

GPwER: Rheumatology competencies

The following is based in the Joint Royal Colleges of Physicians Training Board curriculum for rheumatology training draft speciality capabilities in practice (CiP) and practical procedures (p29-33), adapted for the proposed GPwER in MSK and rheumatology accreditation.

The JRCPTB curriculum in turn is based on the generic professional capabilities framework (GPC) introduced by the GMC in 2017, in which the patient is at the centre of any consultation and decision making

[Generic professional capabilities framework - GMC \(gmc-uk.org\)](http://gmc-uk.org)

The table below details the key presentations and conditions of Rheumatology.

Particular presentations, conditions and issues are listed either because they are common or serious (having high morbidity, mortality and/or serious implications for treatment or public health).

For each condition/presentation, GPwERs will need to be familiar with such aspects as aetiology, epidemiology, clinical features, investigation, management and prognosis. Our approach is to provide general guidance and not exhaustive detail, which would inevitably become out of date.

Treatment care and strategy includes drug treatments or other interventions for a patient. It includes discussions and decisions as to whether care is focused mainly on curative intent or whether the main focus is on symptomatic relief. It also covers broader aspects of care, including involvement of other professionals or services. It is expected that having completed core GP training, that GPwERs will demonstrate core bedside skills, including information gathering through history and physical examination and information sharing with patients, families and colleagues.

The exact treatment care and strategy approach adopted by the GPwER will depend on the service and tier in which the GPwER is working. However, as a requirement for GPwER accreditation the individual will need to demonstrate an awareness of these conditions, the basis on which diagnosis is made and basic first line management. It is also expected that the GPwER will understand when to refer to a rheumatologist and the urgency of referral.

Clinical area

Presentations

Conditions/Issues

Inflammatory arthritis

Monoarthritis
Polyarthritis

Septic arthritis
Gout/Pseudogout
Chronic infectious arthritis – Mycobacterial arthritis, Lyme disease
Viral arthritis – Parvo, Hepatitis and HIV-associated arthritis
Reactive arthritis
Pigmented Villonodular Synovitis
Psoriatic arthritis
Rheumatoid arthritis
Unclassified inflammatory arthritis
Arthritis associated with immunodeficiency
Sarcoidosis – Lofgren’s syndrome
Palindromic arthritis

Spondyloarthropathy

Inflammatory back pain
Oligoarthritis
Enthesitis
Dactylitis

Axial Spondyloarthropathy (AxSpA)
(Radiographic/NonRadiographic)
Peripheral manifestations of AxSpA
IBD associated arthropathy/SpA
Reactive arthritis
Undifferentiated Spondyloarthropathy
Whipple’s disease

Clinical area

Presentations

Conditions/Issues

Connective tissue diseases

Facial rashes
Discoid rash
Renal disorders
Scleroderma and Raynaud's
Haematological disorder
Neurological disorders
including peripheral and
central syndromes
Thrombophilia
Sicca syndrome
Salivary/Lacrimal gland
swelling
Lymphadenopathy
Muscle weakness with or
without rash
Serositis

SLE
Cutaneous LE
SLE-associated nephritis
Sjogren's syndrome
Systemic sclerosis and associated conditions
Inflammatory myopathies
Overlap syndromes
Antiphospholipid antibody syndrome

Vasculitis

Pulmonary-renal syndromes
Systemic illness with
multiorgan disease
Rash and
arthritis/nephritis/lung
disease
Uveitis
Scleritis
Deafness – sensorineural
External ear disease

ANCA-associated vasculitis
Granulomatosis with Polyangiitis (GPA), Eosinophilic Granulomatosis with
Polyangiitis (EGPA), Microscopic Polyangiitis (MPA)
Non-ANCA Vasculitis – Polyarteritis Nodosa (PAN)
Behcet's disease
Large Vessel Vasculitis -Takayasu's arteritis, Giant Cell Arteritis
Leukocytoclastic vasculitis
IgA Vasculitis
Cryoglobulinemia
Relapsing polychondritis

Auto-inflammatory disorders

Pyrexia of unknown origin
Fever and rash

Periodic fever syndromes
Familial Mediterranean fever
Adult-onset Still's disease

	Fever with multi-organ dysfunction Serositis	Macrophage activation syndrome and HLH Amyloidosis Sweet's syndrome
Multi system disease – others	Lymphadenopathy Granulomatous diseases Retroperitoneal fibrosis Immunodeficiency Inflammatory eye disease	Sarcoidosis Castleman's disease/Histiocytic syndromes IgG4 disease Uveitis Scleritis
Bone disease	Pathological fracture Insufficiency fracture Stress fracture Bone pain Laboratory abnormalities of calcium, phosphate, alkaline phosphatase Incidental radiographic abnormalities	Osteoporosis Osteomalacia Postmenopausal osteoporosis Male osteoporosis Paget's disease of the bone Osteonecrosis Atypical femoral fractures Transient regional osteoporosis
Endocrine and metabolic disorders	Complications of diabetes Complications of thyroid disease Calcinosis	Diabetic stiff hand Thyroid acropachy Haemochromatosis-associated arthropathy Alkaptonuria Neuropathic arthropathy
Neoplastic disorders	Soft tissue swelling Imaging abnormalities of bone and soft tissues Cancer therapy associated syndromes Paraneoplastic syndromes	Sarcomas Primary bone tumours Hypertrophic Pulmonary Osteopathy (HPOA) Graft-versus-host disease (GVHD) Aromatase inhibitor-associated disorder Checkpoint inhibitor-associated disorder

Spinal musculoskeletal pain disorders	Neck pain Back pain Sciatica	Osteoarthritis Disc disease Foraminal stenosis Radiculopathy Myelopathy Cauda equina syndrome
Regional musculoskeletal soft tissue disorders	Rotator cuff disease Enthesopathies Bursitis Entrapment neuropathies Occupational and sports-related problems	Osteoarthritis Calcific tendinitis Epicondylitis, plantar fasciitis Knee and elbow bursitis Carpal tunnel syndrome Greater trochanteric pain syndrome
Pain syndromes	Widespread generalised pain Non-specific limb pain Chest wall pain syndromes	Complex regional pain syndromes – algodystrophy Fibromyalgia and related somatoform disorders
Paediatric and adolescent rheumatological disease	Inflammatory arthritis Connective tissue disorders Pain problems specific to childhood	Juvenile Idiopathic Arthritis (JIA subtypes) Differences between juvenile vs adult Connective Tissue Disorders (CTDs) Macrophage Activation Syndrome (MAS) Transitional care Uveitis Joint hypermobility and spectrum disorders Osgood-Schlatter's disease Perthe's disease Chronic non-bacterial osteomyelitis
Other Clinical Syndromes	Rheumatologic problems in pregnancy Physical symptoms unexplained by organic disease	

3.6 Practical procedures

There are a number of procedural skills in which a trainee must become proficient.

Trainees must be able to outline the indications for these procedures and recognise the importance of valid consent, aseptic technique, safe use of analgesia and local anaesthetics, minimisation of patient discomfort, and requesting help when appropriate. For all practical procedures the trainee must be able to recognise complications and respond appropriately if they arise, including calling for help from colleagues in other specialties when necessary.

Trainees should receive training in procedural skills in a clinical skills lab if required. Assessment of procedural skills will be made using the direct observation of procedural skills (DOPS) tool. The table below sets out the minimum competency level expected for each of the practical procedures. When a trainee has been signed off as being able to perform a procedure independently, they are not required to have any further assessment (DOPS) of that procedure, unless they or their educational supervisor think that this is required (in line with standard professional conduct).

Procedure	ST4	ST5	ST6	ST7
Minimum level required				
Mandatory				
Large joint knee, shoulder	Competent to perform unsupervised	Maintain	Maintain	Maintain
Medium joints wrist, elbow and ankle	Competent to perform unsupervised	Maintain	Maintain	
Small joints metacarpophalangeal MCP, MTP, PIP		Competent to perform unsupervised		
Procedure	ST4	ST5	ST6	ST7
Soft tissue injections — bursa, tendon sheath, plantar fascia, epicondylitis, carpal tunnel	Competent to perform unsupervised	Maintain	Maintain	Maintain

Nail-fold capillaroscopy

Skills lab

Polarising microscopy of synovial fluid for
crystals

Skills lab

Maintain

Maintain

Maintain

Recommended

Ultrasound-guided joint or soft tissue injections

Fluoroscopy-guided injections