
RESTARTING A RHEUMATOLOGY PHYSIOTHERAPY CLINICAL INTEREST GROUP (CIG)

v2 - 11th June 2021

Background, scoping & proposals overview

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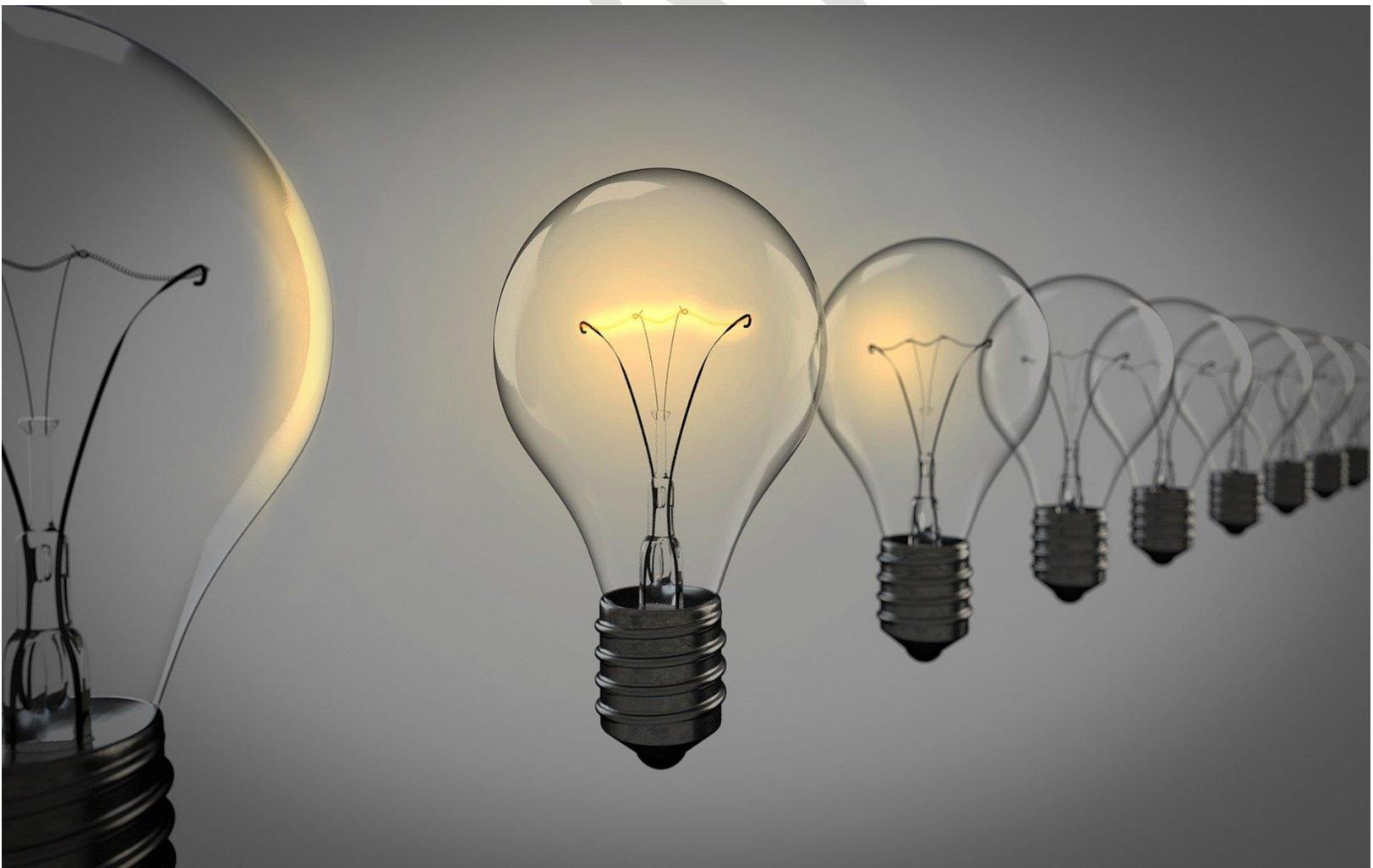


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Background

A previous Rheumatology Physiotherapy Clinical Interest Group existed for a number of years and would meet at Keele University. However, the group folded in 2003/4 following a change in rules for Professional Networks by the Chartered Society for Physiotherapy (CSP). The new rules required a minimum of 100 members, and at that time, our rheumatology physiotherapy community was not able to attain or sustain this membership requirement.

Following the closure of this group, there was an informal group forum which continued via regular email contact, which ran for a few years before being replaced by the iCSP Rheumatology online forum. This iCSP network group has grown in membership and currently has 3937 members. The number of members is likely to reflect the wide professional interest in the forum and its value, however it is unlikely to reflect the number of physiotherapists working in rheumatology physiotherapy practice. Some indication of the current number of specialist physiotherapists may be drawn from a 2019 national survey scoping UK rheumatology physiotherapy practice which had 97 responders (Gregory & McCrum 2021).

The recognition and importance of specialist rheumatology physiotherapy is strongly supported by NICE Guidance recommendations. This support combines with the interest expressed in access to a professional network and education forum enabled by virtual and online strategies with the Covid circumstances. The development of the capabilities framework has also highlighted the benefits and advantages for rheumatology specialist physiotherapists of a formal professional forum. It has felt important and timely to restart a formal Clinical Interest Group CIG.

“I am absolutely thrilled and hope to get the CSP’s support for a clinical interest group in rheumatology” SG, rheum. physio

Proposed aims of a Rheumatology CIG

To create a network of support, professional development, education, research, influence and advocating for evidence-based, effective and high quality physiotherapy practice and care for people living with, or who may come to develop a rheumatology condition.

Scoping a CIG restart

Several initial CIG scoping activities have been undertaken in parallel with development of the Rheumatology Specialist Physiotherapy Capabilities Framework and with the introduction and initial meetings of a BSR Physiotherapy Working Group. The authors, in collaboration with colleagues, have explored a number of options for supporting a Rheumatology Physiotherapy CIG.

There have been two very encouraging meetings initiated and hosted by the British Society of Rheumatology (BSR) with their working group for physiotherapists. A specific query was asked at the first of these meetings on BSR support of a profession-specific CIG. The BSR team responded that they are not currently looking at profession-specific grouping within their structure and the vision is for a unified multidisciplinary approach. This BSR view is welcomed and is accompanied by their campaigns to achieve MDT committee membership, education, voice and resource strategies. It also reflects the amalgamation of the BSPAR and BHPR into the BSR structures and is seen as a positive step to break down traditional barriers, national and local challenges, encourage closer team working and improve patient care as an end goal.

A common view is that a profession-specific group would sit better with the national professional body for that profession. As a part of a separate project where rheumatology physiotherapists offered views, one issue raised was a lack of rheumatology representation at the CSP or providing support to CSP professional efforts.

The lack of a professional network within the CSP for the past c15 years has been a concern expressed by physiotherapists working in the field; and also from the CSP themselves. The professional network lead at the CSP gave some insight to one important consequence the CSP would value addressing: “...it would be great to get maybe a starter contact for someone in your group in case we have any members wanting specialist rheumatology advice? Had one today but we couldn’t send her to any network”, Julie Blackburn, 26/3/21.

The current Professional Networks (PN) at the CSP are many and various:

Professional Networks

There are around 28 Professional Networks (PNs) recognised by the CSP. The focus of each PN is different and includes specific patient populations (for example, children and young people, adults of working age or older people), medical specialties (neurology, respiratory and MSK among others), and techniques (such as acupuncture and aquatic therapy).

From the CSP website 20-4-21 <https://www.csp.org.uk/networks/professional-networks>

Early in discussing options for re-starting a rheumatology professional network, the CSP highlighted the benefits and challenges that have been seen for CIG development and success. It was recommended with the 100 member requirement and significant financial and administration burdens that can arise, that the proposed rheumatology clinical interest group would benefit from exploring options to join up with an established CSP Professional Network. (See Appendix 1- CSP email advice on PN development – insert Fi P ‘s email information)

Preliminary re-start proposal workshop

The first steps aimed to draw together physiotherapists working in and around rheumatology to scope the level of interest on views on re-forming a CIG and present preliminary CIG scoping outcomes:

- (1) An initial online meeting was arranged for 13th May 2021.
- (2) A follow up second meeting is planned for 13th July 2021.

Workshop- agenda and presentation overviews:

7.30pm	Introduction and Welcome -Will Gregory
	<ul style="list-style-type: none"> • Introduction to the platform and workshop sessions-permissions for recording
7.33pm	Why now? -Carol McCrum
	<ul style="list-style-type: none"> • Developing the Rheumatology Capabilities Framework and Practice Scoping survey highlighted the gaps in professional support for specialist Rheumatology physiotherapists • Discussions at Capabilities framework expert group review meeting (Oct 2020) – sense of desire to re-start a specialist CIG • iCSP network membership increasing • Support Drivers - NICE guidance, GIRFT, NASS Gold Standard to Diagnosis Campaign, NRAS support and championing, Versus Arthritis, Arthritis and ARMA, Covid recovery and NHSE restoration and #MSKbetterHealth strategy • Job planning, role support guidance, specialist professional development, FCP roll-out and need for Rheum screening /assessment skills as core in MSK • Increased MDT positivity across UK rheumatology departments supported by GIRFT and BSR • BSR in championing physiotherapy in the MDT and BSR inviting and supporting a Physio working group • Virtual meetings now embedded and enabled – allows broader accessibility and opportunity for success and sustainability of a CIG
7.38pm	Early project group work and other activities– Hannah Chambers
	<ul style="list-style-type: none"> • Hannah’s reasons for involvement • Survey of current rheumatology physiotherapy practice & roles (Gregory & McCrum 2021 - https://onlinelibrary.wiley.com/doi/epdf/10.1002/msc.1516) • Survey of UK Rheum PT comfort with EULAR HPR competency framework https://ard.bmj.com/content/80/Suppl_1/1031.2) • Rheum Specialist Physiotherapy Capabilities Framework- progress update • Input into HEE HEI Advanced Practice Education Framework – Rheumatology K & S section • Other areas of interest for early project group – (i) Education of FCPs (ii) Repository of JDs for rheum physio roles (iii) #saveOurPools campaign (iv) any other(?!)
7.43pm	Why under CSP and not within BSR – preliminary scoping-Will Gregory
	Early negotiations with the CSP. CSP identified need for rheumatology support / expertise with incoming queries. Previous rheumatology physio CIG - The Rheumatic Care Association of Physiotherapists (RCAP)
7.45pm	Professional Networks at the CSP – Julie Blackburn (PN lead at CSP)
	Julie to further expand on the discussions with CSP about structure, requirements and rules of professional network set up from the CSP – feed on from Fi Pilkington email (in appendix). Overall CSP desire to decrease number of PNs and to ask groups to join up. Clear benefits of shared admin.

7.53pm	Polls 1, 2 & 3 (WG)
<p>Poll 1: Where in the UK are you?</p> <p>Poll 2: Which organisations do you belong to?</p> <p>Poll 3: Would you like to pursue restarting a Rheumatology Physiotherapy Clinical Interest Group? [see below for results]</p>	
7.58pm	BSR eLearning and membership Erin Taylor (BSR Head of Membership) & Daisy Southern (BSR Head of Education)
<p>BSR have been involved in our discussions about restarting a physiotherapy CIG. The BSR have recently moved away from a profession-specific division of members (e.g. BHPR amalgamated 2/3 years ago); therefore they would rather have physiotherapists as a part of full BSR. We fully agree with this direction for BSR and has already reaped benefits from better integration of physiotherapy into BSR structures.</p> <p>Erin presented to share BSR membership benefits and to offer a 20% discount to meeting attendees for those not yet members to join BSR (details attached). Daisy presented on the eLearning re-launch that the BSR has recently undertaken; a lot of work had gone into collating and creating resources; attendees at this meeting are offered free access for one month (June 2021) to the BSR eLearning (details attached)</p>	
8.05pm	MACP introduction and benefits – Helen Welch (MACP Chair)
<p>The MACP recognises that its members practise in a variety of wide and diverse settings across musculoskeletal healthcare, including some very specialised areas that require knowledge, skills and capabilities outside those of the IFOMPT Standards.</p> <p>MACP wishes to support these members in ongoing development of their capabilities across the four pillars of practice as well as utilise the expertise of these members to assist the professional development of other members.</p> <p>These aims would be best achieved by the development of specialist clinical interest groups under the overarching governance and support of the MACP.</p> <ul style="list-style-type: none"> • Specialist CIG development would facilitate effective communication, the exchange of skills and knowledge between members and provide support for smaller specialist interest groups by removing duplication of administrative requirements and improving their reach amongst physiotherapists with an interest in musculoskeletal healthcare. <p>Benefits to members</p> <ul style="list-style-type: none"> • Rheumatology CIG would be an independent group within the MACP that also applies MACP's vision & aims • Ability to form a Working Group with MACP Exec members to develop the CIG • Independent forum for Rheumatology Specialism • CIG membership cost- Associate membership currently fixed at £20/year • Ability to develop and run Specialist Rheumatology Physiotherapy Education courses, including Msk education in recognition and referral of suspected Rheum conditions • Access to the MACP's Zoom platform 	

- Administration support
- A managed content page on the MACP website
- Access to MACP educational and research bursaries
- Free access to “Musculoskeletal Science and Practice” journal
- Invited Committee membership position (currently requires full membership) – sub-committee/working group support
- MACP recognition to participate in relevant CSP /NHS subgroups and committees on behalf of the MACP, as well as contributing to consultation documents in conjunction with and on behalf of the MACP.

8.10pm | Defining vision and values (WG)

Share our draft vision and values (to start discussions – keen to modify):

Vision: Improve standards of care for people living with rheumatology diagnoses. Validating, standardising and advancing the role of the physiotherapist.

Values: Sharing Good Practice. Supporting Each Other. Maximising the role of the physio in the MDT. Developing individuals, teams and services. Networking. Research-driven

8.15pm | Breakout Rooms (c5 per room) x20 mins

Break out rooms – discussion of interest, function and views on restarting Rheum CIG and views on MACP supported CIG option. [Copy of “hat comments & room feedback summaries in Appendix1]
Summary themes of comments:

8.35pm | Back together, feedback, wrap up, polls 3&4 (all)

Poll 4: Would you like to pursue restarting a Rheumatology Physiotherapy Clinical Interest Group?

Poll 5: I support developing an independently functioning Rheumatology Physiotherapy Clinical Interest Group under the MACP Professional Network

The audio of the first 40 minutes of the meeting is available (short-term) via this link:

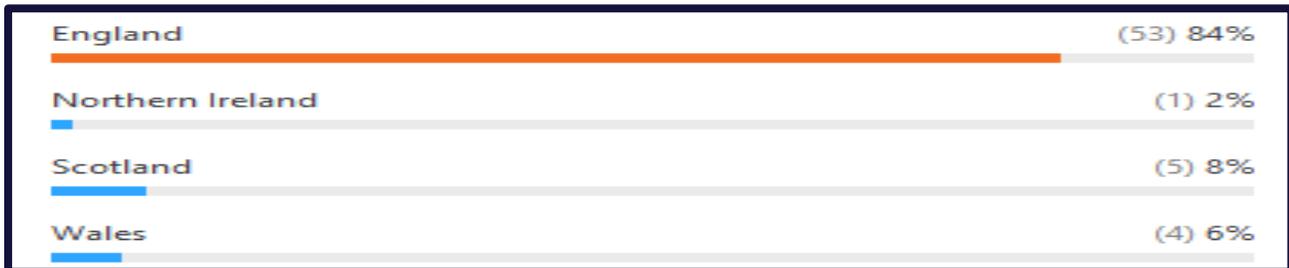
<https://www.buzzsprout.com/1782928/8554834>

Workshop Poll Results

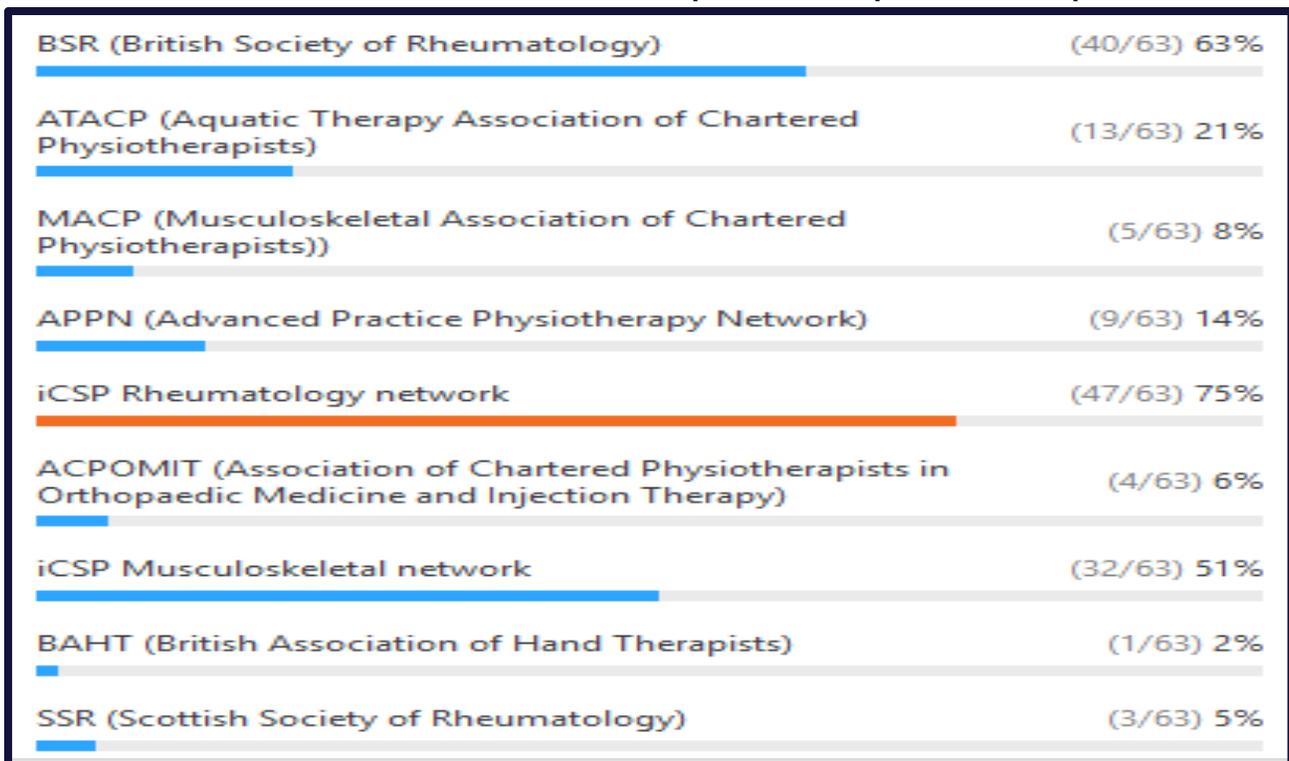
A maximum of 70 people logged onto the Zoom platform during the 13th May scoping launch meeting.

Pre-workshop poll results :

1. Where are you joining us from?



2. Current Professional and Clinical Interest Group memberships of workshop attendees

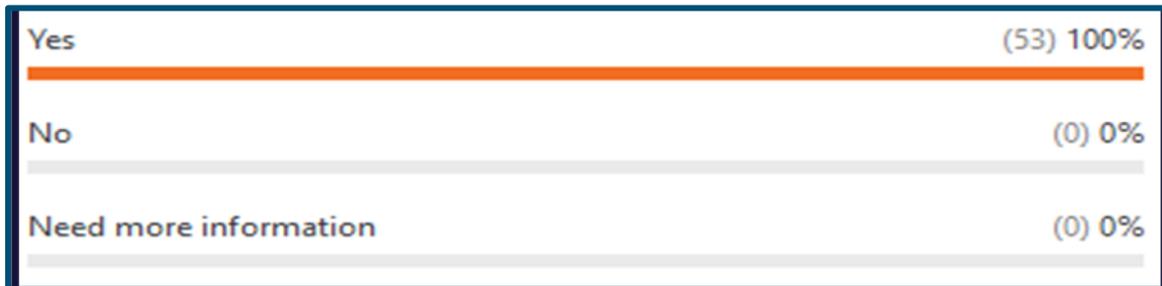


3. Would you like to pursue restarting a Rheumatology Physiotherapy Clinical Interest Group?

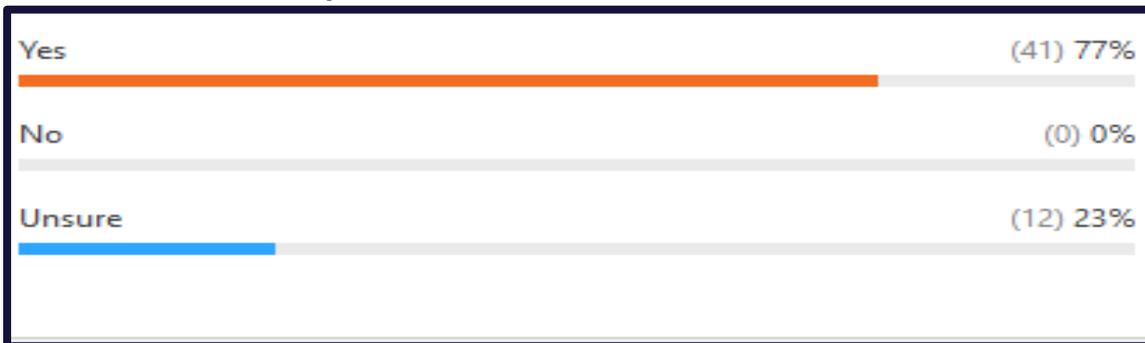


End of workshop polls:

4. Would you like to pursue restarting a Rheumatology Physiotherapy Clinical Interest Group?



5. I support developing an independently functioning Rheumatology Physiotherapy Clinical Interest Group under the MACP Professional Network



Conclusions

There is a strong desire for better networking opportunities amongst physiotherapists working in and around rheumatology services. The recent authorship of a national rheumatology specialist physiotherapy capabilities framework and the strong engagement with, input and support offered by our physiotherapy colleagues at all levels has highlighted the value of enabling better support of career structure, clinical forum and professional development in this specialty, along with the importance of a unified voice and influence.

A profession specific CIG is also seen as an important parallel development to drive and support rheumatology physiotherapy in clinical practice, MDT structures, and as a career development support and pathways. There is an additional role seen in supporting wider rheumatology-specific capability development, such as musculoskeletal services and with the national roll out of First Contact Practitioner roles. Through these means and others, the education of these clinicians to enable earlier identification of rheumatology diagnoses in primary care settings is another reason for the timeliness of redeveloping a rheumatology physiotherapy CIG.

Next Steps:

A further meeting is planned for the evening of Tuesday 13th July. More information to be shared prior to this meeting. Big advertising push, including iCSP and a way to reach out to all rheumatology departments (to allay concerns of feedback received). Social media presence to further increase the chance of catching all physiotherapists working in and around rheumatology.

References / Further Reading

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.

Gregory WJ, Burchett S, McCrum C. (2021) National survey of the current clinical practices of the UK rheumatology physiotherapists. *Musculoskeletal Care* 19:136-141 doi: 10.1002/msc.1516

Ndosi M, Ferguson R, Backhouse MR *et al.* (2017) National variation in the composition of rheumatology multidisciplinary teams: a cross-sectional study. *Rheumatology Int* 37:1453–9.

RA and Physiotherapy report (2011) NRAS / CSP

https://www.csp.org.uk/system/files/ra_and_physiotherapy_report_0.pdf

Appendices

Appendix 1 – CSP advice on PN development

CSP email advice from professional network lead at the time, Fi Pilkington (December 2020) that helped early working Group’s direction on scoping a possible Rheumatology Physiotherapy PN/CIG:

“a new PN will not be recognised if their scope duplicates or is in the same or adjunct clinical area as an existing PN. The CSP would support and encourage potential new networks to join an existing PN. As well as the minimum membership requirement, your group would have to have a formal structure with a constitution – there is no prescribed form (charity, limited company, not for profit, social enterprise) and you would decide on the most appropriate for your needs. The guidance gives information about the various roles we would generally expect to see and what they entail. You would also have to consider the use of ‘Chartered’ in your name. Once your organisation is set up you could make a request to become a CSP recognised professional network and have a CSP hosted website. Previously recognition was linked to payment of an annual capitation fee but we now have a bidding system in place to fund relevant PN projects.”

Appendix 2: Workshop attendee comments

Comments collated from the meeting chat, workshop notes, breakout room feedback and from post-workshop emails received from attendees.

Comments on CIG development: Positive in green highlighter; Challenges in purple

- would love the network and links
- SIG good for sharing best practice, innovative ways of working, promoting rheumatology knowledge and skills, setting standards
- sharing best practice - collaborative working sounds great
- Really like to see the group raise the profile of Rheumatology and show that it is dynamic area of practice
- Really good timing I think with bestMSk, GIRFT and centres working towards accreditation. Good to share knowledge, experience, ideas, pathways etc etc
- help to standardise practice. Then through better standardisation we can measure the impact of our roles, services etc.
- what we ? could / should recover to in rheumatology
- nurturing the next generation of Rheumatology specialists, share good practice

- raise profile, work together and develop improvements for our patients and the services we provide
- Great to see so many physios who are passionate about Rheumatology !
- Really excited about developing a CIG, working in the North of Scotland can feel isolated so great to be able to link up with other Rheum physio's
- lovely to see more physio orientated program this year at BSR
- great to see so many fellow Physios with a passion (for the best speciality!) Rheumatology! Really great also to see representation from the CSP & BSR!
- some of the BSR courses have been a bit basic for experienced physios. the ultrasound courses were excellent.
- promote the role of physiotherapy in Rheumatology and also working on projects to help share best practice and develop services further.
- stronger voice and physiotherapy presence at BSR 2021 which shows the progress- still much to do
- As previous chair of RCAP don't want another role like this. We closed as no-one would come forward to sit on committee and make a core group to meet CSP standards and then went to ICsp and BHPR as it was then
- new role here so if anyone knows how I can link into the paediatric meetings that would be great.
- rather than being seen as a bit of a 'niche' interest . I think an amalgamation with a bigger organisation such as MACP could be mutually beneficial
- great idea to join up - we are stronger that way and there will be more standardization between MSK - Rheum pathways etc and can benefit from each others expertise
- "marriage" with MACP being very mutually beneficial. It is really good to be building our voice and presence with the BSR too.
- CIG to allow wider access to services would be great
- would like to see more rheumatology in under-graduate training and don't know whether that could be the remit of the SIG?
- Collaboration with services / interest groups we share patients with MSK, Pain, Hydro etc would be beneficial to all
- Raising awareness of Rheumatology conditions. Other things: mentorship to support development and learning, research across the network all working together to make a study large enough to impact, training and competencies considered very important especially as all working across large areas with often not much support or many other Rheumatology colleagues close by, sharing good practice = key!!
- strong need for Specialist Physio Rheum education , the challenges of admin required to support, the cost of sustaining, the value of a forum and community of practice, supporting JDs, role development, banding support, a voice for our specialty to raise awareness and influence...
- being lost in a big group
- Working with third sector groups like versus arthritis on the patient / self management resources
- it possible to have a list contacts - who does what are their interests/ areas of expertise etc to allow networking peer review etc etc
- value of peer support, sharing different ways of working, not re-inventing the wheel. Hope patient pathways run at different trust
- wonderful to meet other rheum PT
- good opportunity to get together and hopefully the first of many.
- What's the next step from here?
- getting everything re started,
- was good to see some aresas rheumatology practitioners have peer support whilst some do not due to the demograohic reasons.
- good to make sure everything available online

- Such as shame that this was not widely advertised/Rheumatology departments contacted and I was unable to be involved in this since the relaunch
- The comments from our BSPAR group were: "This would work well with transition"; "Valuable opportunity"; "would help those paediatric PT's in community/DGH's with the odd rheum patient to find info quicker who may not be aware of BSR"; "Good link with the APCP sig"; "interactive rheum lcsp is very adult based". We would be very interested to know what you want/need from our community and how you see it working. Obviously the virtual platforms make things much more accessible. Happy to be a liaison with our group..... With best wishes,
- no issues with it being under the umbrella of MACP. The roles we thought most important were:
- Education – utilising the experienced physios to mentor and train staff newer in the specialism – therefore a CPD mentoring pathway
- Networking and sharing good practice
- Providing a framework for core skills/standardisation
- Benchmarking roles and banding
- good to see rheum PT from different parts of UK – Preston, Bath, Liverpool. expressed how outcome measurements including BASMI measured so different between PT and medics (is that a surprise?) Some areas are clustered with rheum PT /team input whilst some demographically isolated places (including Grimsby Town) lacks PT /OT/team specialised in rheumatology. Also we had an interesting conversation about non-inflammatory conditions including FMS, CFS, hypermobility, EDHS etc gets repeatedly passed to rheum medics and then to our HCPs
- -----
- I was an 'unsure' about joining under MACP and it's based on my previous experiences of MACP being somewhat elitist within MSK. My experience of In-service training and student training delivered by MACP 'gurus' was mostly focused on single joint differential diagnosis of MSK complaints and was a very pain focused approach. That may have changed by now but I think there is still a real lack of guidance and agreement on how a rheumatology patient should be assessed by physio and I think this could be useful discussion within the SIG.
- -----
- overall keen to join
 - needs to be all encompassing : including all bandings , private physio's etc - currently there are requirements to have a Masters etc for MACP - important for succession planning and to make Rheumatology career more supportive and therefore more attractive , not losing physio's to FCP
- could be complementing each other but we will be minority , and don't want to be an 'attachment' - we need enough voice on the committee
- advantage also to improve the rheumatology skills within MSK
- sharing best practice but including audit - implementation and evaluating - CSP funds could be applied for. Budget of organization - funds for projects will need to be transparent
- membership fee- another one if we want to encourage band 6 physio's to join
- good to set standards, sharing pathways etc
- addressing delay in diagnosis - working with MSK colleagues to smoothing pathway and enhance their skills to recognize inflamm
- the structure of us within the MACP needs some thought
- University post grad / advanced practice do not address Rheum a great deal - raising standards under and post graduate
- what will structure look like?
- needs to be equal voice on committee but they have many more members
- only 8% of the group tonight has membership - cost to sign up - could CSP help - as we are not applying

-
- to set up separate group ?
- the eligibility criteria to join
 - the visibility of the rheum aspect to MACP
 - would help with succession planning
 - -----
 - Just wanted to say thanks for a great evening! It was so insightful and I think there's so much more we could do to support the community!-----

DRY