ernment. We are hoping that these negotiations will ensure equity with national standards of reimbursement for salaried and fee-for-service rheumatologists.

The rheumatology community in Newfoundland also has two nurse practitioners—one in each of the adult sites. Their roles range from helping to triage referrals (Ms. Kim Roberts Pennell) to managing and following inflammatory-arthritis patients (Ms. Karen Doyle). We feel that rheumatology health extenders may play a role in Newfoundland and across the country in caring for arthritis patients, and hopefully will help to improve waiting lists and times.

Furthermore, rheumatology research in Newfoundland is well and alive. Dr. Proton Rahman continues to work hard exploring the genetic aspects of rheumatic diseases, especially seronegative arthropathies. We at the Arthritis Centre and Nexus Clinical Research are also active in clinical research, particularly in rheumatoid arthritis (RA) and psoriatic arthritis. The latter disease is of special interest to our community because of high prevalence, and the close working relations that we have established with our dermatology colleagues. In addition, the collaboration with the Newfoundland and Labrador Centre for Health Information (NLCHI) opens new horizons for understanding comorbidities associated with inflammatory arthritis through access to a provincial database. Finally, a new musculoskeletal (MSK) ultrasound machine was newly acquired at Nexus Clinical Research, but there is always a place open for a new colleague to join in the exciting new opportunities in our Centre.

In conclusion, we are looking forward to the next year to fulfill the promise of improved care for our patients while improving working conditions for rheumatologists. However, this hope is tempered by some uncertainty for the future of rheumatology services in Newfoundland and Labrador.

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Advanced Clinician Practitioner in Arthritis Care (ACPAC) Program: 2009 Update

By Rachel Shupak, MD; Katie Lundon, BScPT, MSc, PhD; and Rayfel Schneider, MD, FRCPC

ew models of arthritis care have been quite successful during the past 20 years by incorporating a diverse array of therapists delivering care to arthritis patients. The Advanced Clinician Practitioner in Arthritis Care Program (ACPAC) is the first formal, university-based, post-licensure education program that educates and trains experienced musculoskeletal (MSK) physical therapists and occupational therapists to provide health-care to these patients.1

Since 2005, 50 advanced practitioners have successfully completed the 10-week episodic (one week per month) competency-driven and highly evaluated certificate program from the Department of Continuing Education and Professional Development from the University of Toronto’s Faculty of Medicine.

The ACPAC program is a HealthForce Ontario initiative, and is endorsed and supported by the Ontario Ministry of Health (MOH). The Arthritis Society (Ontario branch) and the Canadian Rheumatology Association (CRA). The program graduates currently work across Ontario in rural communities and urban centers in rheumatologic and orthopedic fields, and are involved in adult and pediatric arthritis care delivery. To date, all of our graduates are from Ontario, but our plan for the future is to expand the program nationally.

Using the health education program outcome evaluation,2 100% of the ACPAC graduates were satisfied with the relevance of the program to their clinical practice (Level I: Learner reaction); are measurably competent in their advanced management of select MSK diseases (Level II: Learner outcome
advanced knowledge and skills); and have demonstrated an expanded scope of practice skills, sustained 12 months post-graduation (Level III: Change in clinical practice).³

The goal over the next two years is to look at Level IV: System level evaluation of the ACPAC program graduates while in their clinical practice settings. A research team from the Mobility Clinical Research Unit (Mob CRU) at St. Michael’s Hospital in Toronto has been successful in attaining funds from the MOH to perform this investigation, which is based on the Ontario Hospital Report Card approach.² Four main quadrants will be examined, including system integration and change, client perspective, clinical utilization and outcomes, and financial performance. Stay tuned.

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The 4th Annual BRIESE in BC

By Jason Kur, MD, FRCPC

The 4th annual British Columbia Rheumatology Invitational Education Series (BRIESE) was hosted by the Pacific Arthritis Centre this year. Once again, rheumatologists from across the province attended the meeting from October 2 to 3. The event was hosted on the same weekend as the British Columbia Arthritis Society’s Bluebird Gala, allowing many B.C. rheumatologists the chance to dust off their black-tie wardrobe, and brush up on the latest in rheumatology.

Dr. Vibeke Strand from Stanford University, a member of the international faculty at the initial BRIESE meeting four years ago, was among the attendees. We were enlightened by her take on biologic registries, as well as her analysis of the latest information on safety data of anti-TNF medications. Dr. Jurgen Braun from Germany reviewed new recommendations in the diagnosis of ankylosing spondylitis with additional focus on imaging. He successfully provided the attendees with his practical approach to the management of spondyloarthropathies.

This year’s guest faculty included Dr. Hannah Briemberg, a neurologist from Vancouver General Hospital. Her session on myositis strengthened the link between the rheumatologic and neurologic shared management of this devastating condition. One of BRIESE’s highlights is the case-presentation format. This two-day event gives the BC rheumatology community a chance to discuss challenging medical dilemmas in a cordial environment. There was no shortage of opinions and evidence to support future decision-making in the management of rheumatologic patients, especially with the input of local and international experts.

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We look forward to feeling the BRIESE again in the autumn of 2010.

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