

# Paediatric Rheumatology

Level 3

Paediatrics Sub-specialty Syllabus

**Version 1**

Approved by the GMC for implementation from 1st August 2018

This document outlines the syllabus to be used by doctors completing completing Level 3 Paediatric Rheumatology training in the United Kingdom training in the United Kingdom (UK). It accompanies the RCPCH Progress curriculum and assessment strategy.

This is Version 1.0. As the document is updated, version numbers will be changed, and content changes noted in the table below.

Version number	Date issued	Summary of changes

# Introduction



This syllabus supports the completion of the RCPCH Progress curriculum, and should be used in conjunction with the curriculum document.

The purpose of the curriculum is to train doctors to acquire a detailed knowledge and understanding of health and illness in babies, children and young people. The curriculum provides a framework for training, articulating the standard required to work at Consultant level, and at key progression points during their training, as well as encouraging the pursuit of excellence in all aspects of clinical and wider practice.

The curriculum comprises of Learning Outcomes which specify the standard that trainees must demonstrate as they progress through training and ultimately attain a Certificate of Completion of Training (CCT). The syllabi support the curriculum by providing further instructions and guidance as to how the Learning Outcomes can be achieved and demonstrated.

## Using the Syllabus

Paediatric trainees are required to demonstrate achievement of generic and sub-specialty or General Paediatric Learning Outcomes throughout their training period.

For all level 1 and level 2 trainees, there are 11 generic paediatric Learning Outcomes for each level. At level 3, there are a further 11 generic paediatric Learning Outcomes for all trainees, and several additional Learning Outcomes in either General Paediatrics or the GRID sub-specialty the trainee has been appointed into.

This syllabus contains 5 interlinked elements, as outlined in Figure 1 which illustrates how each element elaborates on the previous one.

## Elements of the Syllabus

The **Introductory Statement** sets the scene for what makes a Paediatric Rheumatologist.

The **Learning Outcomes** are stated at the beginning of each section. These are the outcomes which the trainee must demonstrate they have met to be awarded their Certificate of Completion of Training (CCT) in Paediatrics. Progress towards achievement of the Learning Outcomes is reviewed annually at the Annual Review of Competence Progression (ARCP).

Each Learning Outcome is mapped to the General Medical Council (GMC) Generic Professional Capabilities framework. Each trainee must achieve all the Generic Professional Capabilities to meet the minimum regulatory standards for satisfactory completion of training.

The **Key Capabilities** are mandatory capabilities which must be evidenced by the trainee, in their ePortfolio, to meet the Learning Outcome. Key Capabilities are therefore also mapped to the GMC Generic Professional Capabilities framework.

The **Illustrations** are examples of evidence and give the range of clinical contexts that the trainee may use to support their achievement of the Key Capabilities. These are intended to provide a prompt to the trainee and trainer as to how the overall outcomes might be achieved. They are not intended to be exhaustive, and excellent trainees may produce a broader portfolio or include evidence that demonstrates deeper learning. It is not expected that trainees provide ePortfolio evidence against every individual illustration (or a set quota); the aim of assessment is to provide evidence against every Key Capability.

The **Assessment Grid** indicates suggested assessment methods, which may be used to demonstrate the Key Capabilities. Trainees may use differing assessment methods to demonstrate each capability (as indicated in each Assessment Grid), but there must be evidence of the trainee having achieved all Key Capabilities.

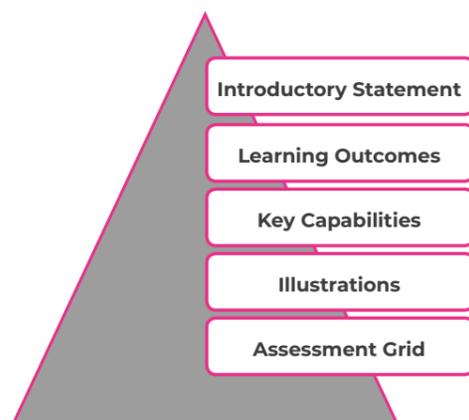


Figure 1: The 5 elements of the syllabus

## Using the Syllabus with ePortfolio

Recording evidence in the ePortfolio to demonstrate progression against the learning outcomes and key capabilities can be done from any assessment or event in the ePortfolio.

At the end of any event or assessment, there is an opportunity to add tags, documents and comments. Expanding this by clicking “show more” will enable you to link your assessment to the curriculum items, where you will find the learning outcomes for each domain, key capabilities and example illustrations.

Trainees will therefore be able to track their progress in fulfilling the mandatory learning outcomes and key capabilities.



# Paediatric Rheumatology Introductory Statement

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## Introductory Statement

A Paediatric Rheumatologist is a doctor who cares for children and young people with a range of conditions, from mechanical pains and juvenile arthritis to complex multi-system inflammatory disorders. They rely on history-taking, examination and communication with other professionals, as the conditions they manage often do not have specific diagnostic tests. Central to their work is liaising with the multidisciplinary team (MDT) – particularly, specialist nurses, physiotherapists, occupational therapists and psychologists. They support collaborative work within clinical networks, are competent in practical skills such as joint injections and have expert understanding of the drugs used to target the inflammatory pathway. Paediatric Rheumatologists belong to a rapidly developing sub-specialty that encourages a range of clinical and academic interests, including clinical, educational and basic science research. They are committed to contributing to collaborative research studies and clinical trials, with the aim of improving outcomes for children and young people with rheumatological conditions.

# Sub-specialty Learning Outcomes

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Sub-specialty Learning Outcomes		GMC Generic Professional Capabilities
1.	Performs the high-level clinical and technical skills required in paediatric rheumatology.	GPC 2, 3, 6
2.	Assumes a leadership role within the Paediatric Rheumatology Team, including sharing responsibility for service delivery, research and education.	GPC 5, 8, 9
3.	Liaises effectively with hospital and community teams and networks to manage the spectrum of conditions that are encountered in paediatric rheumatology.	GPC 5
4.	Effectively manages and coordinates patient flow, staffing, safety and quality in the context of a Paediatric Rheumatology MDT/Network.	GPC 5, 6

# Sub-specialty Learning Outcome 1

Performs the high-level clinical and technical skills required in paediatric rheumatology.	GPC 2, 3, 6
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## Key Capabilities

Uses investigations to guide the diagnosis and management of rheumatological conditions.	GPC 2, 3
Demonstrates proficiency in the technical skill of joint injection.	GPC 3
Recognises, assesses and manages paediatric rheumatology emergencies, including macrophage activation syndrome.	GPC 2, 3, 6

## Illustrations

Clinical skills:	
1.	Obtains a thorough rheumatological history from a child and the parents or carers, considering the child's developmental stage and growth.
2.	Performs a meticulous clinical examination of a child with a suspected rheumatic or musculoskeletal disorder, including (as a minimum) a screening examination such as the paediatric Gait, Arms, Legs and Spine (pGALS) or the paediatric Regional Examination of the Musculoskeletal System (pREMS) for individual joints.
3.	Assesses and quantifies the physical function of a child with rheumatic disease.
4.	Assesses the clinical features and function of all potential target organs (e.g. kidneys, lungs, central nervous system, heart, blood vessels, eyes, skin, muscles, bones and joints) where necessary, in collaboration with other specialists.
5.	Uses disease-specific functional scores, outcome variables and disease-activity and damage scores.
6.	Assesses health-related quality of life with disease-specific or generic assessments.
7.	Assesses health-related physical fitness with relevant tools and assessments.
8.	Assesses family interactions and their impact on clinical symptoms and signs.
Communication skills:	
1.	Communicates well with children and young people of all ages and their parents or carers, and is able to provide appropriate education on diseases encountered in paediatric rheumatology (emphasis is placed on counselling skills).
2.	Communicates and empathises with the parents or carers of affected children in emergency situations, employing appropriate counselling skills.
3.	Communicates the risks and benefits of drug treatment, as well as the prognosis, to children and their parents or carers.
4.	Counsels patients and parents or carers about the use of immunosuppressive treatments, their effects on lifestyle (e.g. contraception and alcohol) and the long-term risks, including unknown risks (e.g. fertility and malignancy).
5.	Demonstrates appropriate communication skills for adolescent consultations.
6.	Describes the complications of joint aspiration and injection to a child or young person and their parents or carers during the process of obtaining informed consent/assent.
7.	Demonstrates skill in the aspiration and injection of the following joints with appropriate analgesia/sedation: knee, ankle, wrist, elbow and digits.
8.	Demonstrates clear understanding of the process involved in injecting the subtalar joint, hip joint, shoulder joint, midfoot, temporomandibular joints and tendon sheaths.
9.	Interprets and uses the appropriate imaging to assist with joint injections.

<b>Management of Juvenile Idiopathic Arthritis (JIA):</b>	
1.	Diagnoses JIA, including the ability to demonstrate clear understanding of the clinical presentations and classification.
2.	Monitors disease activity, outcome measures, treatment indications and treatment goals.
3.	Demonstrates confidence in the pharmacological management of JIA.
4.	Safely and efficaciously prescribes methotrexate and other disease-modifying anti-rheumatic drugs.
5.	Safely and efficaciously prescribes biologics.
6.	Demonstrates clear understanding of the differential diagnosis for and the conditions that mimic JIA.
7.	Demonstrates reflective understanding of the epidemiology, aetiology, immunopathogenesis and genetics of JIA.
8.	Demonstrates clear understanding of the extra-articular manifestations of JIA.
9.	Demonstrates clear understanding of the need for the assessment of eye inflammation and the management of chronic uveitis.
10.	Recognises the role of, and appropriately interprets laboratory examinations in JIA.
11.	Recognises radiographic abnormalities in JIA.
12.	Applies knowledge of the role of ultrasound and magnetic resonance imaging (MRI) in the management of JIA.
13.	Demonstrates understanding of the duration and the discontinuation of pharmacological therapy in JIA.
<b>Management of childhood-onset systemic lupus erythematosus (cSLE) and other systemic connective tissue diseases:</b>	
1.	Diagnoses cSLE and demonstrates clear understanding of the clinical presentations in childhood and in young people, and of the classification criteria.
2.	Demonstrates proficiency in the pharmacological management of cSLE, considering disease severity and organ-specific manifestations.
3.	Safely and efficaciously prescribes immunosuppressive drugs for cSLE treatment.
4.	Safely and efficaciously prescribes biologics for cSLE treatment.
5.	Recognises the clinical presentations, diagnoses, managements and classifications of mixed connective tissue disease and undifferentiated connective tissue disease.
6.	Recognises the clinical presentation, diagnosis and management of Sjögren's syndrome.
7.	Demonstrates reflective evidence of understanding the epidemiology, aetiology, immunopathogenesis and genetics of cSLE.

8.	Interprets general laboratory investigations and autoantibodies in cSLE.
9.	Demonstrates understanding of the long-term outcome, morbidities and co-morbidities associated with cSLE.
10.	Monitors disease activity and demonstrates understanding of disease severity and damage in cSLE.
11.	Recognises the presentation, diagnosis and management of neonatal lupus erythematosus.
12.	Recognises the presentation, diagnosis and management of anti-phospholipid syndrome in childhood and adolescence.
13.	Explains the role of salivary gland biopsy and imaging in the diagnosis and management of Sjögren's syndrome.
14.	Explains the role of histopathology and imaging in the diagnosis and management of cSLE.
15.	Demonstrates understanding of the differential diagnoses for the clinical manifestations in cSLE.
<b>Management of other rare systemic inflammatory diseases:</b>	
1.	Demonstrates understanding of the differential diagnosis of sarcoidosis in children.
2.	Demonstrates reflective evidence of understanding the epidemiology, aetiology, immunopathogenesis and genetics of paediatric sarcoidosis.
3.	Appropriately interprets laboratory examinations, histopathology and imaging in sarcoidosis.
<b>Management of arthritis related to infection:</b>	
1.	Demonstrates reflective evidence of understanding the epidemiology, aetiology and pathogenesis of infectious arthritis, osteomyelitis, infectious discitis, Lyme disease, rheumatic fever and post-streptococcal reactive arthritis.
2.	Identifies and manages articular and extra-articular manifestations of reactive arthritis in children and young people.
3.	Diagnoses and manages septic arthritis, considering the appropriate differential diagnosis.
4.	Diagnoses and manages osteomyelitis, considering the appropriate differential diagnosis.
5.	Diagnoses and manages reactive arthritis, considering the appropriate differential diagnosis (which includes rheumatic fever and post-streptococcal reactive arthritis) and the association between gastrointestinal and sexually acquired infections and arthritis.
6.	Diagnoses and manages infectious discitis, considering the appropriate differential diagnosis.

7.	Diagnoses and manages Lyme disease, considering the appropriate differential diagnosis.
8.	Diagnoses and manages acute rheumatic fever and post-streptococcal reactive arthritis, and can provide prophylaxis for these conditions.
<b>Management of autoinflammatory conditions:</b>	
1.	Demonstrates reflective understanding of the epidemiology, genetics and pathogenesis of the spectrum of non-bacterial osteitis; chronic recurrent multifocal osteomyelitis (CRMO); and synovitis, acne, pustulosis, hyperostosis and osteitis (SAPHO).
2.	Demonstrates reflective understanding of the epidemiology, genetics, pathogenesis and clinical features of periodic fever syndromes, including familial Mediterranean fever (FMF), tumour necrosis factor receptor-associated periodic syndrome (TRAPS), hyperimmunoglobulinaemia D (HIDS), and cryopyrin-associated periodic fever syndromes (CAPS).
3.	Demonstrates reflective understanding of the epidemiology, pathogenesis, clinical manifestations, diagnosis, treatment and prognosis of periodic fever with aphthous stomatitis, pharyngitis and adenitis (PFAPA).
4.	Demonstrates reflective understanding of the genetics, pathogenesis, clinical features and managements of other autoinflammatory diseases (e.g. pyogenic arthritis pyoderma gangrenosum (PAPA), deficiency of the interleukin-1-receptor antagonist (DIRA), deficiency of the interleukin-36-receptor antagonist (DITRA), chronic atypical neutrophilic dermatosis with lipodystrophy (CANDLE), deficiency of adenosine deaminase 2 (DADA2), Blau syndrome, NLRP12 and cyclic neutropenia – this list is not exhaustive, and the diseases mentioned are just examples, as the number of known and characterised autoinflammatory conditions is growing).
5.	Diagnoses and manages the spectrum of non-infectious osteitis, CRMO and SAPHO, considering the appropriate differential diagnoses.
6.	Diagnoses and manages periodic fever syndromes and autoinflammatory conditions, and knows their classifications, differential diagnoses and complications.
<b>Management of paediatric rheumatological emergencies:</b>	
1.	Manages inpatient and outpatient rheumatological emergencies in children. This includes diseases in which children are systemically unwell, such as acute arthritis, cSLE, dermatomyositis, vasculitis and other conditions presenting with rheumatological symptoms (such as leukaemia and other malignancies, non-accidental injuries, macrophage activation syndrome [MAS] and catastrophic anti-phospholipid syndrome).
2.	Diagnoses MAS, recognises the clinical features and differential diagnosis, and distinguishes MAS/secondary haemophagocytic lymphohistiocytosis (HLH) from a flare of an underlying rheumatologic disease.
3.	Recognises the presentation of infection in a patient who is immunocompromised from symptoms of severe rheumatic disease and/or treatment side effects, and manages appropriately.

4.	Recognises the role of laboratory and bone marrow examinations in MAS and can interpret them.
5.	Demonstrates reflective evidence of understanding the epidemiology, pathogenesis and genetics of MAS/secondary HLH.
6.	Demonstrates reflective evidence of understanding the pharmacological treatment of MAS.
<b>Management of non-inflammatory musculoskeletal conditions:</b>	
1.	Diagnoses and manages hypermobility, considering the differential diagnosis, and manages conditions associated with hypermobility (e.g. Marfan syndrome and Ehlers-Danlos syndromes).
2.	Manages growing pains, understanding the clinical presentation and the differential diagnosis.
3.	Manages back pain in children and young people, understanding the clinical presentation, differential diagnosis and appropriate investigations.
4.	Recognises the clinical presentations, considers the differential diagnoses and formulates management plans for orthopaedic conditions such as Scheuermann disease, osteochondroses, Legg–Calve–Perthes disease, slipped capital femoral epiphyses and chondrolysis.
5.	Recognises the clinical presentations, considers the differential diagnoses and formulates management plans for common overuse injuries (e.g. patellofemoral pain syndrome, osteochondritis dissecans, tennis elbow) and chondromalacia patellae.
<b>Management of pain amplification syndromes:</b>	
1.	Diagnoses and manages childhood chronic pain, understanding its classification and outcome.
2.	Coordinates an MDT approach to the management of pain.
3.	Considers the differential diagnosis in children presenting with marked musculoskeletal pain.
4.	Demonstrates reflective evidence of understanding the classification, diagnosis and management of complex regional pain syndromes (CRPS).
5.	Demonstrates reflective evidence of understanding the overlap between chronic pain and chronic fatigue syndrome.
6.	Effectively assesses and evaluates musculoskeletal pain.
<b>Management of other conditions that may be encountered in paediatric rheumatology:</b>	
1.	Recognises and manages the musculoskeletal and autoimmune manifestations of other conditions (e.g. vitamin deficiency or excess, metabolic diseases, haematologic disorders and malignancies, disorders of endocrine and exocrine glands, cystic fibrosis, coeliac disease, hyperostosis, skeletal dysplasias, skeletal malignancies, neuroblastoma, and chromosomal disorders such as Down's syndrome and primary immunodeficiencies).

2.	Diagnoses, investigates and manages osteoporosis in paediatric rheumatic disorders.
3.	Manages chickenpox exposure and varicella infection in a child with a known rheumatological condition.
<b>Skills:</b>	
1.	Interprets haematological changes, acute phase reactants and biochemical changes that may accompany rheumatic diseases in children.
2.	Applies knowledge of the immunological basis of rheumatic diseases, the methodology of investigations for inflammation and autoimmunity, and the interpretation of autoantibodies in their clinical context.
3.	Applies knowledge of the genetic basis of musculoskeletal and rheumatic diseases and the role of molecular genetic investigations in the diagnosis of such conditions.
4.	Identifies the roles of muscle, skin and kidney tissue biopsies, and interprets histological abnormalities in children with rheumatic diseases.
5.	Recognises the value and limitations of synovial fluid examination and synovial biopsy.
6.	Recognises the place of radiological investigations, including ultrasound, nuclear medicine scans, bone density scans, computerised tomography (CT) and MRI scans (with and without contrast) in the diagnosis of rheumatic disease in children.
7.	Recognises the role of electromyography and nerve conduction studies in children with rheumatic disease.
8.	Appropriately uses investigations to follow the progress of disease and assess the extent of damage to target organs, individual joints or other structures in the locomotor system and other systems directly or indirectly affected by rheumatic disease.

## Sub-specialty Learning Outcome 2

Assumes a leadership role within the Paediatric Rheumatology Team, including sharing responsibility for service delivery, research and education.

GPC 5, 8, 9

### Key Capabilities

Coordinates and leads a multidisciplinary approach for the care of children and young people with musculoskeletal conditions.

GPC 5

Involves children and young people in national paediatric rheumatology research.

GPC 9

## Illustrations

1.	Coordinates an MDT approach for the management of JIA, which includes a nurse specialist, physical therapist, occupational therapist, social worker, ophthalmologist, psychologist, orthopaedic surgeon, dentist and adult rheumatologist.
2.	Teaches essential musculoskeletal examination skills to medical students and post-graduate trainees (e.g. pGALS as a basic examination and pREMS as a structured approach to a more detailed joint examination).
3.	Demonstrates reflective evidence of understanding the challenges of organising a teaching session for a multidisciplinary audience, and provides solutions to overcome this problem.
4.	Organises patient, parent or carer education sessions together with the MDT.
5.	Demonstrates reflective understanding of the National Biologics Registries and the importance of recruitment to these and other longitudinal studies in routine clinical practice.
6.	Shows experience in the registration of patients to the National Biologics Registry.
7.	Demonstrates reflective understanding of the Topic Specific Groups of the Paediatric Rheumatology Clinical Studies Group.
8.	Demonstrates reflective understanding of Good Clinical Practice and has evidence of up-to-date certification.
9.	Demonstrates reflective understanding of the roles of different observational and interventional trial designs, retrospective case series, cohort studies, randomised controlled trials, randomised withdrawal trials, cross-over trials and Bayesian design in relation to paediatric rheumatology.
10.	Demonstrates reflective understanding of the recruitment and consent process of a child or young person to an interventional trial in paediatric rheumatology.

## Sub-specialty Learning Outcome 3



Liaises effectively with hospital and community teams and networks to manage the spectrum of conditions that are encountered in paediatric rheumatology.	GPC 5
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### Key Capabilities

Coordinates developmentally the appropriate transitional care for children and young people with chronic rheumatological conditions.	GPC 2, 3, 6
Teaches musculoskeletal examination skills.	GPC 8

### Illustrations

1.	Works with the adult rheumatology MDT to provide transitional care and a life-course approach to patients with paediatric-onset rheumatic disease.
2.	Demonstrates reflective evidence of understanding the differences and similarities between paediatric adolescent and adult care, and helps empower young people to negotiate their own care.
3.	Demonstrates reflective evidence of understanding the unique nature of adolescent maturity; identifies the key features of adolescence as a distinct developmental stage and the impact of paediatric rheumatic diseases on adolescent development.
4.	Demonstrates reflective evidence of understanding and experience with the transitional care process for adolescents with musculoskeletal and rheumatic diseases.

# Sub-specialty Learning Outcome 4



Effectively manages and coordinates patient flow, staffing, safety and quality in the context of a Paediatric Rheumatology MDT/Network.	GPC 5, 6
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## Key Capabilities

Manages a paediatric rheumatology network ensuring appropriate patient flow and staffing.	GPC 6
Demonstrates safety and quality improvement strategies within a paediatric rheumatology network.	GPC 9

## Illustrations

Pharmacology of drugs used for children and young people with rheumatological conditions:	
1.	Demonstrates reflective evidence of understanding the pharmacology (including the evidence base and side effects) of non-steroidal anti-inflammatory drugs.
2.	Demonstrates reflective evidence of understanding the pharmacology (including the evidence base and side effects) of non-biological disease-modifying anti-rheumatic drugs.
3.	Demonstrates reflective evidence of understanding the pharmacology (including the evidence base and side effects) of biological disease-modifying anti-rheumatic drugs.
4.	Demonstrates reflective evidence of understanding the pharmacology (including the evidence base and side effects) of intra-articular, intravenous and oral corticosteroids.
5.	Demonstrates reflective evidence of understanding the pharmacology (including the evidence base and side effects) of cytotoxic drugs used in paediatric rheumatology.
6.	Demonstrates reflective evidence of understanding the pharmacology (including the evidence base and side effects) of drugs used in the treatment of severe Raynaud's syndrome and digital ischaemia.
7.	Demonstrates reflective evidence of understanding the pharmacology (including the evidence base and side effects) of drugs used in the treatment of osteoporosis.
8.	Demonstrates reflective evidence of understanding the pharmacology (including the evidence base for and side effects) of gastro-protective drugs.
9.	Demonstrates reflective evidence of understanding the pharmacology (including the evidence base and side effects) of other drugs used in paediatric rheumatology (e.g. bisphosphonates, vitamin D, calcium, and growth-inducing drugs).
10.	Demonstrates reflective evidence of understanding the range and potential consequences of unconventional remedies and therapies given to children with rheumatic disease.
11.	Initiates and monitors the range of drugs used for pain control in children.
12.	Demonstrates reflective evidence of understanding the use and risks of sedation for painful procedures in children.
13.	Demonstrates reflective evidence of understanding the benefits, risks and indications for autologous stem-cell transplantation in the management of chronic inflammatory diseases in children and adolescents.

# Assessment Grid

This table suggests assessment tools which may be used to assess the Key Capabilities for these Learning Outcomes. This is not an exhaustive list, and trainees are permitted to use other methods within the RCPCH Assessment Strategy to demonstrate achievement of the Learning Outcome, where they can demonstrate these are suitable.

Key Capabilities	Assessment / Supervised Learning Event suggestions									
	Other	Paediatric Carers for Children Feedback (Paed CCF)	Paediatric Multi Source Feedback (ePaed MSF)	Handover Assessment Tool (HAT)	Clinical Leadership Assessment Skills (LEADER)	Discussion of Correspondence (DOC)	Acute Care Assessment Tool (ACAT)	Directly Observed Procedure / Assessment of Performance (DOP/AOP)	Paediatric Case-based Discussion (ePaed Cbd)	Paediatric Mini Clinical Evaluation (ePaed Mini-CEX)
Uses investigations to guide the diagnosis and management of rheumatological conditions.								✓	✓	
Demonstrates proficiency in the technical skill of joint injection.								✓		
Recognises, assesses and manages paediatric rheumatology emergencies, including macrophage activation syndrome.							✓	✓	✓	
Coordinates and leads a multidisciplinary approach for the care of children and young people with musculoskeletal conditions.					✓					
Involves children and young people in national paediatric rheumatology research.								✓	✓	
Coordinates developmentally the appropriate transitional care for children and young people with chronic rheumatological conditions.					✓					
Teaches musculoskeletal examination skills.							✓			
Manages a paediatric rheumatology network ensuring appropriate patient flow and staffing.								✓	✓	
Demonstrates safety and quality improvement strategies within a paediatric rheumatology network.								✓	✓	

