

SHORT COMMUNICATION

AN UPDATE ON EUROPEAN SOCIETY FOR SHOULDER AND ELBOW REHABILITATION SCIENTIFIC COMMITTEE STRATEGY, VISION, BREXIT AND ITS IMPACT ON FUTURE COLLABORATION

AKTUALIZACJA STRATEGII KOMITETU NAUKOWEGO EUROPEJSKIEGO TOWARZYSTWA REHABILITACJI BARKU I ŁOKCIA, WIZJI BREXIT I ICH WPŁYWU NA PRZYSZŁĄ WSPÓŁPRACĘ

Jayanti Rai¹, Jaleel Mohammed²

¹Kent Community Health NHS Foundation Trust, UK; Scientific Committee Chair, The European Society for Shoulder and Elbow Rehabilitation, Geneva, Switzerland

²The European Society for Shoulder and Elbow Rehabilitation, Geneva, Switzerland; Lincolnshire Community Health Services NHS Trust, UK

ABSTRACT

Introduction

The European Society for Shoulder and Elbow Rehabilitation (EUSSER) is made up of health professionals who specialise or have an interest in the field of shoulder & elbow dysfunction. The scientific committee of the EUSSER developed their strategies and vision and post-Brexit to work in collaboration with The European Society of Surgery for the Shoulder and Elbow (ESSSE), Société Européenne de Chirurgie l'Epaule et du Coude (SECEC), and British Elbow and Shoulder Society.

Aim

We aim to share EUSSER scientific committee's achievements, our vision, Brexit, and its impact on our future collaborations for education and research.

Materials and methods

We developed our strategy in discussion with the EUSSER Board, evidence synthesis of published literature, monitoring and mapping the EUSSER scientific committee's activities along with other equivalent professional networks scientific committee and with EUSSER scientific committee members consensus.


Results

Integration, collaboration, and transformation were three key areas of focus for the scientific committee this year. We worked together with other professional networks and societies, delivered a scientific lecture, and are working on developing collaborative research projects across Europe.

Conclusion

Despite Brexit and Covid-19 pandemic challenges, EUSSER scientific committee has worked towards expanding this year, developed strategies and vision to work with various stakeholders

Author responsible for correspondence:

Jayanti Rai
KCHFT, 3rd Floor, Mill Lane House
Mill Lane, Margate, CT9 1LB, UK
E-mail: jphysio@gmail.com
 <https://orcid.org/0000-0001-9116-7612>

Authors reported no source of funding
Authors declared no conflict of interest

Date received: 27th August 2021
Date accepted: 6th September 2021

Keywords: shoulder, elbow, rehabilitation, scientific, education, research, Brexit.

STRESZCZENIE

Wstęp

Europejskie Towarzystwo Rehabilitacji Ramion i Łokci (EUSSE) składa się z pracowników służby zdrowia, którzy specjalizują się lub są zainteresowani dysfunkcją ramion i łokci. Komitet Naukowy EUSSE opracował swoje strategie i wizję oraz po Brexit, aby współpracować z Europejskim Towarzystwem Chirurgii Barku i Łokcia (ESSSE), Société Européenne de Chirurgie de l'Epaule et du Coude (SECEC) oraz British Elbow and Shoulder Society.

Cel

Naszym celem jest dzielenie się osiągnięciami Komitetu Naukowego EUSSE naszą wizją, skutkami Brexit jego wpływem na naszą przyszłą współpracę na rzecz edukacji i badań.

Materiały i metody

Naszą strategię opracowaliśmy w porozumieniu z zarządem EUSSE, syntezą dowodów z opublikowanej literatury, monitorowaniem i mapowaniem działań Komitetu Naukowego EUSSE wraz z innymi równoważnymi komitetami naukowymi sieci zawodowych oraz konsensusem członków Komitetu Naukowego EUSSE.

Wyniki

Integracja, współpraca i transformacja to trzy kluczowe obszary zainteresowania Komitetu Naukowego w tym roku. Współpracowaliśmy z innymi sieciami i stowarzyszeniami zawodowymi, wygłosiliśmy wykład naukowy i pracujemy nad rozwojem wspólnych projektów badawczych w całej Europie.

Wniosek

Pomimo wyzwań związanych z pandemią, Brexit i Covid-19, Komitet Naukowy EUSSE pracował w tym roku nad rozszerzeniem, opracował strategie i wizję współpracy z różnymi interesariuszami.

Słowa kluczowe: ramię, łokieć, rehabilitacja, nauka, edukacja, badania, Brexit.

Introduction

The European Society for Shoulder and Elbow Rehabilitation (EUSSE) is made up of health professionals who specialise or have an interest in the field of shoulder & elbow dysfunction. The scientific committee of the EUSSE developed their strategies and vision and post-Brexit to collaborate with The European Society of Surgery for the Shoulder and Elbow (ESSSE), Société Européenne de Chirurgie de l'Epaule et du Coude (SECEC), and British Elbow and Shoulder Society. Jayanti Rai was appointed to chair the Scientific Committee of the European Society for Shoulder

and Elbow Rehabilitation (EUSSE), tasked with developing a committee structure and delivering quality improvement in our scientific committee research activities. We now have an established committee structure with succession planning and terms of reference. Jayanti Rai started tenure in January 2021, and we have some significant positive changes to aspire future generations into research, and I am grateful to our members, the EUSSE Board, for their full support, especially during the challenging times of the COVID-19 pandemic. It is therefore timely to

reflect on the progress we have made in the last seven months.

Aim

We aim to share EUSSER scientific committee's achievements, our vision, Brexit, and its impact on our future collaborations for education and research.

Materials and methods

We developed our strategy in discussion with EUSSER Board, evidence synthesis of published literature, monitoring and mapping the EUSSER scientific committee's activities along with other equivalent professional networks scientific committee and with EUSSER scientific committee members consensus.

Results

- Integration, collaboration and Transformation were three key areas of focus for the scientific committee this year. We have also collaborated and extended our scientific committee membership to other countries, including Belgium, Germany, Israel, Turkey, and the United Kingdom (UK).
- Collaborated with the European Society for Surgery of Shoulder and the Elbow (SECEC) this year for the joint webinar. Two members from the scientific committee, with support from EUSSER Board, presented on early physiotherapy and post-operative physiotherapy management of frozen shoulder during EUSSER – SECEC joint webinar in May 2021, which was well-received across the globe.
- Attended the national delegate conference of twenty-member countries to understand their needs and provide support in the future to drive evidence-based practice in their countries.
- Approached British Elbow and Shoulder Society (BESS) this year for dual membership, and the response was very positive. Our members can now attend their conference at a discount price as EUSSER members.
- Elected new Vice-Chair's to ensure progress and to drive the scientific committee's strategy.
- The scientific committee members also pre-

sented on early physiotherapy and post-operative physiotherapy management of frozen shoulder during EUSSER – SECEC joint webinar in May 2021, which was well-received globally.

Challenges

Like many other organisations during this COVID-19 pandemic, EUSSER is also facing financial challenges and is struggling to support funding high-quality research projects. Historically, grants to EUSSER were awarded by the Journal of Orthopaedics and Sports Medicine (JOSPT) and EUSSER to support the young researcher award. This was a great way to attract, acknowledge, and support high-quality research projects, however, we need to develop a more robust funding strategy with our partner collaborators in EUROPE and across the globe. The scientific committee agreed that using the funds to secure methodological support for high-quality research activity would be the best way forward to attract sponsors.

Vision

1. To deliver one clinical research publication per year.
2. Involve two additional members to the scientific committee per year by inviting our members to join the committee, supporting them with ground research and scientific committees' activities.
3. Enrol ten new members in the next five years.
4. Develop and deliver educational activities, including targeted presentations and workshops.
5. Undertake social media activities to promote the scientific committee's activities.

Brexit and its impact on future collaboration
United Kingdom left European Union (EU) on 20 January 2020, and this can have a significant impact on our collaborations. However, the Chartered Society of Physiotherapy has ensured that the current professional registered resident members will be able to stay in the UK via health and care visa, which will be

made available to new registrants after 1 January 2020. Furthermore, European Economic Area (EEA) students graduating from UK Higher Education Institutes will also be able to work after completing their education under new visa rules.

For research projects, the UK government has guaranteed to match Horizon programme funding post Brexit, but the details have not been made clear. In education, some negative impact is expected, including loss of access to EU student mobility programmes, a potential decline in European students on UK courses due to increased fee levels post Brexit.

With regards to the health and care professional's council (HCPC) scope of practice, there seems to have little evidence that it is uniform across Europe. Some of this might be due to natural variation addressing social and cultural differences, however, in another instance's litigation has caused a divide between how HCP's can practice. For example, in the UK, HCP's including Physiotherapists, can become independent prescribers, they can order investigations such as MRIs and X-rays and provide interventional procedures such as soft tissue and joint injections, giving them a greater scope of practice than their European colleagues. It is unlikely that the UK physiotherapists' scope of practice will suffer from Brexit, however, this might now mean other European countries will have less leverage to adopt the similar legislative practice to those available to the UK physiotherapists.

The UK has guidance from the National Institute for Health and Care Excellence (NICE) as well as UK-specific guidance from special interest groups, such as the British Elbow and Shoulder Society (BESS). Other countries might have their guidelines, and there maybe duplicating of work, or worse still, providing conflicting recommendations for the management of musculoskeletal healthcare across Europe. Brexit should not prevent the UK from collaborating and getting involved in developing UK-European clinical guidance, but we need to acknowledge that it

might be a challenge. Perhaps we could take it a step further and try and establish global musculoskeletal clinical guidance such as has been done by other fields of health such as gastroenterology who provide the same guidance in different languages that are easily accessible: <http://www.worldgastroenterology.org/guidelines/global-guidelines>. Maybe leading national guideline developers such as the National Institute for Health and Care Excellence should become the International Institute for Health and Care Excellence?

It has been reported that patients across Europe, including the UK, benefit from collaboration between health researchers who investigate interventions on an EU-wide basis (NHS European Office, 2019). For musculoskeletal medicine, there is little to substantiate this. Some published epidemiological studies across Europe exist, for example, the European Chronic Low Back Pain Epidemiology and Patient Flow analyses (2018), however, they are accessible at the cost of 1467 Euros (1.300 pounds sterling), limiting their availability. The majority of musculoskeletal research across Europe is confined to the participating country.

For the many UK Physiotherapists, not being part of the European Community is viewed negatively for many different reasons. On reflection, one viewpoint is that UK musculoskeletal healthcare has failed to fully embrace the opportunity to work as part of the European Union to enable equality of access and health care provision. In our opinion, Brexit, while potentially causing issues around UK staffing, will be unlikely to be responsible for opening up a wider chasm across musculoskeletal physiotherapy in Europe. However, we have strong collaborations with BESS in the UK. As the majority of the EUSSER scientific committee members are from the UK, we aim to develop stronger ties in education and research.

Conclusion

Despite Brexit and Covid-19 pandemic challenges, EUSSER scientific committee has

worked towards expanding this year, developed strategies and vision to work with various stakeholders.

Acknowledgments

We would like to express our gratitude to members of the EUSSER scientific committee past and present and the EUSSER Board for their support.

REFERENCES

Europe Chronic Low Back Pain Epidemiology and Patient Flow Analysis (2018) https://www.researchandmarkets.com/research/q85xf6/european_chronic?w=4.

McKenna, H. & Baird, B. (2019) *'Brexit: the implications for health and Social Care. The Kings Fund'*. <https://www.kingsfund.org.uk/publications/articles/brexit-implications-health-social-care>.

NHS European office (2019) *'Patient Access to Medical Research'*. <https://www.nhsconfed.org/regions-and-eu/nhs-european-office/brexit-and-the-nhs/brexit-implications-for-health-and-care/patient-access-to-medical-research>.

Yeldham R (2018) *'Physiotherapy post-Brexit. The Chartered Society of Physiotherapy'*. <https://www.csp.org.uk/networks-campaigns-influencing/shaping-healthcare/physiotherapy-post-brexit>.