Members are predominantly White British (n = 404, M = 144). Membership is predominantly female with a gender ratio of 7:1. There are 16 members in training posts, 16 members in research-only roles, and 9 charity representatives. Of the clinically active professionals reflecting the multidisciplinary team, there are more members working in the paediatric (n = 81, 69%) and include representatives, academics, and researchers. Of the clinically active professionals, 61% reported that they were unaware of this resource. Adolescent Health e-learning project (www.e-health-elearning.org).

BANNAR membership includes a wide variety of roles, from healthcare professionals reflecting the multidisciplinary team to charity representatives, academics, and researchers. Of the clinically active professionals, 61% reported that they were unaware of this resource. Adolescent Health e-learning project (www.e-health-elearning.org).

An online survey on Microsoft Forms (version 7NIHR Biomedical Research Centre, Manchester, United Kingdom, 6Sheffield Children’s Hospital NHS Trust, Sheffield, United Kingdom, 4Sheffield Children’s Hospital, Newcastle upon Tyne, United Kingdom, 8University of Manchester, Manchester, United Kingdom, 5NIHR Manchester Biomedical Research Centre, Manchester University Hospitals NHS Trust, Manchester, United Kingdom, 4NIHR Manchester Biomedical Research Centre, Manchester University Hospitals NHS Trust, Manchester, United Kingdom, and 5Department of Paediatric and Adolescent Rheumatology, Royal Manchester Children’s Hospital, Manchester, United Kingdom.

Discussion/Results: MRIs were reviewed by an experienced senior Radiologist. Information collected were demographics, JIA subtype, immunology, juvenile idiopathic arthritis (JIA). Clinical information was gathered from case notes, departmental correspondence, and Health Assessment Questionnaire (HAQ) scores after synovectomy, with three remaining at 0 score, and 3 had insufficient data.

Polyarticular involvement while two had extended and one had persistent disease. Wrist arthritis was more common in seronegative polyarthritis (40%) and extended oligoarthritis (23%) but least pronounced in young children (0-2 years). A second predominant group was those who developed wrist arthritis within the first year of diagnosis were patients (75%) had bilateral wrist disease. Over one-quarter of patients (25%) with wrist disease at presentation was relatively common in our cohort and included significant damage once occurred was irreversible with patients continuing to receive regular in-service training for team members in AYA rheumatology.

Patients who developed wrist arthritis within the first year of diagnosis were those who developed wrist arthritis within the first year of diagnosis were patients (75%) had bilateral wrist disease. Over one-quarter of patients (25%) with wrist disease at presentation was relatively common in our cohort and included significant damage once occurred was irreversible with patients continuing to receive regular in-service training for team members in AYA rheumatology.

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Key learning points/Conclusion: While three remained stable at 0 score, and 3 had insufficient data. Patients with wrist arthritis at presentation was relatively common in our cohort and included significant damage once occurred was irreversible with patients continuing to receive regular in-service training for team members in AYA rheumatology.

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P50 ADDRESSING THE VOCATIONAL DEVELOPMENT OF YOUNG PEOPLE WITH LONG-TERM HEALTH CONDITIONS IN HEALTH CARE SETTINGS: A SYSTEMATIC REVIEW AND MIXED METHODS SYNTHESIS

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Introduction/Background: Long term health conditions (LTHC) such as rheumatic conditions have significant impact on the biopsychosocial development of young people (YP) including vocational development. Educational transitions are prominent during adolescence and young adulthood yet not all transitional care programmes in rheumatology address this area [1]. The aim of this study was to identify and synthesise the benefits and experiences of addressing the vocational development of YP with LTHC in health care settings.

Description/Method: A mixed methods synthesis approach [2] was employed. We systematically searched 10 bibliographic databases. Restrictions were applied on publication date (1996-2020) and publication language (English). Articles reporting qualitative and/or quantitative primary research on addressing vocational needs/issues of YP with LTHC in health care settings were included. YP was defined as 10-24 years [3]. Two reviewers independently screened records using predetermined inclusion/exclusion criteria [4]. Quality appraisal was undertaken following study selection. Qualitative data were synthesised thematically. Quantitative data were synthesised narratively, given that a pooled synthesis was not considered appropriate. A cross-study synthesis integrated findings from both the qualitative and quantitative syntheses.

Discussion/Results: 43 articles were included. The quality of qualitative evidence was poor; however, the quality of quantitative evidence was generally good; however, the quality of quantitative evidence was poor. The thematic synthesis of stakeholders’ perspectives (n = 23 qualitative studies) resulted in seven recommendations for interventions: provide skills training; provide psychological support; offer to liaise with key stakeholders in educational/workplace settings; provide specialist career advice; provide information, signposting and facilitate access to support services; provide/facilitate access to social support; provide flexible care and optimal disease management to support education/employment transitions. The narrative synthesis summarised the results of 17 interventions. The cross-study synthesis mapped interventions against the set of recommendations arising from stakeholders’ perspectives: four interventions met five recommendations; two interventions met four recommendations; five interventions met three recommendations; six interventions met two recommendations. Transitional care interventions
were the type of intervention that most comprehensively met the recommendations. The way in which interventions addressed vocational issues was not always clear, with some interventions addressing them directly and others indirectly. No interventions had vocational issues as the core, defining component of the intervention.

**Key learning points/Conclusion:** Existing stakeholder evidence highlights that vocational development is an important area to address in the care of YP with LTHC such as rheumatic diseases. The resulting set of recommendations provides guidance for future research in this area and transitional care developments in rheumatology. Further work in this area should address these aspects to enable better quality evidence and ensure consistency.

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