**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