but also a working population burdened by musculoskeletal morbidity on which this task will depend. Given that around half of the world’s population will reside in these two countries, by corollary, the rest of the world will be forced to share this burden as well.

### References


### Rheumatology key message

- The burden of paediatric musculoskeletal diseases should be determined in developing countries for proper resource utilization.

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The demographics, educational attainment and current practices of rheumatology nurses and allied health professionals in the UK

Sir, In 2001, a report [1] was published defining extended roles undertaken by rheumatology nurses and health professionals (HPs). However, little is known about this present rheumatology workforce. British Health Professionals in Rheumatology, the Royal College of Nursing Rheumatology Nursing Forum and the Nurse Consultant Group in Rheumatology undertook a survey to ascertain the demographics, educational attainment and current practices undertaken by their members. There were 378 respondents comprising nurses, physiotherapists, occupational therapists, podiatrists, a radiographer, a psychologist and a pharmacist. The results show that the workforce is predominantly female (356/378: 94%) and relatively old with 37% (139) of the respondents aged \( \geq 50 \) years; 113/272 nurses in the cohort (42%) fell into this category. Many respondents had worked in rheumatology for many years and it appears that once in post, many stay. This age and experience profile demonstrates the necessity of succession planning and ensuring that younger and less experienced colleagues assimilate knowledge and learn new skills. Knowledge transfer between and across professions can be highly efficient and cost-effective and 327 (90%) of the 364 nurses and HPs who answered this question are actively involved in education and training. Members of each of the professions teach other professional cohorts, including medical students, general practitioners and junior hospital doctors.

The Next Stage Review [2] states that ‘Staff in all roles and settings need opportunities to continuously update the skills and techniques that are relevant to delivering high quality care through, for example, work-based learning, distance and e-learning, and further education’. The respondents to this survey have enhanced their knowledge academically, with 25% (93) of them having obtained a Master’s degree or a PhD \( n = 8 \). Many had undertaken
courses including prescribing, teaching and general rheumatology, all of which facilitate better patient care.

The strategy, outlined by the Department of Health for long-term conditions [3], advocates the move towards a patient-centred approach rooted in primary care but at present, in rheumatology, this does not appear to be happening. Just 13% of our sample were contracted to work in primary care, a similar finding to that of the National Audit Office Report [4]. Extended roles are flourishing. For instance, 135 (42%) of the 320 respondents have the authority to admit and 219 (69%) of the 319 respondents are able to discharge patients from their care. Clinical procedures such as IA injections are now carried out by 102 (28%) of the 359 respondents. Of the 262 responding nurses, 84 (32%) are qualified, supplementary or independent prescribers, or both. One physiotherapist is a supplementary prescriber. Enabling patients to self-manage their condition must surely be at the heart of rheumatology care. Nurses and HPs are working to this end with 304 (93%) of 326 responders spending a major or significant part of their time providing patients with information and patient education about their disease and its management.

Waiting list initiatives, the introduction of weekend clinics and, in a few cases, new or additional rheumatology consultants are in the interests of patients. However, these initiatives tend to focus on the medical resource and rarely consider the impact and additional resources required from the multi-professional team. Almost half the nurses and HPs in this sample have been asked to change their practice and some reported that in addition to their own roles, they were expected to cover vacant posts that have been frozen. Biologic therapies have also added greatly to practitioner workloads both clinically and administratively, with the number of patients receiving biologics continuing to rise without additional resources. Disappointingly, 123 respondents stated that they had a waiting list for patients to receive biologic therapies and attributed the causes to inadequate funding (n = 67), staffing (n = 72) and infrastructure (n = 54), and some centres having a combination of problems. Between 25 and 44% of our cohorts were involved in activities such as inputting data, typing letters and arranging appointments. The provision of clerical support to undertake this type of work could resolve the problem.

Although this survey included only members of three organizations, it has provided a valuable insight into the demographic profile and the clinical activities undertaken by rheumatology nurses and HPs. Clearly, we need to attract new, young clinical professionals into rheumatology to replace an ageing workforce. Workloads are expanding and will become unsustainable unless remedial measures are taken, and under these circumstances even the most enthusiastic and dedicated practitioners will struggle to cope.

Patients value and need continuity of care and access to multi-disciplinary teams [5] and if implemented, the shift of emphasis advocated in the Dazi report [6] would help to ensure that their needs are met. However, if nurses and HPs are to deliver quality, sustainable services for the future, consideration must be given to what they can reasonably be expected to deliver in terms of specialist activity and non-clinical administrative tasks. To facilitate this, we must ascertain the optimum ratio of patients to specialist practitioners required to provide the care that clinicians and patients aspire to.

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<th>Rheumatology key message</th>
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<td>• Our survey reveals a dedicated, well-educated workforce but their workload outstrips available resources.</td>
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References


5 King’s Fund. The perceptions of patients and professionals on rheumatoid arthritis care. London: King’s Fund, 2009.


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Whipple’s endocarditis as a complication of tumour necrosis factor-α antagonist treatment in a man with ankylosing spondylitis

SIR, TNF plays an important role in host defence. There is evidence of an increased risk of infections in patients...