



# 'I want to raise the profile of rheumatology'

[Clare Pain](#)

3 March 2017



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**Australian Rheumatology President, Professor Rachelle Buchbinder, explains her vision for the speciality - and why rheumatologists are needed now more than ever.**

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### **What are the main issues likely to affect rheumatologists over the next few years?**

We are concerned about the large and growing burden of arthritis and musculoskeletal conditions affecting the population and the lack of a coordinated effort to address it. Even though they are the most common reason to seek care, contribute over a fifth to all years lived with disability, and are enormously costly, they do not receive the same attention as other chronic problems.

Some of the barriers that we face include the continued overuse of expensive tests and treatments that are unnecessary, ineffective or unproven, and/or harmful. For example, costly stem cell and autologous blood therapies are currently being offered to patients with osteoarthritis and other musculoskeletal conditions despite the lack of high quality evidence of their benefit. In this situation, the ARA believes that treatment should only be offered in the context of high quality randomised controlled trials. Similarly there is currently not enough supportive evidence to recommend medical cannabis as a clinical intervention for chronic musculoskeletal pain outside of a clinical trial setting and any modest efficacy needs to be weighed up against the risk of harm.

We believe that more needs to be done to inform and educate consumers so that they can make evidence-informed decisions about their health. As a start we are participating in the EVOLVE initiative of the Royal Australasian College of Physicians to reducing low-value

medical practices by identifying the top 5 list of tests and treatments in our field that clinicians and patients should question.

### **What's happening with biologics and biosimilars?**

There is no doubt that the advent of biologics to treat rheumatoid arthritis and other types of inflammatory arthritis has been a major advance. The arrival of biosimilars to the marketplace is likely to make these drugs more affordable and their exact place is currently being debated.

We are in dialogue with the PBAC about a number of issues around equitable access of biologics including biosimilars for our patients. One of our concerns is the lack of long-term outcome data relating to multiple drug switches and how this will be monitored. With the advent of 'a' flagging the rheumatologist may not even know which drug their patient is actually taking.

### **What are your top goals as ARA president?**

My top goals are to ensure we are meeting the needs of our members and our patients. Luckily I work with a wonderful, caring and cohesive Board that shares my vision.

I want to raise the profile of rheumatology and ensure that there is clear and easily understood messages about best-evidence management of musculoskeletal health area in the community. It seems that there is still a lack of understanding that we are specialist physicians and the experts in treating arthritis and musculoskeletal conditions. We have outlined our role and expertise in our [what is a rheumatologist?](#) page on our website. We will continue to advocate for increased national efforts to address the burden of musculoskeletal disease in Australia. This should include more research funding directed towards identifying better treatments and better ways of ensuring that what we already know is actually taken up into practice.

And I want to get people from different specialties talking to each other. There are many different clinicians who share our care for people with arthritis and musculoskeletal conditions but we do not talk to each other enough. This could be achieved through joint sessions at our conferences and writing joint position statements, recommendations and information for patients with involvement of consumers and our national and state consumer organisations.

### **Is there a shortage of rheumatologists?**

Yes. There are just over 350 practicing rheumatologists in Australia but there are already particular shortages in rural and remote areas and we are extremely concerned about the future. With the ageing of the population and increased rates of obesity, the burden from arthritis and musculoskeletal conditions is set to rise. We are so concerned that we are commissioning a study to estimate rheumatology workforce needs across Australia.

### **What are the joys of your role as ARA president?**

Knowing that I am contributing to a great specialty that truly does put our patients first.

### **How do you split your time?**

The majority of my week is taken up with research relating to musculoskeletal health as an NHMRC Senior Principal Research Fellow at Cabrini Institute and Monash University. I also continue to see patients in a small private practice. My role as ARA president takes up at least half a day a week — so work inevitably spills into evenings and weekends. My family, friends and swimming keep me sane. It's very busy, but luckily I love my job!

### **Professor Rachelle Buchbinder:**

- Director of the Monash Department of Clinical Epidemiology at Cabrini Institute.
- Professor in the Department of Epidemiology and Preventive Medicine at Monash University.
- Chair of the Australia and New Zealand Musculoskeletal (ANZMUSC) Clinical Trials Network.
- President of the Australian Rheumatology Association.

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### **Clinical Reporter**

Clare Pain combines freelancing as a science and medical writer with working as a medical journalist on *Medical Observer's* sister *Specialist Update* titles. She has written for many outlets including *New Scientist*, *Cosmos*, and the ABC. Her work was selected to appear in *Australia's Best Science Writing 2015*.

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