Two- and three-dimensional visualized pathological joints from X-ray and computed tomography generated images in a patient with long-standing (inadequately treated) RA (A) and a patient with early RA (B). Overall rating (range 0-100 on the VR application) divided into four different professional subgroups (C). This shows that the areas of concern are different for different professionals. Crossbars represent medians, whiskers represent 5-95 percentiles (points below the whiskers are drawn as individual points), box scale always extends from the 25th to 75th percentiles (hinges of the plot).


**Disclosure of Interests:** William J. Gregory Speakers bureau: Speaker fees from Novartis and Abbvie, Consultant of: Advisory boards for Pfizer and Novartis, Sharon Burchett: None declared, Carol McCrum Speakers bureau: Speaker fees from Novartis.

**DOI:** 10.1136/annrheumdis-2021-eular.2808

**HPR Interdisciplinary research**

**POS1494-HPR**

**THE COLLABORATION OF RHEUMATOLOGY - DERMATOLOGY IN THE EVALUATION OF RHEUMATIC DISEASES PATIENTS: EXPERIENCE IN A UNIVERSITY HOSPITAL**

G. Figueroa-Parra1, A. Moreno-Salinas1, C. M. Gamboa-Alonso1, M. A. Villareal-Alarcón1, D. A. Galarza-Delgado1.1 Hospital Universitario Dr. José Eleuterio González, Universidad Autónoma de Nuevo León, Servicio de Reumatología, Monterrey, Mexico

**Background:** Dermatological manifestations are not rare in patients with rheumatic diseases (RD). Multidisciplinary management and direct interaction between these disciplines are essential. According to Dermatology-Rheumatology clinical standards, most diagnoses are evaluated with systemic lupus erythematosus (SLE) and rheumatoid arthritis (RA), with dermatitis being the most common manifestation. It is important to be aware that skin problems in RD patients are not always related to the underlying condition(1). Nowadays, there is significant evidence to support the manifold advantages of the joint dermatology-rheumatology clinic, including improved quality of care for patients and multidisciplinary training for new physicians(2). This ongoing trend is intended to highlight the important interaction between specialties that treat overlapping conditions, and it has been incorporated in academic health centers to give a comprehensive approach to patients.

**Objectives:** Our purpose was to describe the collaboration between the Rheumatology and Dermatology services during the evaluation of RD patients.

**Methods:** An observational, retrospective study was performed in the Rheumatology Service of the University Hospital “Dr. Jose Eleuterio Gonzalez” in Monterrey, Mexico, between March 2019 and February 2020. All the patients with a Rheumatology or Dermatology consultation request were included (hospitalized and outpatients). Demographic (age, gender, baseline diagnosis), the reason for consultation, specialty requested, type of treatment, final diagnoses, and agreement in final diagnosis were registered. Results are shown in descriptive statistics.

**Disclosure of Interests:** William J. Gregory Speakers bureau: Speaker fees from Novartis and Abbvie, Consultant of: Advisory boards for Pfizer and Novartis, Sharon Burchett: None declared, Carol McCrum Speakers bureau: Speaker fees from Novartis.

**DOI:** 10.1136/annrheumdis-2021-eular.2808

**HPR Interdisciplinary research**

**POS1493-HPR**

**IMPACT OF THE EULAR HCP CORE COMPETENCIES ON RHEUMATOLOGY PHYSIOTHERAPISTS IN THE UK: SURVEY RESULTS**

W. J. Gregory1,2, S. Burchett3, C. McCrum4,5.

1Salford Royal NHS Foundation Trust, Rheumatology Directorate, Manchester, United Kingdom; 2Manchester Metropolitan University Department of Health Professionals; Faculty of Health, Psychology and Social Care, Manchester, United Kingdom; 3East Sussex Healthcare NHS Trust, Information Management and Performance, Hastings, United Kingdom; 4East Sussex Healthcare NHS Trust, Physiotherapy Department, Hastings, United Kingdom; 5University Of Brighton, Research Centre for Healthcare Professionals, Brighton, United Kingdom

**Background:** A European Alliance of Associations for Rheumatology (EULAR) initiative in 2019 saw the first-ever publication of Core Competencies for Health Care Professionals (HCPs) working in Rheumatology (Edelaar et al. 2019). This document sets the tone for how HCPs in Rheumatology should be working. One of the listed research agenda items created as a part of this project was to define discipline-specific competencies related to each of the HCPs unique roles in the multidisciplinary team.

**Objectives:** In response to this call for discipline-specific application, a recent national survey of physiotherapists working in rheumatology in the UK included a section looking at the comfort these clinicians feel in the day-to-day application of these Core Competencies.

**Methods:** In late 2019, an internet-based survey was emailed, and shared via other digital platforms, aiming to target all UK-based rheumatology physiotherapists. Other areas were covered and have been published (Gregory, Burchett and McCrum 2021), but there are unpublished data from Question 8 on this survey which involved listing the EULAR HCP Core Competencies and asking respondents to rate on a 5-point Likert scale their comfort with these statements in relation to their day-to-day practice.

**Results:** Ninety-seven UK-based physiotherapists working at least some of their job in rheumatology completed the survey. Overall the EULAR HACP core competency statements with the highest scores were statements 2 and 5; those statements with the lowest comfort response were statements 4 and 6. Statement 2 relates to assessment and statement 5 to non-pharmacological management; it is in line with the traditional physiotherapy job role that these are part of expected specialist rheumatology physiotherapist job role and banding level 4. However, level band 6 provides a broader scope for comfort and can be expected to be real when patients have more complex medical issues. Statement 4 relates to pharmacological management, and as this is not a formal part of expected specialist rheumatology physiotherapist job role at banding level 4, this result was lower level of comfort probably to be expected. Statement 6 relates to patient education and whilst this is a clear part of the physiotherapist role, we expect the lower score here represents respondents awareness that broader disease education may sit better with other members of the rheumatology multi-disciplinary team.

**Conclusion:** Written for all HCPs, the competency statements do show less comfort on this survey of physiotherapists with regards to less profession-specific statements, namely medication management and disease education. Team working means these areas will be picked up by other rheumatology HCPs. Generally there is a good amount of familiarity with and comfort in application of these new core competencies. An alternative conclusion is that the EULAR working group creating the competencies achieved a strong understanding of the HCP roles and the competencies are hence seen to fit well in this survey. As per the concluding statements of the 2019 EULAR core competencies document, there does remain a requirement to work on profession specific competencies in rheumatology.

**REFERENCES:**
