**GP with an Extended Role in Rheumatology**

**Presentations and conditions**

The table below details the key presentations and conditions of Rheumatology these are listed either because they are common or serious (having high morbidity, mortality and/or serious implications for treatment or public health). These provide the context within which a GPwER in Rheumatology must demonstrate their capabilities.

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 expected that the GPwER will understand when to refer to a rheumatologist and the urgency of referral.

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| ***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 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/Non-radiographic) Peripheral manifestations of AxSpA IBD associated arthropathy/SpA Reactive arthritis Undifferentiated Spondyloarthropathy  |
| C**onnective 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 vasculitisIg Vasculitis Cryoglobulinemia Relapsing polychondritis  |
| **Auto-inflammatory disorders**  | Pyrexia of unknown origin Fever and rash Fever with multi-organ dysfunction Serositis  | Periodic fever syndromes Familial Mediterranean fever Adult-onset Still’s disease Macrophage activation syndrome 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 |

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| **Endocrine and metabolic disorders**  | Complications of diabetes Complications of thyroid disease Calcinosis  | Diabetic stiff hand Thyroid acropachy Haemochromatosis-associated arthropathy Neuropathic arthropathy  |
| **Neoplastic disorders**  | Soft tissue swelling Imaging abnormalities of bone and soft tissues Paraneoplastic syndromes  | Sarcomas Primary bone tumours Hypertrophic Pulmonary Osteopathy (HPOA) Aromatase 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 Fibromyalgia and related chronic primary pain disorders Hypermobile EDS |
| **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  |

**Practical procedures**

There are several 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).

Required

* Large joint injections: Knee/shoulder
* Medium joint injections: Wrist, elbow, and ankle
* Small joint injections: MCPJ, MTPJ, PIPJ
* Soft tissue injections: Bursa, tendon sheath, plantar fascia, epicondylitis, carpal tunnel

Additional (desirable but not essential)

* Ultrasound-guided joint or soft tissue injections
* Fluoroscopy-guided injections