

Training rheumatology nurse specialists: Are we doing the job right?

Julie Begum, Muhammad Khurram Nisar

To the Editor,

It is widely acknowledged that a multidisciplinary team is required to provide effective care to meet the diverse needs of patients with chronic rheumatic conditions. Rheumatology nurse specialists (RNSs) have become an integral part of this multidisciplinary team. European League against Rheumatism (EULAR) has published recommendations for the role of RNSs in the management of chronic inflammatory arthritis (1). The Royal College of Nursing Rheumatology Forum (RCNRF) has also highlighted the significance of nurses' and allied health professionals' roles in providing excellent care to patients (2).

Since the introduction of rheumatology nursing in the UK in the 1980s, there has been gradual development in the "specialty." Most of the work now involves the management of complex rheumatologic conditions in a time-constrained and financially restricted environment (3). Despite proven clinical and economic benefits of a well-trained RNS and the evolution of the role, there is a lack of a clear career path in the profession. The Department of Health UK has emphasized the need to develop and support nursing leadership to improve the quality of care (4). We performed a pilot survey to understand the present status of a rheumatology practitioner training in the East of England.

Following a focus group discussion of an ideal development route for rheumatology practitioners centered on the questionnaire employed by the RCNRF, 10 items were unanimously identified as areas for job progression. These included appropriate induction, prescribing skills, involvement in research and education, opportunities for combined working, and the scope of clinical development. A questionnaire was created based on these items and was mailed to all rheumatology units in the East of England. Replies were compiled to ascertain the current picture of regional training.

There are 19 centers providing rheumatology services in the region, with 51 rheumatology practitioners (Table 1). All of them replied to the questionnaire. The median age of the nursing establishment was 47 years. They had received different training prior to joining the rheumatology department (mean of 4 years as a general nurse). Only four units (21%) had a formal induction programme for training. Eleven of nineteen (57%) have nurse prescribers. All providers gave a positive response to the question pertaining nurses' participation in research and audits; 12 (63%) presented posters locally or nationally and eight (42%) submitted posters to conferences. Twelve centers have partly nurse delivered early arthritis pathway and



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Department of Rheumatology, Luton & Dunstable University Hospital NHSFT, Luton, UK

Address for Correspondence:
Muhammad Khurram Nisar, Department of Rheumatology, Luton & Dunstable University Hospital NHSFT, Luton, UK

E-mail: muhammad.nisar@ldh.nhs.uk

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Table 1. Questionnaire items and positive replies (n=19)

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|---|----|
| Provision of joint injections | 8 |
| Nurse prescribing | 11 |
| Involvement in research/audits | 18 |
| Poster presentation | 8 |
| National or international oral presentations | 12 |
| Nurse delivered early arthritis pathway | 12 |
| Nurse involvement in combined specialty clinics | 11 |
| Opportunity for ultrasound training | 13 |
| Induction programme | 4 |
| Provision of nurse-led patient education events | 10 |

13 had access to ultrasound in the department. Ten units provided patient education events.

This is a pioneering survey outlining the access of rheumatology practitioners and nurse specialists to developmental opportunities. This initiative highlights a regional variation in the provision of clear career pathways. Though most centers are delivering contemporary services, these are not being effectively used for developing key team members. A formal induction programme is lacking. Though most nurses are involved in audits, less than a quarter of them present posters at any level and even fewer publish research efforts. Prescribing is limited to 15/51 (29%) members. Less than 20% are undergoing training to perform intra-articular injections or learning to perform musculoskeletal ultrasound. Despite patient education being a

core skill in this group, only 10 units have this as a formal event.

In conclusion, there is a variation in the provision of career growth opportunities to RNSs. This can potentially have a negative impact on staff recruitment and retention. There is a need for improving the standards of the career development of rheumatology professionals.

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