



PR_eS

A European Framework (*ETR*) for *Certification of Paediatric Rheumatology*

UEMS Autumn Council
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DEVELOPMENT PROCESS of the European Training Requirements (ETR) for Pediatric Rheumatology

PReS ETR WORKING GROUP

Prof. Marija Jelusic (Chair) and ETR WG members

PReS COUNCIL – REVISION of the ETR

+ National representatives of the Education and Training Committee

PReS EXECUTIVE

Reviewed and approved



Development Process

JAN
01-08.2024

Working Group Updated Original ETR
ETR WG

SEP
2024

PReS Council Approved Revised ETR- GA
UEMS national representatives and PReS Executive consented and approved

OCT 2024
JAN 2025

Evaluation by the EAP
Approved with minor comments

JUN
06-07.2025

UEMS ETR Committee Review
Comments & recommendations

March
2026

Final Revisions Complete
Ready for UEMS Council Approval

UEMS Council meeting, Brussels 16-17.10.2026.



PR&

The aim of ETR for Paediatric Rheumatology: to ensure **every child and young person with rheumatic disease** in Europe receives equitable, high-quality, and continuous care.



- Defines **core competencies across Europe** (clinical, immunological, multidisciplinary care)
- Strengthens **training in rare and complex diseases** (JIA, vasculitis, autoinflammatory diseases)
- Embeds **transitional care and AYA medicine** as essential competencies
- Promotes cross-border consistency while respecting national systems
- Develop a framework for PR training that serves European countries and other regions **globally** where formal national PR training options are not available
- Supports lifelong learning and subspecialty recognition

“Standardising training is not about uniformity — it is about guaranteeing quality for every child, everywhere.”



The document is consistent with European Union legislation on the recognition of professional qualifications (**Directives 2005/36/EC and 2013/55/EU**) and on cross-border healthcare (**Directive 2011/24/EU**).

Reflects key principles of transparency, competency-based education, and professional mobility within Europe.

Supports harmonisation and mutual recognition of specialist training across Europe.

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The curriculum follows the **CanMEDS framework** and is implemented through **Entrustable Professional Activities (EPAs)**, with assessment methods that support a stepwise progression towards independent practice.

ETR is divided in three parts + two appendixs:

1. TRAINING REQUIREMENTS FOR TRAINEES
 2. TRAINING REQUIREMENTS FOR TRAINERS
 3. TRAINING REQUIREMENTS FOR TRAINING INSTITUTIONS
- Appendix 1 – Entrustable Professional Activities (EPAs) in Paediatric Rheumatology (**15 EPAs**)
 - Appendix 2 – Transitional care for Adolescents and Young adults (AYA) in Pediatric Rheumatology (**14 EPAs**)



Key innovations in updated ETR for Paediatric Rheumatology:

Competency-based education (CBME - CanMEDS-aligned)

Integration of EPAs (real clinical tasks)

Workplace-based assessment (mini-CEX, DOPS, case-base discussion)

Focus on non-technical skills (communication, teamwork, leadership, professionalism)

Patient-centred care (shared decision-making and communication)

Multidisciplinary approach

Transition (AYA) medicine

Emphasis on lifelong learning and reflective practice (harmonisation across Europe)

The updated ETR reflects a shift from time-based training to competency-based education, integrating EPAs and focusing on real-world clinical practice and patient-centred care



TRAINING REQUIREMENTS FOR TRAINEES

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Prerequisites

Minimum **3 years** basic training in General Paediatrics

Specialisation

Minimum **24 months** full-time equivalent in Paediatric Rheumatology

Format

Competency-based, modular training integrating clinical practice with theoretical learning

Assessment

Continuous formative assessment and summative evaluation based on EPAs



TRAINING REQUIREMENTS FOR TRAINEES

CanMed framework

Role	Competency	Examples
Medical Expert	Core clinical expertise in paediatric rheumatology.	JIA, SLE, vasculitis; MSK exam; imaging; DMARDs/biologics; injections
Communicator	Effective, age-appropriate communication and shared decisions.	Explain disease; difficult conversations; care plans
Collaborator	Multidisciplinary, coordinated care.	MDT work; transition care (facilitate structured transition to adult rheumatology services; cross-specialty collaboration
Leader	Quality care and system improvement.	QI projects; clinical pathways; resource use
Health Advocate	Equity and access to care.	Access to therapy (rare and severe RD); school support; vaccination, raising awareness of paediatric RD
Scholar	Lifelong learning and research.	Teaching; research; critical appraisal
Professional	Ethics, accountability, professionalism.	Consent; confidentiality; reflective practice

Training in PR is structured around the CanMEDS competency framework, which defines the core professional roles of physicians. For each role, key competencies and learning objectives are specified and must be achieved by the completion of training.



TRAINING REQUIREMENTS FOR TRAINEES

Domains and learning outcomes in paediatric rheumatology

Clinical Immunology & Autoimmunity

Immunopathogenesis and biomarkers

Musculoskeletal Medicine

MSK examination and developmental variants

Imaging

X-ray, ultrasound, MRI interpretation

Procedural Skills

Intra-articular injections, aspiration, ultrasound-guided techniques

Disease-Specific Management

JIA, SLE, JDM, vasculitis, systemic sclerosis, autoinflammatory diseases

Emergency Rheumatology

MAS, acute vasculitis, SLE flare, pulmonary haemorrhage

Rehabilitation

Collaboration with physiotherapy and occupational therapy

Transition Care

Prepare adolescents for adult rheumatology care

Pharmacology & Therapeutics

DMARDs, biologics, JAK inhibitors, steroid stewardship

Ethics & Communication

Consent, confidentiality, shared decision-making



Entrustable Professional Activities (EPAs)

- An EPA is a unit of **professional practice** that can be entrusted to a trainee to perform without supervision, once they have demonstrated sufficient competence.
- The key concept is **entrustment** — it's not just about what a trainee *knows*, but whether a supervisor *trusts* them to act independently.



TRAINING REQUIREMENTS FOR TRAINEES

Entrustable Professional Activities (EPAs)

- Appendix 1. -

Assessment and long-term management of Juvenile Idiopathic Arthritis

Early recognition and acute management of Macrophage Activation Syndrome

Care of paediatric connective tissue and overlap diseases

Evaluation and treatment of childhood vasculitic disorders

Management of autoinflammatory and periodic fever syndromes

Comprehensive paediatric musculoskeletal examination

Delivery of intraarticular steroid therapy in children

Clinical interpretation of laboratory and imaging findings

Individualised therapeutic planning and monitoring

Prevention and management of treatment-related risks

Leadership and coordination of multidisciplinary care

Advanced communication with children and families

Structured transition to adult rheumatology services

Engagement in research, audit, and service improvement

Professionalism, ethics, safeguarding, and advocacy



TRAINING REQUIREMENTS FOR TRAINERS

Qualification

Paediatrician with **at least 5 years** of paediatric rheumatology practice

Education

Formal training in medical education, supervision, and assessment

Responsibilities

Monitor progress, assess competencies, provide structured mentorship

Continuous Development

Ongoing professional development in teaching, research, and quality improvement

“ Excellence in training depends not only on curriculum, but on the quality of mentorship.”



TRAINING REQUIREMENTS FOR TRAINING INSTITUTIONS



Clinical Exposure

Access to ophthalmology, nephrology, dermatology, immunology, orthopaedics, rehabilitation, psychology, and physiotherapy



Diagnostics & Facilities

Advanced imaging (ultrasound, MRI, CT), laboratory services, emergency and ICU care



Education

Structured curricula, modern equipment, and access to scientific literature



Research & Collaboration

Support for research, audit, and national/international network engagement



Accreditation

Quality assurance and continuous improvement mechanisms



APPENDIX 2 – Transitional care for Adolescents and Young adults (AYA) in Pediatric Rheumatology

Structured Process

Preparing adolescents and young adults (AYA) with rheumatic and autoinflammatory diseases for transfer to adult care – planned, systematic, and patient-centred.

Beyond Disease Management

Encompasses developmental, psychosocial, and self-management dimensions, including support for identity formation, mental health, and independent decision-making.

Goal: Continuity, Autonomy & Safe Outcomes

Ensuring uninterrupted therapeutic oversight, building patient independence, and reducing the risk of complications in adulthood.



APPENDIX 2 – Transitional care for Adolescents and Young adults (AYA) in Pediatric Rheumatology

Core Competencies in AYA Transitional Care for Paediatric Rheumatology

Domain	Expected Competencies
Biopsychosocial Development	Understand developmental stages, impact of chronic inflammation, functional limitations, and medication effects.
Disease-Specific Transition Needs	Integrate knowledge of JIA, cSLE, JDM, vasculitis, autoinflammatory syndromes into transition planning; anticipate flares and adherence issues.
Readiness Assessment	Use validated tools; evaluate autonomy, health literacy, and self-management skills.
Communication	Deliver adolescent-centred, culturally sensitive communication; address confidentiality, consent, and caregiver roles.
Coordination of Care	Organize joint clinics, MDT meetings, school/social support engagement, and continuity with adult rheumatology.
Self-Management Promotion	Guide AYAs in shared decision-making, treatment understanding, goal setting, and long-term health planning.
Professionalism	Uphold ethical practice, manage risk behaviours and sensitive disclosures, maintain boundaries, demonstrate reflective practice.

*Table summarizes the key competency domains required for effective transitional care .
It highlights that transition is a multidimensional process*



APPENDIX 2 – Transitional care for Adolescents and Young adults (AYA) in Pediatric Rheumatology

Learning Outcomes by Transitional Care Domain

→ Adolescent Development & Chronic Disease

Autonomy, risk-taking, disease-specific challenges

→ Transitional Care Frameworks

Structured models, readiness assessment, transfer planning

→ Disease Monitoring

Activity indices, nephritis, muscle strength, vasculitis

→ Medication Safety & Adherence

DMARDs/biologics, teratogenicity, vaccination

→ Psychosocial & Mental Health

School and work challenges, pain and fatigue management

→ Reproductive Health

Pregnancy risks, contraception, therapy considerations

→ Interdisciplinary Coordination

MDT roles and cross-specialty collaboration

→ Self-Management & Empowerment

Health literacy and behaviour change strategies

→ Digital Health

eHealth, telemedicine, data protection (GDPR)



APPENDIX 2 – Transitional care for Adolescents and Young adults (AYA) in Pediatric Rheumatology

EPAs for Transitional Care in Paediatric Rheumatology

Conduct an AYA-appropriate rheumatology consultation

Manage confidentiality, autonomy & consent

Coordinate paediatric–adult rheumatology transfer

Perform musculoskeletal examination & documentation

Interpret imaging for transitional-age patients

Lead MDT care planning

Counsel AYAs & caregivers; deliver difficult news

Transition management for JIA

Transition management for cSLE

Transition management for JDM

Transition management for vasculitides

Transition management for autoinflammatory diseases

Medication safety & biologic continuity

Psychosocial & functional assessment



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„A picture is worth a thousand words”

National recognition of paediatric rheumatology as a subspecialty



In a survey conducted within the EULAR RheumaFacts initiative, experts from 31 European countries provided data on training structures and recognition of paediatric rheumatology. 16 countries reported official national recognition of the subspecialty (**GREEN**), The remaining 15 countries did not have such frameworks (**RED**),



Heartfelt gratitude to all contributors

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- European Academy of Paediatrics (EAP)
- UEMS coordination team