days. Our patients are extra vulnerable, and so are we as health professionals. Together we can get through the challenges ahead and take our normal lives and tasks back.



Changing times

By Tanja Stamm, EULAR Vice President representing health professionals in rheumatology

We are currently living in strange times, dominated by substantial change. In many countries, we are keeping a physical distance, have changed our meetings to teleconferences and we attend congresses virtually. Despite this unusual situation, patients need our care, and any secondary consequences of COVID-19 on the management of other diseases must be avoided. I trust that we all will learn a lot from the current crisis. This will include more self-responsibility, new ways of delivering treatment and interacting with patients, and innovation in the use of digital technologies.

"I wish Thea all the best"

While we cannot now meet face-to-face in June, I am convinced that we will all create interesting and new experiences with this year's virtual EULAR Congress. At this time, I will hand over to the new EULAR Vice President, representing



health professionals in rheumatology (HPR), Prof. Thea Vliet Vlieland. Thea will make an excellent Vice President. She is an outstanding researcher, an internationally well-known expert in musculoskeletal diseases and an experienced clinician. She embodies a non-physician health professional and a physician in one person and will, thus, integrate the different preferences

and perspectives. Thea has contributed a lot to EULAR already and has considerably advanced HPR education in the last years. Thea will also be an ideal HPR "partner" when Prof. Annamaria Iagnocco becomes EULAR President. I wish Thea all the best for her new position.

"Rikke has been an outstanding Chair"

Another change will occur in June 2020. Dr. Ricardo Ferreira will take over the role of HPR Chair from Dr. Rikke Helene Moe. Rikke has been an outstanding Chair over the last two years and will stay for another year as Past Chair. She has dedicated an incredible amount of time to EULAR, and the HPR Standing Committee has grown tremendously under her guidance and leadership. I am sure that Ricardo will continue this excellent leadership of the Standing Committee.

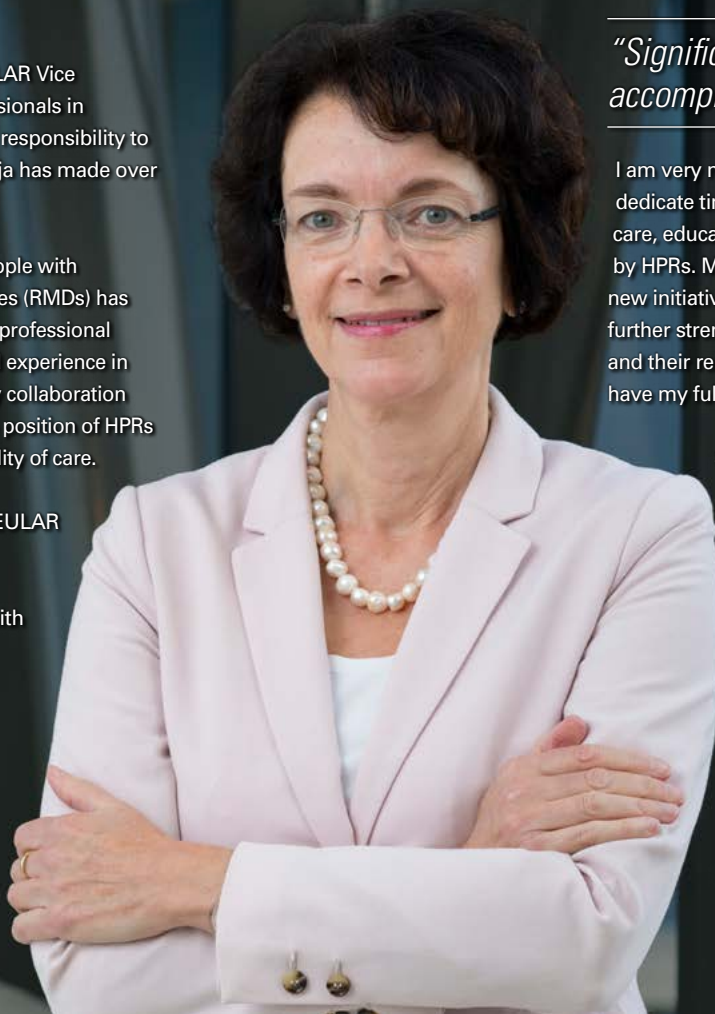
Intensive collaboration is key

By Prof. Thea Vliet Vlieland

As I prepare to take on the role of EULAR Vice President, representing Health Professionals in Rheumatology (HPR), I know I have a responsibility to continue to build on the progress Tanja has made over the last years.

Contributing to optimising care for people with rheumatic and musculoskeletal diseases (RMDs) has been the "red thread" throughout my professional career. I aim to use my knowledge and experience in care, research and education – and my collaboration and networking skills – to enhance the position of HPRs and, thereby, the quality and accessibility of care.

Having fulfilled various roles within EULAR over the past eight years, including the role of Chair of the EULAR HPR Standing Committee, I am familiar with the organisation, its aims, activities and aspirations. With the unique organisational structure of EULAR being based on three pillars, I have seen how significant advancement can be accomplished based on genuine collaboration and mutual respect.



"Significant advancement can be accomplished"

I am very motivated to build on this experience and dedicate time to advancing work on the quality of care, education and research provided and/or led by HPRs. Making HPRs aware of our current and new initiatives, and exploiting every opportunity to further strengthen the collaboration with patients and their representatives and rheumatologists, will have my full attention.

Supporting HPRs in the delivery of high quality care and making care accessible for all patients who need it is an aim to continuously strive for. Reaching out to far more HPRs than we do currently should certainly be on the agenda over the next years.

But any advances in HPR care, research or education can only be achieved by intensive collaboration among HPRs from various disciplines, rheumatologists, patients and, of course, EULAR itself.

Making change happen

Prof. Loreto Carmona, a rheumatologist from Spain and Abstract Chair of the EULAR Congress Scientific Committee in 2020, talks to *HPR News* about how implementation is reliant on bringing the right people together

As someone with so much experience working in the rheumatology field, what does implementation mean to you?

Implementation is bringing theory, and good wishes, into real practice. It is a science of its own and not straightforward. We tend to naively believe that, by issuing recommendations, everybody is going to follow them, but nothing is further from reality. Barriers and obstacles to putting those recommendations into practice lurk everywhere. We are surprised when surveys or audits show recommendations are not being followed and we tend to blame it on physicians and their lack of adequate training. When you dig into the problem, you then discover some “original sin” in the recommendations. Implementation is an aspect duly ignored when we do research or issue recommendations. Very few people have the end product in sight and are able to “see it” working in daily life before it is born.

What are the challenges of turning good ideas into practical methods of change?

The most difficult part is to reconcile science with practice, understanding that they are both needed. I have been on taskforces where panellists deny any mention about practical (and critical) aspects in which there is little or no evidence. The result is a set of recommendations with little or no interest in clinical practice or ones that only target patients who are typically involved in clinical trials. On the opposite side of the spectrum, I’ve been involved in projects that deny evidence because that’s not what is done in practice and, full of good will, they tell you what to do in specific situations. In this case, you can recommend things that look good but do no good – or may even do harm.

The goal is to look at recommendations and projects with a twin perspective. The underlying problem, and where the largest challenge lies, is that research does not focus as much on implementation as it does on discovery. We tend to think that we are changing the world by



discovering a biomarker – or a prediction rule, or a new drug – when actually it is its implementation that changes people’s daily lives.

And we think implementation projects are of “low quality” and do not deserve a better place in research. We have to embrace our engineer brain as much as that of a researcher, a secretary or a mother. We have to design better quality implementation projects and teach people how to interpret them.

How do you successfully implement change in a healthcare situation?

In the case of recommendations, it all starts with the selection of the research team or panel. Implementation is already failing if you do not trust the taskforce because of conflicts of interest, little implication in daily practice, or some perspective is missing. Second, the reproducibility of the intervention or the recommendations needs to be clear. I’ve seen recommendations that contradict each other, or even statements that are so cryptic they could mean one thing or

the opposite. This happens when we lose focus on the more general product and its target users. The third aspect is not producing materials, such as checklists or algorithms or infographics, from the start. We tend to produce them at a later stage but many of these materials do not observe the minimum requirements for easy practical uptake. Finally, it is important to orient users on how to measure success (suggest indicators and standards) and to propose before and after studies.

What role do you think EULAR should play in supporting implementation to make sure projects have a lasting impact?

My dream is that EULAR liaises with people with good data visualisation skills to work on the study groups and task forces. Perhaps they could be part of the virtual research centre. It is important that all produced materials have a similar look and feel, so that everybody understands and agrees that they have been produced to minimum requirements. They also need to be adaptable to different languages and context.



In my dreams, I also see national societies collaborating with EULAR to adapt recommendations instead of providing new ones – similar to cardiologists. But, to do that, national societies need to feel they are truly heard, and this is not an easy task. My impression is that health professionals in rheumatology (HPRs) have achieved a great deal in this regard, while rheumatologists are far behind this goal.

Also, I dream of EULAR supporting European projects which assess the level to which its recommendations are implemented, ideally with audits but also with studies, like the standards of care by eumusc.net, in which the citizens (or patients) become the actual collectors of data.

Do you think clinicians, HPRs and patients have an equal role to play?

I already mentioned HPRs being leaders in engaging national societies, which I think it is a critical step towards implementation. Rheumatologists' societies have much to learn from the HPRs' organisation and engagement. Also, I mentioned the importance of citizens involved in the assessment of quality. PARE, the patient network, could be the platform by which health systems are measured and by which the recommendations and other research are

translated into practice terms and disseminated.

Clinicians need to get onto better terms with research and practice languages. How? Easy: by embracing the practical perspective from the beginning and taking implementation science and health services research seriously.

What role can monitoring and evaluation play in implementation?

Both are critical. We cannot say that something has been implemented if we do not actually evaluate its level of implementation. For this, we need clear recommendations that can be translated into indicators, and indicators that can be actually measured. We cannot improve if we do not measure. We cannot know what's missing or where the problem is if we do not evaluate. Why do we want so many recommendations out there without actually checking who's using them?

What is the best way to learn from other people's experiences?

That's a great question. I suppose any learning process has two sides: a good learner and a good teacher. A good learner is someone who actually wants to improve and who's willing to make a change in practice or thinking. A good teacher is one who makes things clear and convincing enough to move the learner to change. In the implementation context, the teacher or "other people's experiences" is called "best practices".

These need to be clear, detailed, adaptable and proven to be effective. There are specific ways to convey the information by means of best practice. I really wish there was a best practice session at the annual congress – not only case reports, but actual implementation of services!

Why is effective implementation important for people with RMDs?

Anybody can benefit from theory, but we do benefit more from things that are actually happening. If there are recommendations, or even standards, but they are not converted into actual solutions, I think they are showing you the carrot but not allowing you to actually eat it. As a patient, I could be happy because I've been involved in a taskforce but, if I see that nothing of what I do is actually being translated into practice, then I would lose my faith in the system and I would not support it any longer. The window of opportunity is not only for drugs, it is also for patients' support of research.

Finally, what are your 5 top implementation tips

1. Think on it to start with.
2. Involve people with a practical vision in your panel/research team.
3. Make sure the messages are clear.
4. Define indicators or measures of successful implementation.
5. Assess implementation (both the level and the barriers).



Loreto enjoying a museum visit to mark the 50th anniversary of the moon landing

Making change happen

Implementation Scientist Leti van Bodegom-Vos from Leiden University, the Netherlands, discusses the science of implementation and its relevance to health professionals in rheumatology



Leti van Bodegom-Vos

Health professionals in rheumatology (HPRs) play an indispensable role in the care of people with rheumatic and musculoskeletal (RMDs). In order to maintain and optimise the quality of their work, it is essential that their contribution is evidence-based. To expand and implement the knowledge base of HPR care, co-operation with scientists is of paramount importance. Scientists contributing to innovation in the field of HPR care – for example by evaluating its effectiveness, safety and costs, or by studying implementation processes – may or may not have an HPR background. Examples of scientific disciplines contributing to HPRs' care are epidemiology, statistics, health economy, movement science, health science or implementation science.

Regarding implementation science, it is widely known that evidence-based practices (EBPs) are, in general, hard to introduce in clinical practice. Only half of practices that are proven to be (cost) effective and safe ever reach widespread clinical usage. There is an increasing recognition of the problem of overuse of low value care, which is defined as tests or treatments for which there is no evidence of patient benefit or where there is evidence of more harm than benefit.

Difficulties incorporating EBPs and reducing or stopping the use of low value care in practice are designated as implementation and de-implementation problem, respectively. To bridge

the gap between what is known and what we do, common strategies include diffusion (spreading) or dissemination (communication to increase knowledge and skills) of knowledge. However, it is generally known that these methods usually do not lead to a change in practice. This observation has fostered the need for implementation science.

What is implementation science?

Implementation science is concerned with methods to promote the systematic uptake of research findings and EBPs into routine practice and, hence, to promote the quality and effectiveness of health services. Within implementation science we try to answer questions like: "How large is the implementation problem?", "What factors stimulates or hinders the uptake of new evidence in practice?" and "Which strategies (i.e. implementation activities) are most effective for (de)implementation?".

Implementation science incorporates a broader scope than traditional clinical research, focusing not only on the patient level but also at the health professional, organisation, social context and external environment. Accordingly, implementation science requires a specific, theory-based approach and trans-disciplinary research teams that include members with different professional backgrounds, such as health services researchers, economists, sociologists, psychologists, and operational partners such as HPRs and other clinicians, patients or managers.

Implementation science in HPR projects

I have a background in health sciences and specialised in implementation science during my PhD trajectory and Post-doc implementation fellowship. In my daily work, I am project leader of several (de)implementation projects and have an advisory role in a wide range of (de) implementation projects, almost all of which are related to hospital care.

Currently, I am, for example, involved in the project "Implementation of EULAR Education for HPR in Eastern European Countries (EULAR

HEE4ALL; HPR 042)". We perform this project together with HPRs, rheumatologists and patients from Hungary, Serbia and Turkey. The first question that we have answered is "How large is the implementation problem?" using a questionnaire study among HPRs in Hungary, Serbia and Turkey. It appeared that 61% of the respondents (n=216, response rate ~ 50%) were familiar with EULAR annual congress, 25% with EULAR online course for HPRs, 19% with EULAR educational visits and only 14% with EULAR postgraduate face-to-face courses. It appears that there is potential for a big improvement in awareness of EULAR HPR educational offerings.

Since awareness of an innovation, or in this case, the EULAR educational offerings, is the first step in behaviour change, HEE4ALL has to at least develop activities to increase this awareness. After awareness is raised, HPRs need to first develop positive feelings towards the educational offerings before they will consider participation in EULAR educational offerings. Actual participation can subsequently be facilitated or hampered by several barriers. Results from the questionnaire study showed that the costs of EULAR educational offerings and a lack of mastery of the English language hamper HPRs' participation in EULAR educational offerings.

This information about awareness of EULAR educational offerings and barriers for participation was inputted at a two-day meeting in Zurich, where national teams of HPRs, rheumatologists and patients systematically developed strategies to improve the awareness of educational offerings among HPRs and the participation of HPRs from their countries in EULAR educational offerings. Currently, the national teams are executing these strategies, with an evaluation of their effectiveness planned in Autumn 2020.

The future

The above-mentioned project demonstrates that, with the methodologies from implementation science, tailored strategies can be developed, executed and evaluated. The theory and methodology of implementation science may be useful in the many implementation challenges rheumatology faces.

The importance of implementation science for HPRs

Two HPR scientists provide their thoughts on implementation

George Metsios is Professor in Clinical Exercise Physiology at the Institute of Sport at University of Wolverhampton, UK



Being a scientist involved in EULAR has provided me with great insights into the operational structure of EULAR, available research funding and EULAR's strategic targets. The HPR network is excellent, helpful, transparent and has very clear targets that addresses – via relevant projects – outcomes which are important for RMD patient groups. Adopting a truly multidisciplinary approach is – and should be – key for projects within EULAR. Frontline healthcare staff should aim to work collaboratively and utilise bottom-up approaches (rather than top-down) to develop initiatives and research projects that truly address matters that are important for patients. Identifying practice-led issues is key to developing targeted projects which, in turn, may lead to enhanced engagement of key stakeholders (patient groups and frontline healthcare staff).

Knowing a research area, understanding practice and working in a transparent and co-creative manner leads to the development of projects in which key stakeholders have invested interest. Research without appropriate plans for implementation feels like a missed opportunity. Implementation science has developed significantly within the last few years and there are now specific implementation frameworks that can be used to maximise project outcomes and successful interventions with much better success. Unfortunately, such frameworks and their inclusion in research projects are not always thought in advance and, thus, sometimes research outputs do not seem to have their maximal impact.

Dr. Suzanne Verstappen is Reader in Musculoskeletal Epidemiology at the Centre for Musculoskeletal Research, University of Manchester, UK



Over the last couple of years, there has been an increased focus on implementation. Researchers thinking about implementation has become more important as part of developing research projects and applying for funding. Implementation includes involving the right stakeholders before or during the early phases of research in order to gain a better understanding what information they would need to ensure better uptake of information provided by researchers. Who these stakeholders are depends on the research.

One of my main research interests is understanding the impact of RMDs on work. For this research my main engagement will be with patients, HPRs (especially occupational therapists) and policy makers. I am also leading the EULAR task force on lifestyle behaviour to prevent progression of RMDs in which we systematically reviewed published evidence and developed an evidence-based set of lifestyle recommendations (i.e. physical activity, diet, weight, smoking, alcohol and working conditions) for people with osteoarthritis, rheumatoid arthritis, axial spondyloarthritis, psoriatic arthritis, systemic sclerosis, systemic lupus erythematosus and gout. The two patient partners and the two EMEUNET members of the Task Force also started to collate currently available information from patient organisations and health professional organisations to understand what information is currently provided. We discovered that there is a huge variation in advice provided, and often not based on scientific evidence. By working together with these patient and health professional organisations and implementation researchers, the next phase is developing easily accessible information materials for patients and health professionals, ensuring a consistent and accurate message on lifestyle behaviour across countries in Europe. The aim is to change lifestyle behaviours, along with effective disease management, to prevent the progression of RMDs.



The HEE4ALL group (mentioned on page 8), together in Zurich

Addressing the gender gap

Prof. Annamaria Iagnocco, EULAR President Elect, discusses gender issues within EULAR and the rheumatology arena

The gap between genders is a critical issue in many areas of medicine, with a profound impact on women's professional and personal activities. Although being a well-known phenomenon, very limited actions have been enlisted to solve it so far.

Although medical and health professional schools are predominantly attended by women – and the majority of graduates are female – leadership positions during career development are taken by men and do not reflect gender balance. This disappointing situation is also applicable to speciality trainees who, again, have a female majority but very few proceed to top positions in their careers. Things are no different if we take a look at remuneration, with clear inequities between genders, despite standardised employment templates.

"This task force aims to address the gender gap"

In the rheumatology arena, gender equality and equity are matters of important debate. Men earn about 16% more than their female counterparts, and women are clearly under-represented as scientific article authors, members of editorial boards, and speakers at congresses and conferences. With the aim of evaluating the unmet needs to support female rheumatologists, rheumatology health professionals (HPRs) and non-clinical scientists in academic rheumatology, a EULAR Task Force on Gender Equity in Rheumatology was recently convened. This task force aims to address the gender gap through EULAR and the Emerging EULAR Network (EMEUNET) and evaluate opportunities for developing a comprehensive programme of gender equity interventions in rheumatology. The work of this group is ongoing.

Most recently, the task force developed and circulated a survey to gather the perspectives of EULAR's Executive Committee members on this relevant issue. The results of the survey will further inform the EULAR and EMEUNET governing bodies, develop policy proposals, and raise awareness of the workforce and gender equity issues among EULAR and EMEUNET members through publications and presentations.

An overview of the current situation within the



EULAR leadership and governing bodies shows that the Executive Committee – the managing body of EULAR dealing with scientific, educational, administrative, financial, and organisational matters – is composed of 9 women and 23 men. Five of them (2 women and 3 men) form the Steering Group that deals with matters needing immediate actions or responses and includes the President, President-Elect, Past-President, Treasurer and Executive Director. When considering the composition of the Scientific Programme Committee that is responsible for the scientific and educational content of the EULAR Annual European Congress of Rheumatology, 11 are women and 27 are men. The EULAR Secretariat members consist of 16 women and 3 men, with the Executive Director being a woman.

This group serves EULAR's member organisations, assists its Executive Committee and organises the annual congress.

Going back to the history of EULAR, which was founded in 1947, the analysis of gender distribution within the presidency shows that only 1 woman has been President of this prestigious organisation. However, the current President-Elect of EULAR is a woman. This is relevant as it happens at the same time when the President and Past-President of ACR are both women. In addition, looking at the Vice Presidency of EULAR, starting from 1997, 4 out of 6 HPR Vice Presidents have been women.

"Something is changing within EULAR leadership"

So, some signals show that, although clear gender gaps are still present, something is changing within the EULAR leadership. However, it is crucial that strong actions persist within the rheumatology arena to raise awareness of the relevance of gender equity and optimise leadership skills for female trainees and young rheumatologists. These actions will support the concept that healthcare and scientific resources must be utilised more effectively, with the most appropriate persons being in the right positions due to their unique skills and perspectives, independent of their gender.





Why implementation is so important for people with RMDs

Elsa Mateus, Chair of PARE's Standing Committee, discusses how people with RMDs benefit from implementation



Why is the implementation of recommendations and projects so important for people with RMDs?

When a group of different specialists comes together with patient representatives – as happens within EULAR – to analyse evidence and state-of-the-art knowledge, it is very important that the recommendations or project results come into practice. Nevertheless, we must keep in mind that implementation usually requires developing strategies to overcome hurdles in transforming these results into better health outcomes for our community.

Implementation is, therefore, truly relevant and beneficial for all stakeholders and, of course, to people with rheumatic and musculoskeletal diseases (RMDs). As end-users and the targeted audience, people with RMDs should be actively involved in implementation projects.

The PARE community has ensured lay versions of recommendations are produced. What difference can this make for implementation?

Increasing health literacy, whereby an individual's knowledge, motivation and skills to access, understand, evaluate and apply health information, is of great importance to PARE.

Producing the lay versions of recommendations contributes to making it easier for people with RMDs to understand how they can manage their own health and condition in a better way. And if patients can understand these recommendations, they will be more disposed and able to follow them – or at least to identify challenges on implementation.

Then, we hope they feel empowered to have an active role, participating in and contributing to implementation strategies to ensure that what is recommended becomes standard of care and best practice. This would be regardless of the stakeholder being tackled – whether patients or healthcare providers in clinical or non-clinical settings.

What are the challenges to implementation and what do you think some potential solutions could be?

The challenges to implementation must be identified and evaluated for each situation. The diversity of national policies, mindsets and cultures, at the European level, make it difficult to provide a solution that serves each specific issue. Empowering people with RMDs with access to recommendations (encouraging their translation and dissemination), providing them with the skills and tools to have an active voice, to think

critically and creatively about the reasons why the recommendations are not being achieved, are some of the solutions EULAR/PARE usually offer. This can be achieved through sharing best practices, organising workshops and webinars, etc. Then, all the action must proceed at national level, identifying the resources needed for implementation, proposing solutions and lobbying to translate them into daily practice.

How can the HPR community include patients in supporting successful implementation?

The health professional in rheumatology (HPR) community can liaise with patient organisations, PARE members and networks to ask for their involvement. The relevance of having patients collaborating in projects has already been shown. When there is active engagement and partnership, listening and valuing the patient voice, results will certainly be more successful. Most patient organisations nowadays have skilled people who are willing to collaborate and provide input from the patient community. On the other hand, patient organisations provide great communication support with their members, the public and decision-makers. And PARE is always available to support the HPR community on how to include patients in a meaningful way and/or facilitating contact within our network.

Implementing policy changes together

By Neil Betteridge, Strategic Adviser, Public Affairs, and jointly on behalf of Gerd Burmester, Liaison Officer, Public Affairs

The key theme of this edition of *HPR News*, implementation, is one that is central to the advocacy work carried out by the Public Affairs team at EULAR. My own definition of advocacy is “the pursuit of change in support of a cause”. In a perfect world we would not need to work for change. But, as every health professional in rheumatology (HPR) very well knows, things are not perfect for people with rheumatic and musculoskeletal diseases (RMDs), or for those who care for them. So, if we are to make a difference in the real world, we need to ensure that our evidence-based policy recommendations for positive change are implemented.

In the context of COVID-19, it might be tempting to view influencing the policy agenda as something for later, when we have somehow pulled through this shorter term crisis. After all, for many HPRs – personally, professionally and in some cases both – there have been urgent, sometimes life and death, challenges to face.

“EULAR’s ability to influence policy has been vitally important”

Yet even in the midst of this emergency, there have been major issues where EULAR’s ability to influence policy has been vitally important. For example, whilst governments across Europe were (rightly) prioritising protection measures for older people and those with certain specified conditions such as respiratory problems,



Neil Betteridge

people with RMDs were in some cases being overlooked.

To address this situation, EULAR issued a statement highlighting the needs of vulnerable groups of people with RMDs, especially those on immunosuppressant therapies, who in some countries (such as the UK) were not initially specified as an at-risk cohort. We also called on national governments to ensure that all clinicians (particularly those with RMDs) were properly protected by strict safety measures and provided with appropriate equipment.

EULAR also released guidance for patients in the context of the COVID-19 outbreak. The guidance addresses typical questions that people with RMDs have, and recommends protective measures both for patients and the healthcare workforce. [More information and a video](#) can be found on the EULAR website

“What matters is seeing the right actions implemented”

So whether the challenge is long term and proactive, such as our ambitious plans to help people with RMDs obtain and retain employment, or short term and reactive, such as speaking up for people with RMDs in the current emergency, the thing that really matters is seeing the right actions implemented.

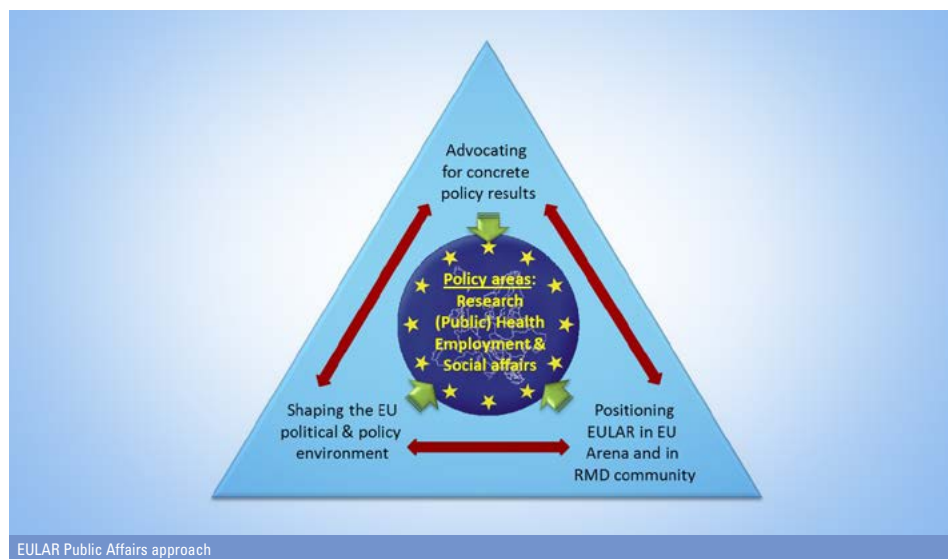
Despite the COVID-19 crisis, EULAR is still busy with its planned Public Affairs work, although inevitably some plans have had to be refined or delayed.

One example of this is the planned launch of a new European Parliament Interest Group on RMDs. This group, modelled on successful groups established by EULAR in each of the last three European Parliament terms, is made up of Members of the European Parliament (MEPs) keen to champion the cause of RMDs. Indeed, many of the group’s members have been identified as a result of EULAR’s successful pre-election outreach campaign. Many of our HPR members, as with the other two pillars of EULAR, contacted parliamentary candidates to seek their commitment to our cause prior to the election.

“We have around 20 committed MEPs”

As a result, we have around 20 committed MEPs representing cross-party support and MEP Roberta Metsola from Malta has offered to serve once more as Chair. This is very helpful as she is a long term supporter of the RMD community.

The group, supported by EULAR, will meet regularly. The launch has had to be deferred by some months due to the crisis, but when operational it will seek to determine ways in which the Parliament can highlight key policy issues in the area of RMDs – for example by tabling official questions in the Parliament, writing to the other EU institutions to highlight unmet needs and by seeking dialogue, often at Commissioner level.





Caroline Flurey (centre), president of the British Health Professionals in Rheumatology, at a EULAR Brussels Conference

This can all open doors for EULAR – for example on our regular Public Affairs Days, when leaders from the HPR, PARE and clinician pillars of EULAR hold a series of face-to-face meetings in Brussels with key policymakers. In this way we ensure that our advocacy messages, arising out of our annual Brussels Conference as well as by other means, are delivered first-hand. Most important of all is that this, in turn, can have a major impact on the policymaking and legislative cycle, the goal being to have our policy recommendations implemented.

“EULAR can have real impact on the work of HPRs”

EULAR is also working hard on preparations for the annual Brussels Conference which, as usual, will take place around World Arthritis Day. This year it will be renamed the EULAR Brussels Forum.

The aim is to produce a position paper featuring policy recommendations which, when signed off by the EULAR Executive Committee, will subsequently be used throughout the year in our advocacy work. If adopted and implemented by the EU via legislative or other means, this serves as a way in which EULAR can have real impact on the work of HPRs and the lives of people with RMDs.

Indeed, as HPRs will have contributed to the development of these recommendations, we hope you may wish to use them for advocacy purposes in your own country too.

The focus of this year's event is: “Can Europe

afford to exclude people with chronic diseases from the labour market? Improving prevention, facilitating participation”.

In the current strategic plan, EULAR has identified RMDs & Work as our number one priority issue for its Public Affairs activities. People with RMDs face additional obstacles when trying to get a job, remain active in the labour market or access education and training. As all HPRs know from your daily practice, existing working conditions and a lack of adequate support can cause avoidable RMDs or exacerbate existing conditions. These issues will be addressed directly at the event.

The forum will also be an opportunity to learn more about an exciting new campaign to be led by EU-OSHA, the EU body responsible for addressing issues around safety and health in the workplace, in particular prevention.

EULAR is looking to partner in this campaign. Although EU-wide, it will focus on current practice in the Member States, and there are likely to be major opportunities for HPR members of EULAR to become actively involved.

The 2020 EULAR Brussels Forum, which will include information about the EU-OSHA campaign, will take place virtually on 12 October: session one at 1400 CET and session two at 1600 CET. Please save the date!

On behalf of Gerd Burmester and myself, thank you to the HPR community for all you do in supporting the implementation of positive change in the field of RMDs: we can only achieve this together.



About Gerd Rudiger Burmester

Professor Gerd Burmester was President of EULAR between 2015 and 2017 and is currently the EULAR International Liaison Officer, leading advocacy efforts for rheumatology in Europe. Director of the Department of Rheumatology and Clinical Immunology at the Charité Hospital in Berlin, Germany, he serves on several editorial boards, including the Journal of Rheumatology and Clinical Rheumatology. Gerd is also the Associate Editor of the EULAR Journal, the Annals of the Rheumatic Diseases. Professor Burmester was previously President of the German Society for Rheumatology and is currently the President of the Board of Trustees of FOREUM, Foundation for Research in Rheumatology.

In 2019, Professor Burmester was awarded the ACR Masters. Each year, the ACR recognises its members' outstanding contributions to the field of rheumatology through an awards programme: Recognition as a Master of the American College of Rheumatology is one of the highest honours that ACR bestows. The designation of Master is conferred on ACR members who have made outstanding contributions to the ACR itself and to the field of rheumatology through scholarly achievement and/or service to their patients, students, and profession.

Learning from each other

Tuğçe Özen is a Research Assistant from the Department of Physiotherapy and Rehabilitation at the Marmara University Faculty of Health Sciences in Turkey. In August 2019 she went on a EULAR educational visit to the Netherlands

I am one of the lucky physiotherapists who had an opportunity to visit a high quality medical centre thanks to the EULAR Health Professional in Rheumatology (HPR) Educational Visit bursary. Between 19-23rd August 2019, I visited the Department of Orthopaedics, Rehabilitation and Physical Therapy at the Leiden University Medical Centre (LUMC) in the Netherlands. LUMC is a complex medical centre which includes a range of departments and clinics. The quality of healthcare is very high, with health professionals being very experienced in complex injury and pathologies. The Department of Orthopaedics, Rehabilitation and Physical Therapy has a multidisciplinary team.

I spent five days at LUMC with Prof. Dr. Thea Vliet Vlieland who introduced her skills and demonstrated how she combines her knowledge in different research areas. She showed great kindness and gave me her attention and time during my visit. She provided me with a well-organised programme based on my learning objectives and contributed to my future plans.

Planned learning objectives

The LUMC team was very helpful in achieving the planned goals I set myself before the educational visit. These were to:

- gain a viewpoint on making up exercise prescriptions, promoting adherence to exercise and providing patient education, including pain management techniques
- learn recommendations for behavioural change regarding exercise
- develop a view on musculoskeletal ultrasound evaluation
- learn how to prepare an exercise guideline
- develop ideas about research methodology in rheumatology.

On the first day, Prof. Vliet Vlieland presented the departments at LUMC, gave an overview about the patient profile, day care and outpatient clinics in LUMC and the working conditions of physiotherapists and Royal Dutch Society of Physiotherapists in Netherlands.



Tuğçe Özen

We discussed the osteoarthritis and rheumatoid arthritis physical therapy guidelines and possible joint projects with Wilfred Peter. He explained his motivation and research area. In the second discussion session, Salima van Weelij gave a view on exercise recommendations and physical function tests for axial spondyloarthropathies. We discussed health policies for the rehabilitation of patients with rheumatic and musculoskeletal diseases (RMDs).

After brainstorming sessions we had a chance to know each other in a small welcoming party.

Research techniques

On the second day, our morning started with a tour of the Hogeschool Leiden and Basalt Rehabilitation Centre with Thea. The rehabilitation centre's patient population group is, mainly, stroke patients. After the tour, we discussed research related to ageing and stroke, and compared the characteristics of the Turkish and Dutch ageing population.

In the afternoon, I met with Dr. Huub van der Heide, an orthopaedic surgeon at the LUMC orthopaedic department. He explained the research techniques of the orthopaedic

department. We discussed the decision criteria for endoprosthesis types for hip and knee joint replacements. I gained detailed information about joint replacement surgery and physiotherapy process. At the end of the second day, I visited the library and got a chance to use e-library opportunities.

Day three of the visit was a break day. In the morning, Prof. Vliet Vlieland gave me detailed information about the research opportunities available to physiotherapists in the Netherlands, and collaborations with other departments within LUMC and the Netherlands for multidisciplinary researchers.

In the afternoon, we visited Boerhaave Museum with Dr. Andre Peeters who arranged a private museum tour. It was a pleasure to see an anatomy theatre, and botany and astrophysics parts.

The surprise for my third day was a visit to Prof. Vliet Vlieland's family at Noordwijk. I felt very honoured by her special attention.

Sharing experiences

I had an appointment with Dr. Florus van der Giesen to discuss ultrasonographic evaluation on the fourth day. He explained the main concerns about ultrasonographic evaluation and its interpretation. In addition, he shared his experiences of ultrasonographic measurements with RMD patients. After that, I visited two laboratories. One of them was the kinematics and neuromechanics laboratory and the other



Splint equipment at the Reade Rehabilitation Centre



Me (left) with Prof. Thea Vliet Vlieland, Wilfred Peter and Salima van Weelij

was the Technology in Motion (TIM) laboratory with Dr. Jurriaan H De Groot. He gave a short introduction to developments and techniques applied to solve research questions.

In the afternoon, I had a clinical visit with Gerry Boerrigter, exercise therapist. I observed scleroderma patient evaluation methods in the clinical environment and the patient education process. Finally, I had a Skype appointment with Bas Hilberdink, physical therapist and psychologist. He told me of his aims for an exercise behaviour mapping strategy.

On the last day of visit, we visited Reade Rehabilitation Centre with Wilfred Peter. Reade is one of the best rehabilitation centres for RMDs, staffed by experienced physiotherapists with a range of technological rehabilitation equipment and different departments. After a brief introduction, I attended rehabilitation sessions with ankylosing spondylitis and rheumatoid arthritis patients. We discussed evaluation techniques and rehabilitation programming steps. We also discussed diagnosis procedures in Netherlands and Turkey with rheumatologist Nurten Duru.

Being in LUMC was a golden opportunity for me. The physiotherapists, doctors and patients with whom I connected were very friendly and experienced. All of them made contributions to my knowledge in the discussion sessions. I feel very lucky to have a chance to meet them.

Learning from LUMC

During my five-day experience, I visited a hospital, rehabilitation centres, laboratories and a professional education university. I gained a perspective on research techniques and clinical implementation procedures. I acquainted

myself with patient-reported, functional, technological assessment tools, rehabilitation approaches, individual implementation programming with functional exercises and patient motivation to take responsibility of the disease. I developed an understanding of the cornerstones of clinical practice and scientific research. I have now developed a viewpoint on the multidisciplinary research environment and how professionals compete with each other with different working strategies.

I believe that the availability and quality of rehabilitation could improve in Turkey through the reorganisation of healthcare policies and health insurance. Certification programmes for physiotherapists and the inclusion of them in rehabilitation facilities could be a solution to better organisation. In addition,



A 6 minute walk test with a scleroderma patient

different evaluation methods could be used by physiotherapists in clinical and research environments. In my opinion, a guideline for musculoskeletal disease rehabilitation would spread the knowledge among physiotherapists in Turkey. The translation of EULAR recommendations for different types of RMDs into Turkish could be a possible first project.

It was a great pleasure for me to visit Prof. Vliet Vlieland and her team at Leiden University Medical Centre. This educational visit has given me inspiration to carry out more qualitative and quantitative research.

This experience has been a milestone for my research career. Thank you for this wonderful opportunity.



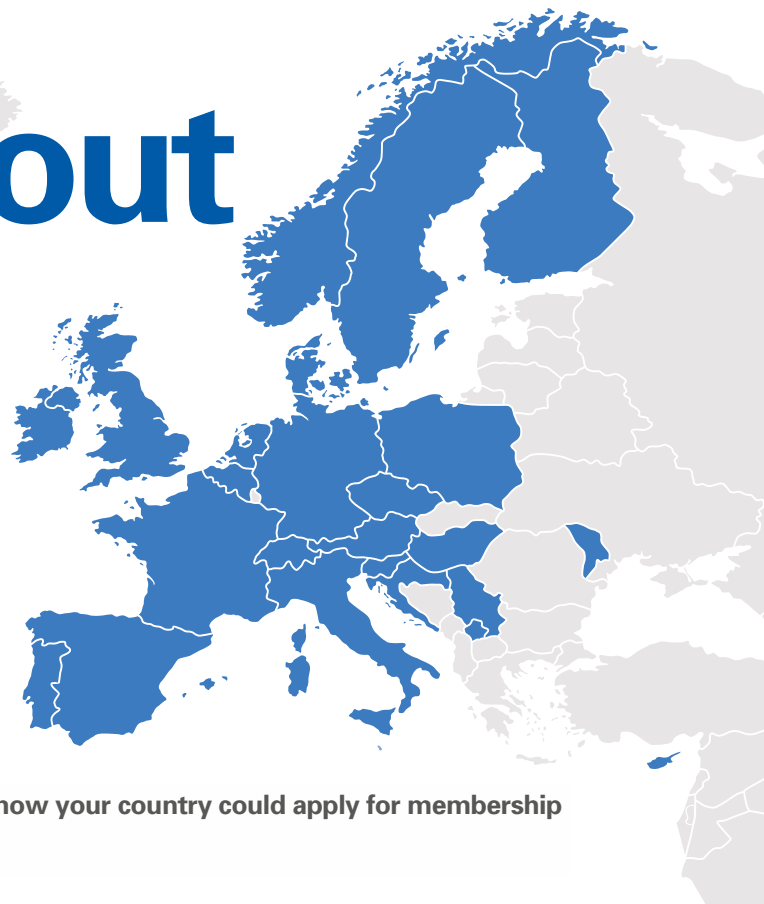
An ultrasonographic assessment with Dr. Florus van der Giesen

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](#).

Reaching out

EULAR continues to work towards growing its health professional network membership. We meet two well-established members to find out about their current priorities and how EULAR complements their work



National HPR member organisations of EULAR:

Austria, Belgium, Croatia, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Hungary, Ireland, 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

Meeting patients' needs



Cristina Ioan, President of the Romanian Association of Medical Partners for Rheumatology, introduces the association

SRPMR, the Romanian Association of Medical Partners for Rheumatology, was founded in 2010 with the objective of creating an environment in which health professionals in rheumatology (HPRs) can develop.

Over the years, SRPMR's objective developed into a more complex one, in order to adapt to the ever-changing field of rheumatology.

As it stands now our objectives are to:

- provide continuous professional education to health professionals
- organise, co-ordinate and promote scientific research
- better the patient-HPR relationship
- increase patients' adhesion to treatment.

Our association organises Romania's annual national rheumatology meeting, which takes place at the same time as SRR's (Romanian Society of Rheumatology) meeting.

Important themes

During these meetings, important themes such as the pathology of different rheumatic diseases and their treatment, the complexity of the follow-up and the needs of our patients, the importance of informing patients and malpractice are discussed.

This way, not only health professionals working in rheumatology but health professionals from other domains and patients can get a better understanding of the latest scientific research and the new ways in which rheumatic diseases are treated.

As an organisation, we are very concerned with

the needs of our patients. So, during SRPMR's national congress patient representatives point out the difficulties they have with their illness or treatment. The HPR-patient relationship is critical for vulnerable patients as they experience a heightened reliance on the medical assistant's competence, skills and goodwill.

Contributing to the decision-making process

SRPMR has carried out a survey among our patients about what they think is missing in their nurse-patient relationship. The patients told us they wished to contribute more in the decision-making process, and to receive emotional support and advice regarding managing their disease. The overall answer was to play a more active part in the treatment process.

As a result, we started a campaign consisting of courses and seminars to help patients overcome the feelings of worthlessness, fear, frustration, anger and depression caused by the disease, by the treatment they need to take and, also, by their families or place of work. This campaign has been totally embraced by the patients, with many testimonials from patients admitting that their perspective changed

>>

>> throughout the course and they received good advice which they now apply every day.

We believe that what matters most in treating rheumatic diseases is collaboration. Collaboration between health professionals and patients, and collaboration between health professionals themselves – regardless of their country.



Promoting the association



Colleagues work closely together



The SRPMR national congress

Benefits of membership



HPRs networking at last year's EULAR Congress

Becoming part of the EULAR HPR network offers a wealth of opportunities to national health professional associations and their members. The EULAR Health Professional Standing Committee (HPSC) will be able to share with you the benefits of the EULAR network with the aim of improving research, education whilst supporting clinical practice to ensure high quality care for people with rheumatic and musculoskeletal diseases (RMDs).

Probably the greatest benefit is that of being able to work closely with other country presidents, exchange knowledge and expertise whilst also helping to form the future direction of HPR developments within Europe.

The personal and professional development of becoming actively involved in the work of EULAR also translates at a country level, informing and enabling you

to be formally recognised for the wider contribution your organisation is making within Europe.

EULAR defines an HPR as someone who is:

- a professional involved in the care of people with musculoskeletal diseases and related conditions
- not a registered medical practitioner
- eligible to be a member of the organisation through which a country has become a EULAR HP member.

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.

If your country doesn't have a national HPR association, and you are interested in establishing one, EULAR can assist you.

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

Planning for the future

An update on the work of EULAR's HPR Educational and Scientific Sub-committees from Ricardo Ferreira and Andrea Marques

Every winter, a meeting takes place in a European city to discuss the activities of the EULAR Standing Committee of Health Professionals in Rheumatology (HPR). Lisbon was chosen as the 2019 venue, bringing together about 30 people between 12-13 December. Most participants are formal members of the Educational and Scientific Sub-committees, but some are key collaborating partners, such as PARE or EULAR School of rheumatology representatives.

Given how closely its activities relate to the educational sub-committee, we initiated a "shared winter meeting" alongside the EULAR School of Rheumatology HPR classroom members. Last but not least, we also invited colleagues from the Paediatric Rheumatology European Society (PReS) who participated as observers, to learn from each other and build bridges between our two organisations.

Initial discussions addressed mainly:

1. how to increase the number of HPR country members and how to support their applications
2. how to promote a wider use of the travel bursaries and educational visits among HPRs, and their participation in educational projects offered by the EULAR School of Rheumatology
3. how to adjust to the new EULAR organisation, structure and mission – namely, how to improve the experience of the annual EULAR Congress
4. which new recommendations or implementation projects HPRs miss
5. how to raise the scientific profile of HPRs within EULAR, and how to prepare HPRs for "larger" grant calls.

Discussion outcomes

We would try to identify countries who are not yet represented with the EULAR HPR network and approach people we know there, assessing conditions and providing support if needed. Albania would probably be welcomed soon; Estonia has applied already, and colleagues from Greece and Luxemburg have established some contacts.



The Winter Meeting enables EULAR HPRs to plan strategically – and to relax and unwind

We want to showcase the stories of HPRs who made educational visits about a decade ago where the visits resulted in the development of their academic or clinic career. This newsletter could be the spot for this.

As some of you may already know, profound changes are occurring within EULAR, namely to its structural and project organisation. One particular change is generating high expectancies among the three pillars: the Virtual Research Centre. This overall EULAR project, aimed at providing higher support for research, is in early discussions. HPRs are naturally involved.

Some discussions have taken place about reducing the number of topics and/or different tracks for the Annual Congress abstract submission system – currently basic science, clinical science, HPR, PARE. The main reasons for the change are that some topics are redundant in different tracks – for example, "rehabilitation", or because "science" is "science" whether the scientist is a rheumatologist, HPR or patient. The pros and cons were discussed, but no final decision was made.

New projects

In terms of new projects – such as recommendations/points to consider – the debate focused on implementation of already-existing projects and the missing framework for implementation projects. The consensus was

that HPRs are among the more experienced group within EULAR in this regard. At the end, examples of prioritised tasks for the committees were as follows:

- HPR online course implementation
- HPR online course accreditation
- subtitling [hand OA videos](#) and develop national implementation plans
- HPR online course (module) on basic level
- postgraduate course in Spain/Portugal, Italy and Turkey
- bursaries for online course
- increasing work participation
- implementation of physical activity
- pain management
- implementing fatigue management
- recommendations applying to young people

Aiming to raise the HPR profile, we also wanted to increase the number of HPR who are recognised as EULAR recommended methodologists ([see how to become a EULAR methodologist](#)).

This two-day meeting also allowed us to enjoy some social networking – something we miss so much these days – in beautiful Lisbon. The participants tasted fantastic Portuguese Bacalhau (cooked in four out the possible >100 ways) and even hummed to some fantastic after-dinner Fado, from a nurse singer and his talented daughter.

EUROPEAN E-CONGRESS OF RHEUMATOLOGY 2020

From 3 June

eular
EUROPEAN
E-CONGRESS OF
RHEUMATOLOGY
2020 | FROM 3 JUNE

EULAR is committed to meeting its scientific, educational and training obligations despite the limitations on travel and gatherings currently in place. So, we are delighted to offer a virtual congress experience for EULAR 2020, starting from Wednesday 3 June 2020 and accessible, on demand, over several months.

The EULAR Annual European Congress of Rheumatology comprises the major event in the calendar of world rheumatology. The EULAR 2020 E-Congress will address a wide range of topics including clinical, translational and basic science. Sessions dedicated to health professionals in rheumatology (HPR) will feature prominently.

Registration to the E-Congress is open until 31 August 2020. [Make sure to create your personalised congress account](#) before registering.

Make sure to visit the HPR e-congress booth to see updates on HPR Study Groups, projects and member organisations, and to e-meet your colleagues. Find us in the EULAR Village between 3-6 June.

Take part in the Congress Twitter conversation at #EULAR2020 and #EULARHPR

Presentations, speakers and timings are subject to change without notice. Please check the [EULAR 2020 e-congress programme](#) for the most up to date information.



The Health Professional Programme 2020

Date	Session title	Session type
04 June 2020 10:15 - 11:05	Innovative care	HPR abstract session
04 June 2020 11:50 - 13:30	HPR Measuring health (development & measurement properties of PROs, tests, devices)	HPR poster view
04 June 2020 11:50 - 13:30	HPR Professional education, training & competencies	HPR poster view
04 June 2020 16:00 - 16:55	Implementing high intensity exercise	HPR session
05 June 2020 10:15 - 11:10	Disease consequences	HPR abstract session
05 June 2020 11:50 - 13:30	HPR Interdisciplinary research	HPR poster view
05 June 2020 11:50 - 13:30	Interdisciplinary follow-up	HPR poster tour
05 June 2020 11:50 - 13:30	HPR Epidemiology & public health (including prevention)	HPR poster view
05 June 2020 11:50 - 13:30	HPR Interventions (educational, physical, social & psychological)	HPR poster view
05 June 2020 17.30 - 19.00	Treating RMD patients in the context of the COVID-19 pandemic – between overburdening & lockdown	HPR session
06 June 2020 09.00 - 09.55	Improving work participation	HPR session
06 June 2020 10:30 - 12:10	Rehabilitation	HPR poster tour
06 June 2020 10:30 - 12:00	HPR Patients' perspectives, functioning & health (descriptive: qualitative or quantitative)	HPR poster view
06 June 2020 11:00 - 11.55	EULAR Projects: Non-adherence	EULAR projects in health professionals

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

There are 24 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, Chair Elect Ricardo Ferreira, EULAR Vice President representing health professionals in rheumatology Tanja Stamm and Vice President Elect Thea Vliet Vlieland, 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: rikmoeh@gmail.com

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

Ricardo Ferreira: ferreira.rjo@gmail.com

Thea Vliet Vlieland: t.p.m.vliet_vlieland@lumc.nl



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



Cyprus: Costas Ioulianos
The president of the Cosmosrheuma+



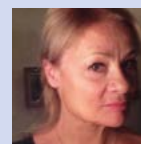
Czech Republic: Hana Šmucrová
The president of the Czech Association of Health Professionals in Rheumatology



Denmark: Tanja Thomsen
The president of the Danish Interdisciplinary Forum (DIRF)



Finland: Sirkuu 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: Angela Canon
The president of the Irish Rheumatology Health Professionals in Rheumatology



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



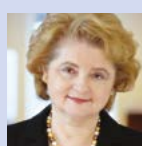
Malta: Dr. Alfred Gatt
The president of the Maltese Health Professionals in Rheumatology



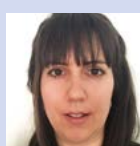
Netherlands: Wilfred F Peter
The president of the Netherlands Health Professionals in Rheumatology



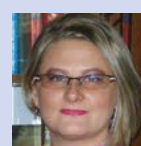
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The president of the Norwegian Interdisciplinary Organisation in Rheumatology (NIOR)



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



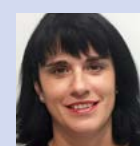
Portugal: Andrea Marques
The president of the Portuguese Association of Health Professionals in Rheumatology (APPSReuma)



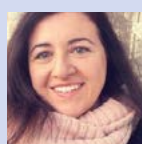
Romania: Cristina Ioan
The president of the Romanian Association of Medical Partners for Rheumatology (SRPMR)



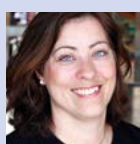
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The president of the Serbian Association of Health Professionals in Rheumatology (SAHPR)



Slovenia: Mojca Dobnik
The president of the Slovenian Health Professionals in Rheumatology



Spain: Leticia-León-Mateos
The president of OPENREUMA



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



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



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

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www.eular.org/health_professionals_membership.cfm

Editorial office

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Editor: Kate Betteridge, kate@katebetteridge.me.uk

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