RHEUMATOLOGY—THE WHOLE IS MORE THAN THE SUM OF THE PARTS...

RHEUMATOLOGY is special. It is one of the few areas where the teamwork of a large multi-disciplinary group is vital for the continuing care of the patient. Many specialities, for example ENT or breast surgery, rely very heavily on medical staff plus just one or two health professionals. Rheumatology, however, requires a co-ordinated approach from almost every discipline—nurse, physiotherapist, doctor, occupational therapist, psychologist, podiatrist, pharmacist, social worker, general practitioner and dietician—although not necessarily in that order! Single or uni-professional rheumatology support groups have, quite rightly, flourished to provide vital support, education, networking and dissemination of information within each profession. However, the need for interaction between the various groups extends not only to treatment, but also to education, research and networking, and steps are at last being taken to decrease the isolation of single professional support groups in rheumatology.

I know of no specialty other than rheumatology which has had the foresight to encompass and welcome a truly multi-disciplinary support group—most specialities seem to wish to safeguard or ring-disciplinary groups really such a threat? The British Health Professionals in Rheumatology (BHPR) was created some 12 yr ago to address the need for a multi-disciplinary group within rheumatology. Its membership, which is steadily increasing, includes members from all of the professions mentioned above with many of them being represented on its council. This model of professional support is relatively unknown in Europe and in the past few weeks alone I have been approached by groups from both Ireland and Hungary for advice on setting up such societies.

One of the main strengths of any professional support group (be it BHPR, BSR, PCR or RCN Rheumatology Forum) is the ability to educate its membership and act as a vital facility for the dissemination of information and networking, mainly through newsletters or conferences. Those who have attended BHPR conferences will be aware of the different atmosphere to be found there compared to that of uni-disciplinary conferences: a broader based approach to rheumatology and rheumatology patients, which recognizes the contribution of a wider range of disciplines. How can the management of our chronic disease patients be discussed, researched and developed except in the context of all those who contribute? How could any single profession stand alone, for example, in the management of rheumatoid arthritis?

The advent of combined conferences between BHPR, BSR and PCR has been a major development responsible for widening and strengthening the dimensions of the groups. The first combined conference was held last year in Brighton and attracted the largest number of delegates BHPR had ever had. This year, the second combined conference in Harrogate almost doubled the health professionals delegate list yet again. In addition, the first combined BSR/BHPR advanced course in Bristol in 1996 saw a big increase in the attendance with good integration during the sessions, exposing all disciplines to new areas of expertise and opinion. I believe that these combined conferences, whilst being an organizational minefield, are well worth the effort in terms of the benefit they reap in greater understanding and sharing of research, knowledge and experience.

Unlike their medical colleagues, many health professionals are relatively new to research and the learning curve is steep. However, increasingly we see more health professionals being awarded research grants in their own right and more joint clinical research proposals between the disciplines being funded as a team approach is taken to both treatment and service delivery. One particular problem for any group making initial inroads into research is an appropriate vehicle for publication. With the support and encouragement of the BSR, publication of BHPR abstracts in the British Journal of Rheumatology has now become a reality and I view this as a major achievement for BHPR—something that could not have been contemplated by either the BSR or BHPR just a few years ago. The next crucial project for BHPR will be the possible launch of a peer-reviewed rheumatology health profession’s journal in the UK.

The last 2 yr have also produced other major steps forward for BHPR. We have instigated cross-representation with the councils of almost all the single profession rheumatology support groups; increased health professions input into the ARC Education...
Sub-Committee and Publications Working Party; initiated and co-ordinated bursaries and prizes for all disciplines; organized our first English/Dutch collaborative conference and conducted a major review of our own services and how we provide them. In addition, having been invited to organize a health professions meeting at EULAR 1999, we have, in concert with our colleagues in other support groups, put together a packed full 5 day programme to include all disciplines and good research coverage.

BHPR has been encouraged by the solid support, both practical and ideological, that it has received during the 2 yr of its ‘renaissance’, in particular from the BSR, PCR and the ARC as well as the groups with whom it has more traditionally been associated (RCN Rheumatology Forum, National Association of Rheumatology Occupational Therapists and Rheumatic Care Association of Chartered Physiotherapists). In the USA, the Association of Rheumatology Health Professionals has been through many metamorphoses in its relationship with the American College of Rheumatology before arriving at its current affiliation. Whether or not such a model develops in the UK is by no means certain nor necessarily appropriate, but certainly this present climate of increasing integration has enhanced all groups, leading to a more informed and better educated membership for all societies with subsequent improvement in patient care.

I believe that it is important that single professional support groups exist, but feel that the current flourishing integration between us, which so many of us have worked so hard to kindle, is vital if we are to appreciate fully the contribution of each profession to the seamless care of rheumatology patients. No group can move forward in isolation and encouraging signs abound for yet stronger integration. Long may it continue!

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