@paedmskglobal

Welcome to our September 2021 e-Newsletter and our expanding global community

We hope that you are well and keeping safe in these ongoing challenging times. We are again so pleased to share with you articles and features from around the world to promote all the fabulous work that you are doing to raise awareness, support education and training and improve the musculoskeletal health and clinical care for children.
We include updates from our regional groups and aim to have contributions from as many as possible as a regular feature.
Please do get in touch if you would like to share news, updates and future events !

Helen Foster h.e.foster@newcastle.ac.uk or **Chris Scott** chris.scott@uct.ac.za

Announcements and Good News to share !

JOIN ME AT
27th European Pediatric Rheumatology e-Congress
19 to 21 September 2021
PReS 2021

Dear Friends and Colleagues,
We are excited to announce that PReS 2021 has given us a break out room specifically for a Global Task Force – this is at 0800-0900 CET on Monday 20th September (https://www.pres.eu/pres2021/scientific-programme.html).

Hardship Bursaries for Task Force Members:

We would hate for you to miss this meeting due to financial constraints. PReS council have have generously extended hardship bursary applications specifically for Task Force members who want to join but have limited funding for conferences. Please let us know if you would like to make use of this opportunity and have not yet registered, by mailing Helen or Chris.

The proposed agenda for the Global Task Force meeting is below; we welcome your participation!

1. ***Feedback from the Global Task Force on the years activities*** *(Profs Chris Scott & Helen Foster with Dr Rebecca James)*
2. ***Reflections on beneficial collaborations with orthopaedic and other MSK focused healthcare workers*** *(Dr Matt Dobbs)*
3. ***Research in Global Health-*** *discussion and future and ongoing projects in Global Paed Rheum (Prof Brian Feldman)*
4. ***CME feedback from regional partners*** *-APLAR, PANLAR, JAFA, PAFLAR (Chaired by Prof Angela Migowa)*
5. ***Paediatric Musculoskeletal Matters Editorial Board*** *(Prof Helen Foster)*
6. ***Taskforce newsletters*** *(discussions and ideas) (Prof Chris Scott)*
7. ***WORD day and patient organisation initiatives*** *(Mrs Catherine McCormack)*
8. ***Future directions*** *(Prof Chris Scott)*

The Tin Soldiers symposium at PReS

Our bold work is being featured at the PReS satellite symposium, which is a high profile event and the perfect environment in which to showcase it. This is an invitation for you to register to this prestigious event to see the Tin Soldiers work in action.

Our 1-hour symposium slot entitled **Pathways to hope: finding children with rare conditions - lessons from Fibrodysplasia Ossificans Progressiva**, is an exemplary model for advocacy and improving access to the right care.

The Tin Soldiers patient identification program is also one of only 36 abstracts out of 480 submissions, selected for a Lightning Talk at the main PReS 2021 congress.

The symposium time slot to note is Sunday 19th September at 12:45 CET.

The PReS Sister Hospitals Initiative: an update from Dr Jordi Anton, PReS Education & Training Committee Chair

The PReS mission is: **“Dedicated to advance the care and improve the health and well-being of children and young people with rheumatic conditions”, and one of the Pillars in which this vision is based is through Education and Training.**

The worldwide Covid-19 Pandemic has brought sorrow and sadness but also has shown us that collaboration and education is feasible with the new technologies. Zoom, Teams and Meet are nowadays daily use words all around the world.

In September 2020 during the PRES General Assembly we launched a new program, the PRES Sister Hospital Initiative. It was a proposal to promote exchange of knowledge between different hospitals worldwide. We considered this a pilot test to

explore new ways to support hospitals and health professionals by twinning them with other pediatric rheumatology teams in hospitals of other countries. The aim was to utilize opportunities for two-way exchange of knowledge and educational opportunities. We considered this to be an excellent opportunity to explore the differences between health systems of the hospitals involved, to learn about organizational aspects of care for children with rheumatic diseases in different settings, to facilitate the exchange of knowledge to explore the possibilities of more extensive and concrete collaborations (e.g. exchange programs for fellows, clinical or basic or educational research grants).

We launched a call after the PReS 2020 e-Congress, and then we paired the centers that expressed their interest. As a result, 14 different pediatric rheumatology teams of 11 countries were paired.

Between January and June 2021 these centers have met regularly online. They have shared the different scenarios in which they carry out their work, presenting their teams, improving knowledge about some diseases through sessions or presentation of problem cases.

Inputs have been very positive and a summary will be presented to the Education and Training Committee and the General Assembly during the PRES 2021 e-Congress (https://www.pres.eu/pres2021/index.html). You are very welcome to join us.

We expect to launch a new edition of the Sister Hospital Initiative for the upcoming year. It is planned that PMM (Paediatric Musculoskeletal Matters – www.pmmonline.org) will provide ongoing support for Sister Hospital Initiative and members of the ETC and Sister Hospitals Initiative will join the PMM Editorial Board. So, all of you who are interested please contact the PReS secretariat expressing your interests though the email pres@mci-group.com

Join the ETC session at PReS Sept 21 14-1500 CET.

The WHO Essential Medicines List: Joint diseases in children

Scott *et al. Pediatric Rheumatology* (2021) 19:10
https://doi.org/10.1186/s12969-021-00496-3

Pediatric Rheumatology

LETTER TO THE EDITOR Open Access

Revising the WHO Essential Medicines List for paediatric rheumatology

Christiaan Scott[1], Nicola Smith[2], Rebecca James[3], Ben Whitehead[3], Rochelle Green[4], Helen E. Foster[5*] on behalf of the Paediatric Global MSK Task Force

On behalf of our collaborative group within the Paediatric Global Musculoskeletal Task Force, we have submitted proposals for changes to the WHO EML - section 29 'Joint Diseases in Children'. We have submitted new medicine applications: **Tocilizumab, Triamcinolone hexacetonide, and Anakinra**. The applications are now published at https://www.who.int/groups/expert-committee-on-selection-and-use-of-essential-medicines/23rd-expert-committee and the outcome is pending (**we should know by end of September 2021!**). **We acknowledge the many letters of support from around the world and the global contribution from all respondents to our e-survey https://ped-rheum.biomedcentral.com/articles/10.1186/s12969-021-00496-3 to inform our application.**

A report from the First PAFLAR Congress by Dr Djohra Hadef (Algeria)

The Future is Now !

The hosting of the premier congress by the Paediatric Society of the African League Against Rheumatism (PAFLAR) brought together stakeholders involved in the care and management of rheumatic and musculoskeletal diseases affecting children in Africa.

The key goal of the scientific committee was to involve as many African actors as possible irrespective of language, region or specialty and to strengthen the local and international network. A free bilingual (English and French) meeting was adopted as the best option to achieve this goal.

The congress was held virtually from 28th to 30th July 2021. During these three days updated and various topics were covered. The participation of numerous eminent African and international experts provided the opportunity to share their knowledge and experiences in different fields of Paediatric Rheumatology. The congress program was enriched by interesting oral presentation and e posters chosen from 160 abstracts submitted not only from Africa but from across the globe.

Over 750 participants from 65 countries registered and is a testament of how much this event was eagerly received. The congress was not only a scientific meeting but actually a great celebration to memorize our first gathering and to show the commitment to work together in the future for the benefit of our young African patients.

Many thanks to all those who contributed to the success of this exceptional event

Djohra HADEF
Chair PAFLAR scientific committee

Assistant Professor of Pediatrics, Pediatric Rheumatologist. Email : djohra.hadef@paflar.com

An update from Asia Pacific League Against Rheumatism Paediatiric Rheumatology Special Interest Group Prof Sumaira Farman (Chair of the APLAR PaedsRheum SIG)

The recent 2021 ACR Pediatric Rheumatology Symposium (PRYSM) had a wonderful session on `Global Health in Pediatric Rheumatology'; however, there was no representation from Asia Pacific region where approximately 50 % or more of the estimated 6-7 million children afflicted with rheumatic diseases live! This probably reflects the historic lack of a dedicated pediatric rheumatology association for this region.

I would like to thank the Task Force for giving me an opportunity to introduce the APLAR PaedsRheum SIG. In most countries of the Asia Pacific region the data, although sketchy, shows a staggering shortage of trained pediatric rheumatologists (PRs). According to `average minimum acceptable requirement' of PRs in the West, for the 31 APLAR member nations we need approximately 3,061, while the actual number is estimated around 300 only. Among these the credentialing of some of them has had to be less structured compared with the developed countries. Additionally, countries with low HDIs and low GDP have the most percentage of young population, and these are the countries with least public health spending and most shortages of PRs! The result is that adult rheumatologists, paediatricians, general/family physicians and orthopedics etc. are compelled to treat children with rheumatological disorders with inadequate resources to access educational and training materials.

Recognizing the need for a collaborative regional effort, the Paediatric Rheumatology Special Interest Group (PaedsRheum SIG) was approved in April 2019 Brisbane APLAR. This took forward the stalled 2008 APAPR (Asia Pacific Association for Paediatric Rheumatology) of Prof. Yokota and Dr Prudence Manners.

Presently we have representatives of 17 countries, and we look forward to this number growing ! The SIG's single point agenda is `to improve the care of children with rheumatic diseases in APLAR region through education, research and better clinical care'.

The first APLAR Paediatric Rheumatology SIG symposium titled `Treating Children with Rheumatic Diseases in Asia Pacific: The Great Divide' was held in October 2020.

PROGRAMME

Convener: **Prof Sumaira Farman, Pakistan**

SESSION I
Time: 14:00 - 15:10 (UTC+8)

Chairperson:	**Prof. Caifeng Li**, China
Co-Chairpersons:	**Wajahat Aziz**, Pakistan & **Prof. Vahid Ziaee**, Iran
Moderator:	**Priscilla Campbell**, New Zealand

APLAR PaedsRheum SIG: An Introduction
Prof. Sumaira Farman, Pakistan

JIA in SEA: The Outcomes from Singapore Longitudinal Registry Over 10 years- Are We Different?
A/Prof. Thaschawee Arkachaisri, Singapore

Education and Manpower- What Do We Have and What We Want to Achieve?
A/Prof. Sirirat Charuvanij, Thailand

Moderator's Summation
Remarks by Chairperson and Co-Chairpersons
Question and Answer Session

Session II
Time: 15:10 - 16:20 (UTC+8)

Chairperson:	**Prof. Takeyuchi**, Japan
Co-Chairpersons:	**Prof. Helen Foster**, Chair, **Global MSK Task Force**, UK
Moderator:	**A/Prof. Mohammad Imnul Islam**, Bangladesh

Kawasaki Disease-Lessons Learnt Over 25 Years
Dr. Surjit Singh, India

Kawasaki Disease: Patterns of Diagnosis in Australia
A/Prof. Davinder Singh, Australia

Childhood Lupus- Epidemiology, Clinical Features, and Challenges in Southeast Asia
Dr. Swee Ping Tang, Malaysia

Childhood Lupus in the Philippines: UST Rheumatology Experience
Dr. Ma Theresa Collante, Philippines

Moderator's Summation
Remarks by Chairperson and Co-Chairpersons
Question and Answer Session

On World Young Rheumatic Diseases Day' a webinar was held in March 2021, and the APLAR SIG symposium was held 31 August 2021 during the APLAR congress

YOUNG INVESTIGATOR METING
FELLOWSHIPS FOR CLINICANS AND SCIENTISTS
PEER-REVIEW MENTORING PROGRAM
EDUCATION AND COURSES
COLLABORATION WITH OTHER GROUPS
RESEARCH AND PReS WORKING PARTIES
SOCIAL MEDIA AND NEWSLETTERS

PReS EMERGE An update from Dr Lovro Lamot and Dr Erdal Sag

This year's PReS Young Investigator Meeting (YIM) will be held virtually on 18th September 2021 from 08.30 to 18.30pm CET.

As well as fantastic oral and e-poster presentations by young investigators, this year YIM will include inspirational talks from recognized speakers who have dedicated their career to paediatric rheumatology, educational lectures from allied health professionals and updates from other societies in the field of paediatrics and rheumatology. The detailed program is available: https://www.pres.eu/pres2021/young-investigators.html

Despite the current situation with the pandemic, PReS EMERGE is trying to carry on with the activities for young paediatric rheumatologists and researchers.

Therefore, as a part of the PReS main congress, a traditional 25th Young Investigators Meeting will be held on 18th of September. Please encourage your fellows, residents and young paediatric rheumatologists and researchers below 45 years of age to attend. More information and a detailed program are available. (https://www.pres.eu/pres2021/young-investigators.html) and includes a presentation about the Task Force.

Moreover, PReS EMERGE is dedicated to enhance the training of young paediatric rheumatologists and researchers by providing an opportunity to visit centres within Europe for a period of up to six months. This year we also had a joint fellowship with an autoinflammatory working party. This year the applications are already closed but in order to prepare for fellowship in the future please have a look at the fellowship website (https://www.pres.eu/emerge/fellowship-programs.html).

Finally, EMERGE members prepared an interesting survey to gain more insight in the practice of biosimilar usage around the globe, so please take this short survey: https://www.surveymonkey.com/r/?sm=y4g3Xq9KZVIyLFPNpe_2Bn2A_3D_3D

In order to stay updated with the PReS EMERGE activities, follow us on Facebook (https://www.facebook.com/PReSEMERGE), Twitter (https://twitter.com/PReSEMERGE) and write us on emerge.pres@gmail.com

The PReS EMERGE Fellowship programme and news from a Winner ! Dr Ayodele Faleye from Nigeria

I am Dr Ayodele Faleye, from the department of paediatrics of the Lagos State University Teaching hospital (LASUTH), Lagos Nigeria. I am the PReS/EMERGE fellowship winner for 2021.

My journey into rheumatology began in May 2018 with the adult rheumatology team of LASUTH, I was with them for one year before proceeding to university of Cape town for a postgraduate diploma in paediatric rheumatology between March 2020 and March 2021. Since being an intern, I have been interested in the holistic approach to child care and this prompted my choice of paediatrics as a specialty. I have been so enthusiastic as a paediatric resident because of my empathy and love for sick children. In the course of my paediatric training in 2014, I met an 8year old girl with juvenile systemic lupus erythematosus(JSLE) with cardiomyopathy which was the very first case of lupus to be seen by me. I was caught up with emotions for the patient because there was no paediatric rheumatologist to take over her management, she was seen by the cardiologist and adult rheumatologist until her demise. I thought could there be a difference if there was a paediatric rheumatologist in the hospital? It was a very unpleasant experience for me.

JSLE seems to be an area of interest to me because it is the mostly seen rheumatic disease in LASUTH. The outcome of our patients has been poor due to late presentation, rapid disease progression, delayed diagnosis, lack of laboratory equipment's, and high cost of medications as most patients are not enrolled on the health insurance scheme. I previously undertook a clinical audit of the JSLE patients presenting to my centre over a 14-month period, and shockingly discovered that 9 of the 17 newly diagnosed patients died within 6 months of presentation, due to some of the factors mentioned above. Acute severe pulmonary manifestations were seen in two of the patients in Nigeria, and in South Africa I encountered patients with interstitial lung disease, fulling my interest in area of lupus. This has prompted me to consider pulmonary involvement within the UK JSLE cohort as my research topic for this fellowship. My centre of choice is Alder Hey Children's Hospital, Liverpool.

As an individual who loves to learn, the prospect of the PReS/EMERGE fellowship program is extremely exciting. I hope to increase my clinical skills, research experience and knowledge through more exposure to management of children with rheumatic diseases in another continent and healthcare system. I have got a team spirit and a resilient mind in challenging situations, I feel the program will allow me to combine and utilize my hard working nature as well as my academic passions. It will also allow me to meet new people and learn from their wealth of knowledge.

News of an innovation in model of care from Chile

Changes in Treatments and Outcomes After Implementation of a National Universal Access Program for Juvenile Idiopathic Arthritis in Chile – by Dr Sara Concha

Sara Concha, MD_PediatricAllergy, Immunology and Rheumatology Assistant Professor, Pontificia Universidad Católica de Chile

In 2010, juvenile idiopathic arthritis (JIA) was incorporated in a Chilean legally-mandated guaranteed universal access program called Explicit Health Guarantees (Garantías Explícitas en Salud [GES]) providing national access to diagnosis and therapy for all patients with JIA for life, even after transition to adult medicine.

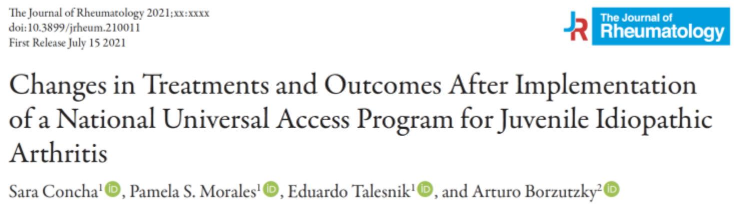
A retrospective review of the clinical records of 280 patients with JIA was done to compare how treatments and outcomes have changed in this cohort after the introduction of the GES program for JIA in 2010.

After GES implementation, time to evaluation by pediatric rheumatologist and diagnostic delay were significantly reduced (15.0 ± 4.5 vs 9.0 ± 4.2 months, $P = 0.004$). In addition, use of magnetic resonance imaging significantly increased post-GES ($P < 0.001$). In terms of JIA treatments, before GES implementation, no patients received biologics. Of the 67 patients diagnosed before 2010 with continued follow-up at our center, 34% began biologic treatment after GES implementation. Of 196 patients diagnosed post-GES, 46% were treated with biologics.

Regarding outcomes, JIA remission rates were significantly higher in patients diagnosed post-GES compared to pre-GES (43% vs 29%, $P = 0.02$). In addition, post-GES, we observed a significant decrease in uveitis complications among JIA patients (45% vs 13%, $P = 0.04$).

We demonstrate how the implementation of a national government-mandated universal access program for guaranteed JIA diagnosis and treatment led to earlier access to a pediatric rheumatologist and JIA diagnosis, increased rates of treatment with biologic drugs, higher rates of clinical remission, and lower rates of uveitis complications in Chilean children with JIA.

The full article is available along with an Editorial.



The Journal of Rheumatology 2021;xx:xxxx
doi:10.3899/jrheum.210011
First Release July 15 2021

Changes in Treatments and Outcomes After Implementation of a National Universal Access Program for Juvenile Idiopathic Arthritis

Sara Concha[1], Pamela S. Morales[1], Eduardo Talesnik[1], and Arturo Borzutzky[2]

Addressing Healthcare Quality in Juvenile Idiopathic Arthritis With a Universal Access Program – Editorial Roberta Berard and Michelle Batthish. The Journal of Rheumatology August 2021, jrheum.210658; DOI: https://doi.org/10.3899/jrheum.210658

And a bit about Sara… I work as a pediatric allergist, immunologist and rheumatologist at Red de Salud UC Christus in Santiago, Chile. I'm also an assistant professor at Pontificia Universidad Catolica de Chile and my main area of interest is Juvenile Idiopathic

Arthritis (JIA). As a rheumatologist I know the Explicit Health Guarantees (GES) program is a great financial help for my patients with JIA, and now this study has demonstrate that it also significantly improved the diagnosis, treatment, and remission of the disease. My next projects are focused on JIA associated uveitis and in arthrocentesis training models for rheumatology fellows.

Inequity amongst indigeneous and minority ethnic groups – an update on studies from New Zealand by Dr Anthony Concannon

New Zealand is an ethnically diverse country with Auckland being home to a significant indigenous Maori and Pacific Island population who have a shared Polynesian ancestry. Like many indigenous and minority ethnic groups around the world Maori and Pacific Island peoples face socioeconomic challenges including health outcome inequities. With its catchment area including Auckland and the greater North Island, the Starship rheumatology service is well placed to engage in retrospective research designed to understand the incidence, clinical manifestations and severity of rheumatic diseases and their ethnic diversity, particularly among Maori and Pacific Island compared to European children in New Zealand.

Maori and Pacific Island children with Juvenile Idiopathic Arthritis (JIA) are significantly more likely to present with poor prognostic features, including erosive disease, c-spine involvement, and rheumatoid factor positive disease. When corrected for socioeconomic status these differences persist, likely reflective of the importance of disease genetics. Juvenile onset systemic lupus erythematous is more common among Maori and Pacific Island children with a high incidence of lupus nephritis, severe renal lesions (WHO class 4 or 5) and the majority of predominantly renal severe BILAG “Category A” disease at presentation.

Maori and Pacific children with Juvenile Dermatomyositis are less likely to achieve clinical remission, more likely to follow a chronic continuous course and develop significant complication of disease including calcinosis, cutaneous vasculopathy and interstitial lung disease. Preliminary data of the long-term outcome of childhood onset lupus nephritis indicate that Maori and Pacific Islanders are more likely to experience proteinuric flares, develop persistent proteinuria with a high incidence of end stage renal failure and mortality in early adulthood. While difficult to assess retrospectively medication nonadherence was a potentially modifiable finding common to both these long-term studies.

Local data has provided some important insights and an opportunity to improve healthcare provision. Medical strategies implemented to help improve adherence and attendance include weekly rheumatology clinics where there is a large Maori and Pacific population in South Auckland, with local access to intra articular steroid injections and infusions, and the use of the paediatric homecare nursing service to provide regular subcutaneous therapy. In addition, the JIA data was used as part of a proposal to our pharmaceutical regulatory body to successfully widen the access to biologic therapy. The lupus data has been used as the basis for funding a qualitative study to help better understand perception of disease and identify barriers to care and adherence from a cultural, individual and community perspective. More research is required to address the long-term outcome of JIA and potentially reassess outcomes as new strategies are implemented.

Like many countries facing similar ethnic disparities in paediatric rheumatic disease, through shared experiences we continue to strive to understand differences, identify and reduce barriers and provide healthcare that it is of benefit to everyone, including our most vulnerable.

Dr Anthony Concannon. Department Pediatric Rheumatology, Starship Hospital, Auckland, New Zealand. Department of General Pediatrics, Kidz First Hospital, Auckland, New Zealand.

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- Concannon A and Yeo Han D. Incidence, severity and clinical manifestations of juvenile dermatomyositis among Maori and Pacific Island compared to European children. Journal of Paediatrics and Child Health. https://doi.org/10.111/jpc.15595

MiracleFeet and clubfoot – a model of care for training and improving access to right care – we hope to have more about this programme in future Newsletters.

Meet the Doctor helping end clubfoot disability in her country

https://www.miraclefeet.org/stories/meet-the-paraguayan-doctor-helping-end-clubfoot-disability-for-children-in-her-country?mc_cid=79c804a1ce&mc_eid=9952feac1d

NEW

An Ambitious Global Task Force new Campaign to drive awareness and promote education in Paediatric Rheumatology: RUNning and SPRINTing towards early diagnosis

WALK RUN and SPRINT !

- **WALK** – World Action for ALL Kids
- **RUN** – Rheumatology Unmet Needs
- **SPRINT** – Spreading Paediatric Rheumatology INternationally Together

- **A great opportunity for 'working better together'**

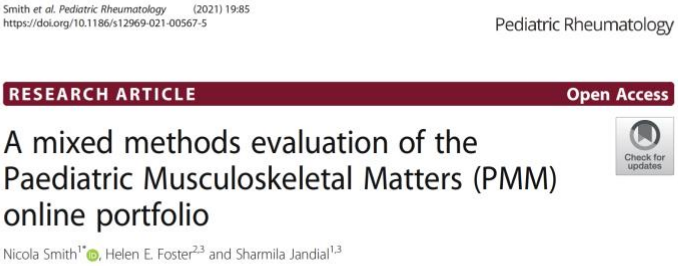
Members of the Global Task Force are feverishly working on a new project to push awareness and education in paediatric rheumatology to a new level. Working closely with PReS and other partners, notably the production company BLiNK and the patient finding organisation Tin Soldiers, we are excited to announce plans for parallel campaigns to improve awareness by telling the stories of children and families living with rheumatic disease through the early diagnosis, story telling and awareness campaign (Conceptually known as **RUN**-Rheumatology Unmet Needs) as well as the template for a rolling Continuing Medical Education called **SPRINT** (Spreading Paediatric Rheumatology INternationally Together) to be supported by Paediatric Musculoskeletal Matters (**PMM**). Plans for these projects are at an advanced stage and more detail will follow soon. We will be seeking input from our Task Force members around the world. In the meantime, if you want to join the team, please let us (*Helen and Chris*) know!

We are delighted to announce that 'WALK RUN SPRINT' has been selected as a presentation at ACR Global Convergence 2021 !
Global Summit: Innovative Solutions to Global Challenges in Rheumatology
Wednesday November 3, 2021, 11:30 AM - 12:30 PM ET

An exciting update about Paediatric Musculoskeletal Matters (PMM) from Professor Helen Foster, UK

Moving forwards, an agreement between Newcastle University, UK and PReS is underway to ensure the on-going ethos of PMM being free and open to all. The scope of the PMM Portfolio will remain unchanged to support teaching and learning about essentials of paediatric MSK knowledge and skills i.e aligned to support the aims of PReS (to advance the care and improve the health and well-being of children and young people with rheumatic conditions)***.***

The **PMM Portfolio** (www.pmmonline.org) is a free and openly available online resource encompassing the Paediatric Musculoskeletal Matters (PMM) website (launched 2014), the pGALS app (added 2015), e-learning modules (ELM) (added 2017) with v-pGALS and guidance for telehealth consultations added 2021. PMM development began in Newcastle University UK involving a large team of clinicians, technicians and researchers with global partners to contribute content. The target audiences of the PMM Portfolio include a spectrum of clinical learners who are not 'paediatric MSK experts'; ranging from students in medicine and nursing, trainees in family medicine and paediatrics, through to practitioners in general paediatrics, family medicine, nursing and allied health, alongside paediatric rheumatologists using the resource as a tool to support teaching practice. PMM is not a 'state of the art' treatment guide; the focus is to provide the essentials of clinical assessment and knowledge to aid health care workers to raise awareness, facilitate early diagnosis and access to specialist care. PMM evaluation demonstrates the wide reach impact as a useful resource for teaching and learning (https://ped-rheum.biomedcentral.com/articles/10.1186/s12969-021-00567-5).



Smith *et al. Pediatric Rheumatology* (2021) 19:85
https://doi.org/10.1186/s12969-021-00567-5

Pediatric Rheumatology

RESEARCH ARTICLE **Open Access**

A mixed methods evaluation of the Paediatric Musculoskeletal Matters (PMM) online portfolio

Nicola Smith[1*], Helen E. Foster[2,3] and Sharmila Jandial[1,3]

The PMM Portfolio is cited in postgraduate paediatric rheumatology training programmes for paediatricians, NICE Clinical Knowledge Summaries for family medicine ('paediatric MSK development'), guidance for postgraduate paediatric examinations (MRCPCH), the Royal College Nursing Competency Framework for nurses and the 'Call to Action' strategy of the Paediatric Global Musculoskeletal Task Force. PMM has increasingly been used to support postgraduate remote and online webinar series (e.g. APLAR started 2021]), e-congresses (e.g. Paediatric African League Against Rheumatism [PAFLAR 2021]) and the PReS-KL Basic Course [Malaysia 2021].

PMM aims to provide on-going support for future online e-programmes to expand global paediatric rheumatology; PMM therefore is ideally placed to support **RUN and SPRINT** and other educational activities around the world.

With this in mind, a new **PMM Editorial Board** is to be formed to oversee on-going development of the PMM Portfolio and work with the Task Force to support RUN and SPRINT. The PMM Editorial Board will include Paediatric Global MSK Task Force members with multi-professional (doctors, nurses, allied health) representation from regional networks (e.g. APLAR, PAFLAR, PANLAR), and parent / patient representatives. PReS will be represented from the ETC (which includes the Sister Hospitals Initiative), Nurses, Allied Health and EMERGE.

More about these exciting developments will be presented at the PReS Global Task Force meeting (Monday Sept 20th 0800 CET and the PReS ETC (Sept 21 1400 CET).

A postgraduate certification in Paediatric Rheumatology: a new perspective in Tunisia open to French-speaking Africa from Professor Wafa Hamdi, Tunisia

Maladies ostéo-articulaires de l'enfant et de l'adolescent

Pré-inscription
jusqu'au
12 septembre

1er CEC de rhumatologie pédiatrique en **Tunisie**

Enseignement 100% **en ligne** sur 2 ans sur la plateforme **Moodle de l'UVT/FMT**
Séminaires pratiques
Évaluation continue

Inscrivez-vous sur le site de la faculté de médecine de Tunis: **www.fmt.rnu.tn**

Paediatric rheumatology is not yet recognised by the majority of African countries as a distinct subspecialty. This is due to a lack of both awareness of the potential severity of musculoskeletal diseases in children and dedicated training in this field.

A postgraduate degree entitled "Musculoskeletal diseases of children and adolescents" was created for the first time at the Tunis El Manar University Faculty of Medicine of Tunis this academic year 2021–2022. It will meet the training needs of various disciplines that deal with musculoskeletal diseases in children.

This certification is 100% online education, which will make it possible to avoid the problems inherent in face-to-face learning (pandemic issues, restriction of meetings of multiple people, etc.) while guaranteeing good interactivity between teacher and learner via synchronous teaching, activities offered on the Moodle platform of the Virtual University of Tunis (UVT), practical teaching (with online workshops in small groups of supervised work and learning sessions of clinical reasoning), continuous monitoring, etc. The online training will also allow Tunisian colleagues who do not live in the capital Tunis and our foreign colleagues, especially Africans, to access this training.

This certificate is a two-year course with theoretical and practical teaching and the writing of a scientific article to validate the certification.

The first year will be reserved for theoretical teaching and will be organised into 20 modules. For each module, a synchronous session will be held on Google Meet and that will be associated with work to be done on the UVT platform.

The UVT Moodle platform allows us to insert several educational tools (documents, videos, commented PowerPoint slides, clinical cases, pre-tests/post-tests, etc.) and ensures a good level of interactivity (via discussion forums with teachers), enabling us to achieve the learning goals.

To validate each module, questions of continuous control will be proposed and marked and will count in the final mark of the certification. This will allow us to ensure that the trainee has learned and validated all the modules.

The second year will be reserved for practical teaching and for writing the scientific article. Online workshops in small working groups supervised by teacher-tutors and learning sessions in clinical reasoning dealing with the main practical themes of paediatric rheumatology will be organised.

Two thematic training seminars will also be organised during the second year. Their themes will be bone and joint imaging and therapeutic management and they will be based on clinical cases, practical situations, image interpretation, workshops, therapeutic education sessions, etc.

This teaching is intended for specialist doctors taking care of children with musculoskeletal diseases: rheumatologists, paediatricians, orthopaedists, etc.

Pre-registration for this diploma is possible via the following link until September 12, 2021: http://www.fmt.rnu.tn/index.php?id=154&tx_ttnews%5Btt_news%5D=3456&cHash=a857dfbd721ea76f0109d7ecb6e1ca47

This certification will ultimately provide the necessary knowledge and required skills to allow Tunisian and African practitioners to make early diagnoses, optimise care and improve the quality of life of children suffering from musculoskeletal diseases.

By Wafa Hamdi
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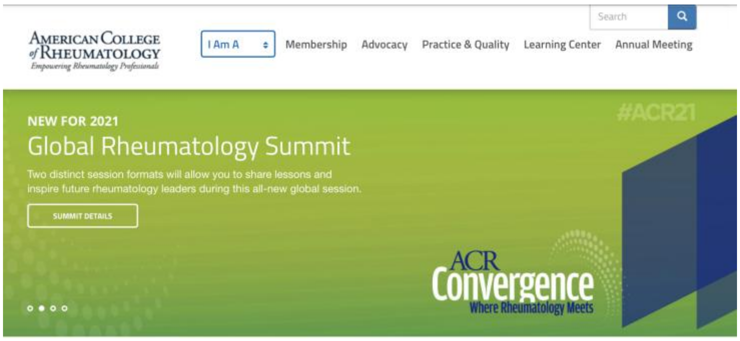
Meetings and conferences – please let us know of future meetings in your region / country

https://www.pres.eu/pres2021

World Orthopedic Congress – Childrens orthopaedics
https://sicot.eventsair.com/budapest-2021/clubfoot-congress



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