
RESTARTING A RHEUMATOLOGY PHYSIOTHERAPY CLINICAL INTEREST GROUP (CIG)



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Background, scoping & proposals overview

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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, however some indication may be drawn from a national survey scoping UK rheumatology physiotherapy practice which had 97 responders (Gregory & McCrum 2020).

The recognition and importance of specialist rheumatology physiotherapy is strongly supported by NICE Guidance recommendations. This support combines with the interest expressed and access enabled to a professional network and education forum enabled by virtual and online strategies with the Covid circumstances. Now appears to be a timely opportunity to trial an online CIG whilst we are all in the habit of online meetings and have seen the benefits this format for meeting up and professional education can bring.

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

Aims

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

Method

First step is to draw together physiotherapists working in and around rheumatology to judge the level of desire to re-form a group to include:

- (1) An initial online meeting scheduled for 1930-2045 on 13th May 2021 to scope interest and views on a Rheumatology Physiotherapy CIG.
- (2) A database of 127 physiotherapists with a known rheumatology interest or specialism, were sent an invitation to take part in this initial CIG proposal and scoping meeting.
- (3) At this stage further publicity is not sought, but one aim of the 13th May meeting is to gain a consensus opinion on next steps, including advertising the re-starting of the rheumatology physiotherapy CIG.

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.

Results

<To be presented for information and discussion at 13-5-21 meeting>

Outcomes from scoping activities, potential options, progress to date...

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.

References / Further Reading

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