

Paediatric Rheumatology Training Information & FAQ (prepared by CSAC, November 2011)

Important dates for Grid rotation

- Applications for Grid are invited via advert in the BMJ in September. Interviews are usually held in late November at RCPCH London. Refer to RCPCH website for more details.

If I want to be a tertiary specialist in paediatric rheumatology, do I need to apply for the Grid?

- Yes - trainees need to apply for a Grid post under national competition. Trainees will be at a disadvantage if they apply for a tertiary centre job at time of CCT without going through the Grid process & will need to prove equivalent training (including a 2 centre placement). This is not likely to be feasible outside the Grid process.
- The Grid is intended for the very few highly able trainees in each subspecialty who will be the clinical and academic leaders in their field and therefore it is a highly competitive process.

Is there an alternative to Grid training?

- Trainees may apply for a consultant post in general paediatrics with an interest in rheumatology, ideally working as part of a clinical network with a tertiary centre. To develop an interest in rheumatology, trainees should complete 12 months full-time equivalent training within a tertiary rheumatological service whilst maintaining a logbook / reflective e-portfolio, complemented by fulfilling criteria set out in the RCPCH framework of competences for level 3 training in general paediatrics. Refer to document on the RCPCH website: <http://www.rcpch.ac.uk/sites/default/files/Framework%20of%20Competences%20Level%203%20-%20Rheumatology.pdf>
- Special interest (SPIN) modules (previously known as special study modules) are currently under development. These modules are intended to provide additional experience in a subspecialty- they are not subspecialty training (not accreditable by the GMC). It would be anticipated that a trainee would spend 12 months undertaking a subspecialty training post (i.e. a grid equivalent post) but no more than 12 months. The trainee would expect to be a general paediatrician in a large or small DGH pursuing their interest alongside their general / neonatal / community commitments. It would be expected that the CSAC knows about the trainees undertaking these modules but control would remain with the deanery. The programme director would control post allocation in deaneries. Trainees would not be allowed to take OOP to complete a SPIN module outside their home deanery. It would be perfectly reasonable for doctors to undertake SPIN modules post CCT.
- Oversees trainees who would like to practise as substantive, honorary or fixed term consultants in the UK and have not completed approved training programmes may apply through the specialty equivalence route for entry onto the Specialist Register with a Certificate of Eligibility for Specialist Registration (CESR). Refer to: <http://www.gmc-uk.org/doctors/abouteligibility.asp>. Through the specialty equivalence route, an applicant must provide a portfolio of evidence that demonstrates that their training, qualifications and experience meet UK GMC standards. This type of application is usually complex and time consuming.

What do I need to do if I am interested in Paediatric Rheumatology, either at tertiary level or as an interest with general paediatrics?

- Fill in an 'Expression of Interest' form available on the Trainees area of BSPAR website (www.bspar.org.uk), and send it to the Chair of CSAC (currently Prof. Helen Foster; h.e.foster@ncl.ac.uk) or CSAC Training Advisors (currently Dr Liza McCann; liza.mccann@alderhey.nhs.uk) and Dr A. Ramanan; Athimalaipet.Ramanan@UHBristol.nhs.uk).
- Trainees are advised to discuss career intentions in a timely manner with CSAC rheumatology Training Advisors / CSAC Chair. This can be done at the annual trainee meetings, or alternatively, the trainee can contact advisors by e-mail or telephone for advice at other times.
- Contact trainee representatives in order to receive e-mails regarding training & trainee meetings / research meetings: BSPAR Trainee reps - currently Dr Valentina Leone (valentialeone@doctors.org.uk), CSAC Trainee rep - Dr Mary Cruikshank (marycruikshank@doctors.org.uk), CSG Trainee rep Dr Clare Pain (clarepain@doctors.org.uk).

How long does Grid training take?

- Training is a **minimum** of 2 years full time equivalent. Flexible training / less than full time training is permitted.
- Trainees must have at least 2, but ideally 3 years, whole time equivalent training left before CCT at time of start of Grid training. In occasional cases, previous training experience has been accredited retrospectively if training has taken place in an accredited grid training centre. For advice on specific circumstances, discuss with Rheumatology CSAC Chair or Training Advisors.
- No paediatric rheumatology experience is required prior to Grid application and trainees without experience will not be at a disadvantage.
- At present, completion of training is based on local RITA assessments as well as evidence of a reflective portfolio including documentation of rheumatology activity based on the rheumatology syllabus. However, this is in the process of changing to competency-based assessment, thus length of training for some candidates may vary.

What does paediatric rheumatology national Grid training involve?

- Trainees will need to work in 2 UK centres, within a rotation, in order to be exposed to the full spectrum of paediatric rheumatology care and achieve adequate training.
- UK centres currently approved for paediatric rheumatology training are: Birmingham, Bristol, Glasgow, London Great Ormond Street, Leeds, Liverpool, Newcastle, and Nottingham.
- Paediatric rheumatology experience can also be obtained at other centres (eg. Manchester, Oxford, Sheffield, East Anglia, Belfast, Edinburgh) but at present, these centres are not accredited for Grid training.

What is the Grid process?

- Refer to the current RCPCH user's guide for national grid training & timetable for Grid applications on the RCPCH website. <http://www.rcpch.ac.uk/training-examinations-professional-development/recruitment-paediatrics/sub-specialty-training-ntn-gr>
- Trainees must have completed Level 2 training in the run through scheme or 24 months of HST SpR core training by the time of starting the grid programme in the September following application. All candidates must meet all the additional essential criteria of the person specification as documented in the RCPCH 'NTN Grid scheme applicants' guide.'
- Trainees applying to the Grid must have a current NTN issued by their training deanery. Trainees who are not in a training post are not eligible to apply, with the exception of those who are on deanery approved out of programme time from training posts e.g. on maternity leave / research.
- It is possible for those training in equivalent training posts in the EU, without an NTN to apply, providing they can prove equivalent competences for level 1 and 2 paediatric training, including passing the MRCPCH examination. Trainees in this position should contact the College as soon as possible to discuss their eligibility.
- Paediatric rheumatology Grid placements are advertised as fixed rotations involving 2 tertiary centres. This is non-negotiable and candidates must be prepared to train in both centres.
- At time of Grid advert in the BMJ, available rotations for paediatric rheumatology Grid training will be shown. Trainees can approach the CSAC Chair / Training Advisors prior to advert to determine where rotations are likely to be.
- Candidates are assessed by their written application & ranked at this stage. Top scoring candidates will be invited for interview to establish if they are above the minimum standard needed to be accepted for Grid training. Candidates will be ranked against each other at time of interview and this ranking is collated by RCPCH (75% of total score based on performance at interview; 25% of score determined by application form).
- Candidates will be asked by RCPCH to list order of preference of available rotations and the College will decide which candidate goes to which centre / rotation based on the ranking & candidate choices. CSAC are not involved with this process and do not have influence over where a candidate is placed.
- Candidates are given the option of refusing any given rotation due to geographical preference, but to increase chance of being allocated a Grid rotation in any given year, it is advisable to offer as many options as possible for the centres / rotations available. For example, if candidate A only offers to accept one or two available rotations and candidates B & C are ranked higher and

have chosen those rotations, candidate A will not be offered a Grid placement on that given year (and may or may not have the opportunity to re-apply the following year depending on stage of training).

- If a candidate refuses a post after being offered, they may have prevented another trainee going to their place / rotation of preference. This practice is strongly discouraged.
- Unsuccessful candidates will be able to receive feedback from RCPCH +/- CSAC after the process. Depending on stage of training at time of application, they may have the chance to re-apply the following year. Candidates also have the option of training to be a consultant paediatrician with an interest in rheumatology by achieving competencies in a rheumatology centre over 1 year (Competency framework available on the College website; see link above). This however will not make trainees eligible to apply for tertiary level consultant jobs in this field.
- Once a post is offered, it cannot usually be deferred – unless for Out Of Programme Experience (OOPR) for Research by prior agreement or maternity leave. Deferment for academic reasons must be stated on application form and is allowed for a maximum of 3 years (refer to deferment guidance on RCPCH grid document).
- If an applicant wishes to train less than full time, they can (provided that reasons for LTFT training are met and approved). Applicants must clearly indicate their wish for LTFT training in the correct section of the application form. Some programmes submitted to the Grid are submitted as LTFT training programmes. If a successful applicant is matched to a submitted LTFT training programme, then LTFT is guaranteed. If a successful applicant is matched to a full time training programme the relevant Deanery will try to accommodate this. Please refer to the Grid Application Guide on the RCPCH website. Full time trainees can not apply to a LTFT training programme.
- Refer to RCPCH Grid Application Guide for more details:
http://www.rcpch.ac.uk/sites/default/files/Grid%20applicant%20guide%202012_0.pdf

What are the sub-specialty panel looking for?

- At application and interview, the panel members will be looking for evidence that a candidate has the potential to be a tertiary level paediatric rheumatologist in the future. They will assess leadership qualities, academic potential, clinical governance & clinical skills, collaborative ability / teamwork and motivation by asking about past experiences & strengths, motivation, academic understanding & teaching experience.
- Candidates do not need any prior paediatric rheumatology training to apply to the National Grid. They do however need to demonstrate an interest in the speciality.
- Candidates are scored and ranked in a fair and equitable way based on their application form and performance at interview. Short-listing scores will be available to the interview panel on the day of interview but candidates are ranked separately on their written application and interview performance.
- Aspects of a candidate's portfolio (in particular multisource feedback / 360° appraisal) may be taken into consideration when scoring at interview (candidates will be told in advance what they need to bring. They do not need to bring their whole portfolio). Candidates are not currently expected to do a presentation as part of the interview process.
- Any candidates interested in paediatric rheumatology are invited and strongly encouraged to attend annual paediatric rheumatology trainee meetings (no prior experience required). Details are available on the trainee pages of the society (BSPAR) website: www.bspar.org.uk

Is it possible to do Grid training in one centre only?

- No. In order to gain sufficient experience and competencies in tertiary level paediatric rheumatology it is necessary to train in 2 different centres that complement each other in what they offer. Rotations are fixed at time of advert by RCPCH.
- Timing of rotation may vary. CSAC attempts to ensure that trainees only need to move once during their training & hence the second centre training usually occurs in the final year. Grid trainees tend to rotate in September / March.
- Trainees usually need to complete 12 months training in a second centre although in certain circumstances this may be reduced provided that competencies can be achieved. For special circumstances, please discuss with the CSAC Chair / Training Advisors.

- Some trainees have experienced problems with CRB checks being complete when moving from one deanery to another as part of a national Grid rotation, thus delaying start date in second centre. Trainees are advised to check that CRB certificates are up to date.
- Trainees should be vigilant in ensuring that Programme Directors / Regional Advisors at both centres are aware of their plans to move between centres and timing of this as well as alterations / deferments due to research OOPE, maternity leave, or change from full-time to less than full-time working pattern (or vice versa). CSAC should also be informed of plans.
- Trainees will remain the responsibility of their first Grid deanery for the remainder of their training (including responsibility of RITA assessments and CCT sign off). Funding responsibility should remain with the host deanery for that period of training (ie. transferred from 1st to 2nd deanery at time of transfer). Trainees usually rotate within the context of an Out of Programme Experience (Training) – OOPT, rather than as an inter-deanery transfer (IDT), so that their initial deanery maintains responsibility for CCT sign off and grace period. However, this can vary between deaneries and trainees should discuss with their regional advisors / programme directors. Grounds for inter-deanery transfers (IDT) are currently being revised by RCPCH. All out of programme experiences (for training / research) must be approved by the trainees' Deanery prospectively. Trainees should obtain forms from their deaneries and submit applications in a timely manner to prevent delay of start date in their second deanery.

What areas are covered in training?

- Trainees will cover a syllabus that includes exposure to paediatric rheumatology in the context of clinical (outpatient / inpatient / day care) situations, radiological investigations, pharmacological awareness and management experience. They will learn how to aspirate and inject small and large joints, with sedation or general anaesthetic, under image intensifier / USS guidance depending on age of child and joints injected. Trainees will become competent in managing paediatric rheumatological emergencies as well as learning to deal with acute severe vasculitis, lupus and dermatomyositis.
- Trainees will have the opportunity to complete audit projects, write guidelines & protocols and complete research projects. They will be encouraged and supervised to publish work as well as to present at national and international meetings. They will be encouraged to involve themselves in teaching and education.
- Trainees are expected to learn from all members of the paediatric rheumatology team including specialist nurses and therapists.
- There are ever increasing opportunities for research within paediatric rheumatology & trainees will be encouraged to be involved in research projects from an early stage of their career. There are opportunities to complete a higher degree or a research fellowship during paediatric rheumatology training. All grid trainees are encouraged to become an active member of a Topic Specific Group (TSG). Refer to http://www.arthritisresearchuk.org/research/clinical_study_groups/csg_-_mcrn_paediatric_rheumato.aspx

Can I do research as part of my training?

- All trainees will be exposed to research & will be expected to be involved in collaborative research as part of their training. An OOPE (out of programme experience) for research is not essential, but is encouraged. Opportunities for this vary in different deaneries, and candidates should approach their Regional Academic Paediatric Lead and Regional Advisor.
- There are numerous funding opportunities for research with schemes available for 1 year or longer for those wishing to pursue an academic career (MD or PHD) and discussion with educational supervisors is suggested. Arthritis Research UK offer several funding schemes (<http://www.arthritisresearchuk.org>)
- Candidates wishing to do this are advised to apply early in their training, since applications close to time of CCT may be refused. Application is not allowed post-CCT.
- Trainees can apply for a Grid rotation and defer start date of clinical attachment (for up to 3 years) in order to carry out a research OOPE (leading to an MD or PhD). At time of Grid application, a research project needs to be in place and deferment for academic reasons must be stated on the application form (refer to deferment guidance on RCPCH Grid document).

- Rheumatology MSc courses are available in some areas (eg. Oxford, Manchester, London).
- For more information on research opportunities, talk to Helen Foster, Professor Paediatric Rheumatology, Newcastle University and CSAC Chair / Academic advisor (h.e.foster@ncl.ac.uk); Michael Beresford, Professor in Paediatric Medicine, University of Liverpool, Alder Hey Children's NHS Foundation Trust & Chair of UK MCRN / Arthritis Research UK Paediatric Rheumatology Clinical Studies Group (M.W.Beresford@liverpool.ac.uk), Lucy Wedderburn, Professor Paediatric and Adolescent Rheumatology, University College London & Ex-Chair of BSPAR research committee (l.wedderburn@ich.ucl.ac.uk) or Dr Madeleine Rooney, Senior Lecturer, Queen's University, Belfast and Chair of BSPAR research committee (m.rooney@qub.ac.uk) Trainees can also contact Dr Clare Pain, Clinical Study Group (CSG) Trainee representative (clarepain@doctors.org.uk)

Who can you expect to work with?

- During their training, a candidate will work with a number of paediatric rheumatology consultants in 2 tertiary hospitals, thereby being able to experience different models of care and ways of working as they progress through their training.
- Trainees will work closely with members of the MDT team including specialist nurses, therapists, psychologists, podiatrists / orthotists and social workers. In addition, they can expect to liaise with several specialists relevant to paediatric rheumatology care such as ophthalmologists, dentists, immunology / ID specialists, haematologists, orthopaedic surgeons, nephrologists etc.
- Increasingly, paediatric rheumatology centres have a clinical-academic ethos and focus. Hence trainees can expect to work with basic scientists and research nurses to ensure that research data and samples are collected appropriately.

How will my Grid training be assessed?

- Current training assessment depends on training reports / RITA assessments, completion of a reflective portfolio & documentation of rheumatology activity within the context of a log book based on the rheumatology syllabus. The syllabus and log book template are available on the BSPAR website and should be kept prospectively from the time of interest in paediatric rheumatology. The log book can be adapted by each individual trainee to suit learning method and make it useful. It is more important to demonstrate competency of training and evidence of reflection rather than numbers of patients seen.
- At the present time, work is in progress to assess the competences as set out in the competency framework ; these are likely to be standardised for all specialities in paediatrics & include multiple methods of assessment such as multiple source feedback (360° appraisal), observation of clinical practice, and possibly knowledge testing.
- Until competency based assessment is finalised, all trainees should keep a prospective personal reflective portfolio & log book (ensuring confidentiality by removal any patient identifiable information; keep password protected electronically & back up all information). Appropriate assessment tools should be used as per guidance from RCPCH and GMC's Good Medical Practice 2006. Inclusion of assessments such as mini-CEX, DOPS / CbD is strongly recommended.
- Educational supervisors will ensure that training needs are met in individual centres. Trainees are encouraged to ask their educational supervisor to check their portfolio on a 3 monthly basis & give feedback.
- Grid trainees undergo informal annual assessments with CSAC Chair & Training Advisors during the annual trainees meeting to ensure that training needs are being met in local centres & competencies are being achieved as required.
- Trainees starting after 1st Jan 2011 will be required to pass an ST7 assessment (requirement of RCPCH) prior to CCT. This will be in the form of a station-based assessment with the intention to test a candidates' ability to utilise knowledge and communicate to a team. The circuit will include general paediatric stations as well as incorporating subspecialty training. Candidates will be scored by global judgements as well as domains. Pilots have shown that most candidates will pass. ST7 will pick out a small number of people who have not achieved level of competences needed to

become a consultant and highlight those that need extra training.

What are the traits of subspecialists in this area?

- Paediatric rheumatology is a dynamic & expanding specialty. Sub-specialists in this area are involved in a clinical – academic equilibrium in this relatively new and exciting field. The importance of genetics and immunology in many paediatric rheumatology diseases is increasingly recognised and progressively more children are being treated with newer biologic therapies. Thus, paediatric rheumatologists need to be ever more aware of the repercussions of severe immune-suppression caused by disease and therapies.
- High quality paediatric rheumatology care requires an MDT focus and consultants need to be team players as well as team leaders.
- Although Paediatric Rheumatology is predominantly an outpatient specialty, consultants are also involved in inpatient care (day case and prolonged stays) and carrying out joint injections under sedation or general anaesthetic or entonox with / without image intensifier / USS guidance, as appropriate for age of child and joints injected.
- There are increasing numbers of paediatric rheumatology centres in the UK. Most paediatric rheumatology consultants have been involved in developing services, including writing business cases for expansion of consultants and MDT staff and / or developing local / national guidelines.
- Tertiary level consultants are involved in leading MDT teams and establishing networks in their local area.
- Paediatric rheumatologists are committed to training and education of medical and MDT staff. There is a focus of developing musculoskeletal education at all levels including medical student teaching and post-graduate CPD. There are several annual BSPAR events including a twice-yearly educational meeting, once yearly research meeting and a trainees meeting. In addition, there are opportunities to attend European and international meetings in paediatric rheumatology.
- There is a strong ethos of collaborative (multi-centre / multi-national) research as well as opportunities for individual research if sought after. All tertiary level consultants are encouraged to be a Principal Investigator on a research study and the majority of clinical consultants are involved in research studies to a greater or lesser degree. All UK paediatric rheumatology centres contribute data for national collaborative research studies. Many of these have been adopted by the Medicines for Children Research Network (MCRN).
- There are several academic paediatric rheumatologists involved in clinical and basic science rheumatology research (including childhood arthritis, lupus, dermatomyositis, scleroderma, osteoporosis, and drug trials) as well educational research & transitional care.
- Most paediatric rheumatology consultants have roles within the British Society for Paediatric & Adolescent Rheumatology (BSPAR), including Clinical Affairs, Research, Training, Network Development or Executive Roles.

How will I know where / when consultant posts will be available?

- Unfortunately, although there are many hospitals / areas that need more tertiary level consultant paediatric rheumatologists, there is no absolute guarantee of a job at the exact time of completion of training.
- Some trainees have worked abroad (eg. Canada) or been involved in research activities pending job adverts. Some trainees have done locum consultant jobs covering maternity / sick leave or sabbaticals. Other trainees have chosen to return to general paediatrics for part of their final year of training / grace period in order for them to apply for a general paediatric job with an interest in rheumatology, as well as for a tertiary level paediatric rheumatology job.
- All trainees are advised to keep up their general paediatric skills (on call) throughout their training but it is expected that at least 70% of their total time at work will be within the subspecialty during their grid training.

Can I work as a locum consultant in paediatric rheumatology if no job is available?

- Trainees can apply for locum consultant posts in paediatric rheumatology post CCT. Locum posts should be for 6 months, but can be extended to 1 year.
- Trainees are able to 'act up' as a consultant within the last year of their training for a

maximum of 3 months full-time equivalent and count this towards their training. Trainees should maintain their NTN number and hence this role is best done as a SpR 'acting up' as consultant rather than as a locum consultant role. 'Acting up' roles should be in the trainees' own deanery and a trainee needs to be supervised by a consultant in paediatric rheumatology. It is possible for trainees to 'act up' in another deanery in some circumstances – please discuss with Training Advisors / CSAC Chair for further information. Trainees wanting to do a locum consultant post / act up as part of their training will need to gain prospective approval from their deanery as an OOPE(T)

What do I need to do if I want to be a general paediatrician with an interest in rheumatology?

- There is a competency framework for training with an interest in rheumatology (RCPCH website): <http://www.rcpch.ac.uk/sites/default/files/Framework%20of%20Competences%20Level%203%20-%20Rheumatology.pdf> that includes a minimum of 12 months working within a tertiary rheumatological service. This should be complemented by achieving the RCPCH framework of competencies for level 3 training in general paediatrics. It is recognised that many of these competencies may also be achieved through working in allied subspecialties (e.g. renal, gastroenterology or oncology).
- SPIN modules will become available as a way of trainees documenting an interest in a specialty. These are not GMC recognised training programmes (so not signed off as having done a SPIN module) – but helps trainees to prove competencies.
- As a general rule, trainees can only do SPIN modules within their deanery and not as an inter-deanery transfer or OOPE out of region. At the discretion of deaneries, it may be possible for trainees to swap deaneries for a period of time or come to a local agreement in order to complete a SPIN module in rheumatology if their deanery does not have paediatric rheumatology as a specialty but this is completely at the discretion of the trainees' deanery.
- For details of the SPIN module, please refer to the following link on the RCPCH website <http://www.rcpch.ac.uk/sites/default/files/SSM%20in%20Paediatric%20Rheumatology.pdf>
- Trainees should maintain a reflective portfolio, utilizing the appropriate assessment tools as per guidance from both the RCPCH and GMC's Good Medical Practice (2006).
- Following completion of Level 3 training & the rheumatology module, the CCT holder should be competent to take up a post as a General Paediatrician or a General Paediatrician with a Special Expertise in this area. Such posts will usually form part of a Regional Specialty Network including working with accredited sub-specialties in this area.
- In order to maximise chances of getting a consultant job with sub-specialty interest, trainees are advised to keep interests broad during training (to ensure attractiveness as a general paediatrician as well as interest in rheumatology). For example, interests may be developed in adolescent expertise, monitoring of biologics / immunosuppressive drugs, bone health, care of other chronic conditions / disability or medical education.
- Providing paediatric rheumatology care in the future across the UK will rely on managed care networks, and therefore there will be opportunities for tertiary specialists and general paediatricians with an interest to work together across a region.
- For more information, contact the Chair of CSAC / Training Advisors / Trainee Representatives.

How do I keep up to date in paediatric rheumatology?

- All trainees should join BSPAR (www.bspar.org.uk).
- All trainees should endeavour to attend BSPAR meetings. The spring meeting (1 day) is held within the RCPCH meeting. The autumn BSPAR meeting (2 days) rotates each year to different paediatric rheumatology centre in the UK. The BSPAR research meeting (1 day) rotates to different paediatric rheumatology centres once yearly around July. Trainees are welcome at all meetings and presentations are encouraged. Check BSPAR website for dates and venues.
- A Paediatric Rheumatology Trainees meeting rotates to different venues around the UK, organised by an individual trainee. This 2 day meeting is generally found to be very beneficial to trainees and all trainees are encouraged to attend. In addition to its educational value, it

allows trainees to socialise and get to know each other. Informal 'MAVIS' assessments by Training Advisors & CSAC Chair take place at the same time as this meeting, providing an opportunity for trainees to ask advice & discuss individual training needs.

- Trainees are welcome & encouraged to join the Paediatric Rheumatology European Society (PreS; www.pres.org.uk). In addition to an annual meeting, there is a Young Investigators Meeting that is free of charge before the main meeting each year. This provides a good opportunity to present work or learn about research projects ongoing throughout Europe. Check the PreS website available by link from the BSPAR website.
- Trainees are welcome to join the Pediatric (North American) Rheumatology Bulletin Board by registering at www.prheum.com. This provides access to worldwide communications within the paediatric rheumatology group including discussion of difficult cases and available placements / secondments. It is free to join.
- Trainees are encouraged to join a Topic Specific Group (TSG) in any topic / disease that particularly interests them. Refer to BSPAR website 'MRCN Arthritis Research UK paediatric rheumatology CSG' for more information.
- Trainees are advised to look at the following journals: Rheumatology (Oxford Journals); Journal of Rheumatology; Annals of Rheumatic Disease; Arthritis & Rheumatism; Pediatric Rheumatology online journal (www.ped-rheum.com)

Additional links / contacts / associations / societies

- Refer to RCPCH website for more information on grid training: www.rcpch.ac.uk/Training/NTN-Grid-Scheme.
- Trainees are welcome to contact Training Advisors, the CSAC Chair, Trainee Representatives or academic leads:
 - CSAC Chair: Prof. Helen Foster; h.e.foster@ncl.ac.uk.
 - CSAC Training advisors: Dr Liza McCann, liza.mccann@alderhey.nhs.uk & Dr A. Ramanan; Athimalaipet.Ramanan@UHBristol.nhs.uk
 - CSAC Trainee Representative: Dr Mary Cruikshank (marycruikshank@doctors.org.uk) BSPAR Trainee Representative: Dr Valentina Leone (valentinaleone@doctors.org.uk)
 - CSG Trainee representative: Dr Clare Pain (clarepain@doctors.org.uk)
 - Academic Leads: Prof Helen Foster (h.e.foster@ncl.ac.uk), Prof Michael Beresford (M.W.Beresford@liverpool.ac.uk), Professor Lucy Wedderburn (L.wedderburn@ich.ucl.ac.uk), Dr Madeleine Rooney (m.rooney@qub.ac.uk).
- BSPAR: www.bspar.org.uk
- PreS: www.pres.org.uk
- PRINTO: www.printo.it/pediatric-rheumatology
- North American Bulletin Board: www.prheum.com
- Paediatric Rheumatology Online journal: www.pedrheumononlinejournal.org