

The challenges of harmonising competences and training of specialist nurses and health professionals in rheumatology

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Rheumatology nursing

Improvements in the management of rheumatic and musculoskeletal diseases

- Better understanding of disease
- Better diagnostics and measurements
- Treatment goals [Smolen et al \(2010\) *Ann Rheum Dis.* 69\(4\)631-7](#)
- Better outcomes for people with RA
- Increased monitoring in outpatient clinics
- More coordinated MDT
- Majority are nurses [Stamm & Hill \(2011\) *Musculoskeletal Care.* 9\(2\)93-101](#)

Nurses practicing at extended role capacity to meet patients' needs

- Holistic approach to care

Rheumatology Nurse-led Care

Clinical

- Clinical consultations (first/second opinion)
- Assessments
- Requesting/investigating
- Prescribing treatment changes
- Conferring with rheumatologists/physicians

Supportive

- Experience of practitioner
- Skill or additional qualifications
 - Prescribing
 - Joint injections
 - Imaging

Care co-ordination

- Referring patients to physicians or other health care providers
- Liaison and communication between patient care providers
- Patient education

Setting
Outpatient clinic, home, eHealth

(Adapted & modified CC BY-NC 4.0) Salamanca-Balen et al (2018) Palliat Med;32(2):447–465

Effectiveness (2011-2019)

Ndosi et al (2011) *Int J Nurs Stud*;48(5)642-54

Van Eijk-Hustings et al (2012) *Ann Rheum Dis*, 71(1)13-9

Garner et al (2017) *J. Rheumatol*;44(6)757-765

De Thurah et al (2017) *RMD Open*;3:e000481

De Sousa et al (2017) *Rev de Enfermagem Ref*;4(13):147-56

Vivienne & Michael (2018) *Rheumatol Int*;38(11)2027–36

Bech et al (2019) *Ann Rheum Dis* 2020;79:61–68

– Meta-analysis

– Systematic review

– Systematic review

– Meta-analysis

– Meta-analysis

– Systematic review

– Systematic review

Primdahl J et al (2012) *Patient Educ Couns*;88(1):121-8

Primdahl J et al (2014) *Ann Rheum Dis*;73(2):357-64

Sørensen J (2015) *Scand J Rheumatol*;44(1):13-21

Koksvik HS et al (2013) *Ann Rheum Dis*;72:836-843

Larsson I et al (2014) *J adv nurs*;70(1):164-75

Larsson I et al (2015) *BMC Musculoskelet Disord*;16:354

Ndosi M et al (2014) *Ann Rheum Dis*;73(11):1975-82

De Thurah et al (2018) *Arthritis Care Res*;70(3):353-60

RCT Denmark Clinical yr 1

RCT Denmark Clinical yr 2

RCT Denmark Cost

RCT Norway Clinical

RCT Sweden Clinical

RCT Sweden Cost

RCT UK Clinical & cost

RCT Denmark Clinical

Need for training

2018 update of the EULAR recommendations for the role of the nurse in the management of chronic inflammatory arthritis.

Rec 7. Nurses should have access to and **undertake continuous education** in the specialty of rheumatology to improve and maintain knowledge and skills

Rec 8. Nurses should be encouraged to undertake **extended roles** after **specialised training** and according to national regulations

Education agenda

- To develop a competency framework for rheumatology nursing
- To develop rheumatology basic, advanced and extended level nursing education programmes
- To raise the profile of rheumatology nursing within UG & PG programmes

Need for training...

EULAR Survey of health professionals

European region	
North/western Europe	568 (55)
Eastern Europe	52 (5)
Southern Europe	421 (40)
Profession, N (%)*	
Nurse†	415 (39)
Physical therapist	294 (27)
Occupational therapist	127 (12)
Podiatrist	49 (5)
Physician assistant	47 (4)
Social worker	20 (2)
Psychologist	19 (2)
Dietician	14 (1)
Other	87 (8)

Health professionals' educational needs

- Non-pharmacological treatment
- Pharmacological treatment
- Diagnostic assessment
- Practice organisation
- Epidemiology
- Teach the teacher

Need for training...

UK Nationwide survey 2018

British Society for Rheumatology, RCN Rheumatology Forum, NRAS

- Undertaken July - Sep 2018
- 153 rheumatology nurse specialists
- Demographics, department/service information, and individual experiences.
- Average age of respondents was 54 years (range 28 to 68)
- Average of 27 years' experience as a registered nurse and 13 years' experience in rheumatology nursing.
- They came from a wide range of regions in the UK:

Need for training...

UK Nationwide survey Jul-Sep 2018

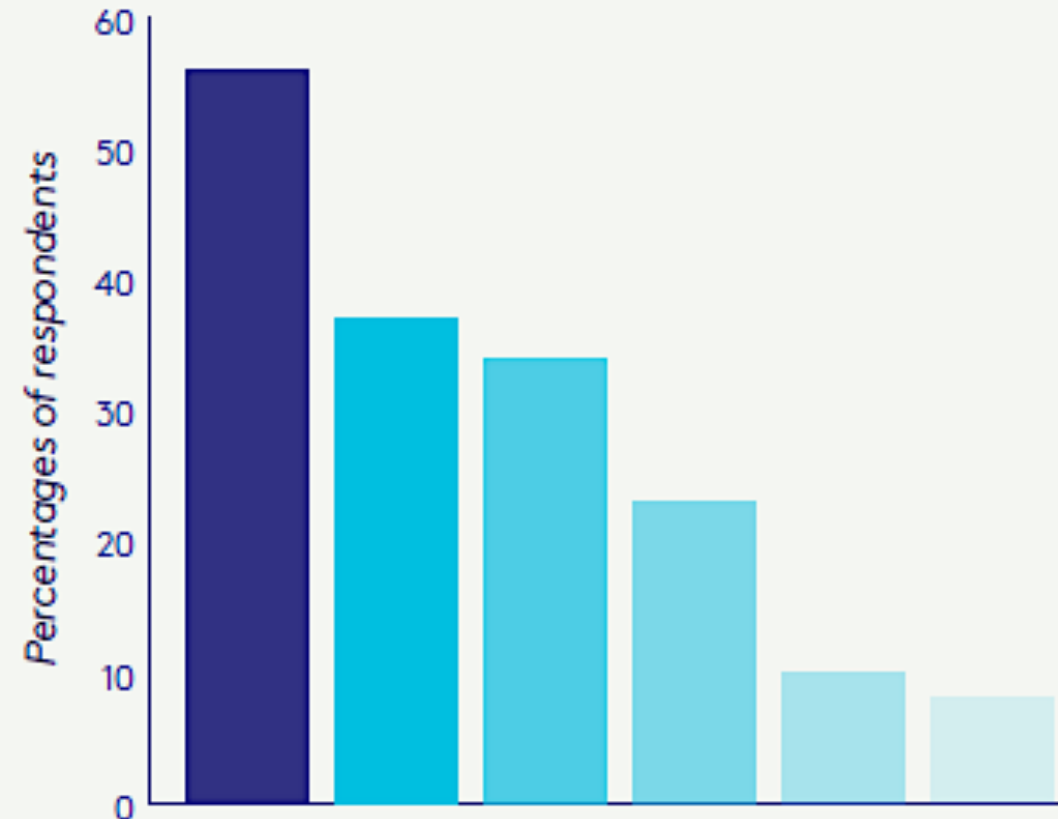
- There were aspects of care that they were unable or delayed in providing, because of excessive workload (83% respondents)
- Same number of nurse specialists employed over the last 5 years, despite increased workload pressure (65% of respondents)
- Departments had unfilled Clinical Nurse Specialist vacancies in their Rheumatology clinics (22% of respondents)
- Need for succession plan as majority of nurse specialists (60%) are aged 50 or over and approaching retirement

Need for training...

What are your advanced practice skills in addition to being a rheumatology specialist nurse? Please tick all that apply

Percentages of respondents

56%	Independent prescriber	●
37%	Intra-articular injections	●
34%	Other	●
23%	Motivational interviewing	●
10%	Supplementary prescriber	●
8%	Ultrasound	●



Challenges

EULAR Survey of health professionals

Perceived barriers to educational offerings by EULAR	Mean (0-10)
Lack of resources to cover costs	7.2
Lack of support from colleagues, rheumatologists and/or managerial staff	4.3
Lack of mastery of English	5.8
Mismatch between contents offered and own educational needs	4.3
Lack of information on EULAR educational offerings for HPs	5.5
Lack of time it takes to participate	5.8
Lack of accreditation by national professional organisation	4.3
Having low expectations of benefit	3.1

Generic vs Specialist competences

Edelaar L, Nikiphorou E, Fragoulis GE, et al 2019 EULAR recommendations for the generic core competences of health professionals in rheumatology. *Annals of the Rheumatic Diseases* 2020;79:53-60.

Kenneth Chance-Larsen, Michael R Backhouse, Richard Collier, et al. Developing a national musculoskeletal core capabilities framework for first point of contact practitioners, *Rheumatology Advances in Practice*, 2019;3(2)rkz036.

Royal College of Nursing - Rheumatology Nurse Specialist career pathway and competency framework (?2020)

EULAR generic competences

- 1: HPRs should have knowledge of the aetiology, pathophysiology, epidemiology, clinical features and diagnostic procedures of common RMDs, including their impact on all aspects of life
- 2: Using a structured assessment, HPRs should identify aspects that may influence individuals with RMDs and their families, including: (a) clinical characteristics, risks, red flags and comorbidities, (b) limits to their activity and participation and (c) personal and environmental factors
- 3: HPRs should communicate effectively: to make contributions to other healthcare providers and stakeholders in RMD care and to collaborate with other healthcare providers, signpost or refer where appropriate to optimise the interdisciplinary care of people with RMDs
- 4: HPRs should have an understanding of common pharmacological and surgical therapies in RMDs, including their anticipated benefits, side-effects and risks, and use this knowledge to advise or refer as appropriate
- 5: HPRs should provide advice on non-pharmacological interventions, treat or refer as appropriate, based on the evidence, expected benefits, limitations and risks for people with RMDs

EULAR generic competences

- 6: HPRs should assess the educational needs of people with RMDs and their carers to provide tailored education using appropriate modes of delivery, relevant resources and evaluate their effectiveness
- 7: HPRs should take responsibility for their continuous learning and ongoing professional development to remain up-to-date with the clinical guidelines and/or recommendations on the management of RMDs
- 8: HPRs should support people with RMDs in goal setting and shared decision making about their care (eg, identify, prioritise, address their needs and preferences and explain in lay terms)
- 9: HPRs should support people with RMDs in self-management of their condition. This encompasses selecting and applying the appropriate behavioural approaches and techniques to optimise their health and well-being (eg, engagement in physical activity, pain and fatigue management)
- 10: HPRs should be able to select and apply outcome measures for people with RMDs, as appropriate, to evaluate the effectiveness of their interventions

Challenges and opportunities

Challenges

- Definition of health professionals differs
- Role differences
- Condition management
- Interventions
- Many pathways to rheumatology
- Funding (time)

Opportunities

- Person-centred approaches
- Assessment, investigation and diagnosis
- Service and professional development
- MDT approach to training
- Support from professional organisations

EULAR online course for health professionals
National professional organisations

*Leadership and targeting training

Questions and discussion

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