

**Table S1:** Quality scoring of the studies concerning multiple professions (nurses, physiotherapists, occupational therapists), used for the formulation of the overarching principles OAPs) and the recommendations.

Overarching Principles	Supportive evidence	Quality score of qualitative studies*	Additional studies/comments#
<b>Overarching Principle I</b>	(3, 4, 9, 16, 23, 24)	Low: n= 1 <sup>(9)</sup> Medium: n= 2 <sup>(16, 23)</sup> High n= 2 <sup>(3, 4)</sup>	One review <sup>(24)</sup> (quality: critically low)
<b>Overarching Principle II</b>	(3, 4, 9)	Low: n= 1 <sup>(9)</sup> High n= 2 <sup>(3, 4)</sup>	NA

Recommendations	Supportive evidence	Quality score of qualitative papers*	Additional papers/comments#
<b>Overarching Principle III</b>	(1, 3, 9, 20, 21, 26)	Low: n= 3 <sup>(9, 20, 26)</sup> High n= 2 <sup>(1, 3)</sup>	One mixed-methods study <sup>(21)</sup> (quality score: 62.5%)
<b>Recommendation 1</b>	(1, 3, 4, 9, 16, 23)	Low: n= 1 <sup>(9)</sup> Medium: n= 2 <sup>(16, 23)</sup> High n= 3 <sup>(1, 3, 4)</sup>	NA
<b>Recommendation 2</b>	(1, 3, 4, 9, 14, 16, 17, 20-23, 25)	Low: n= 2 <sup>(9, 20)</sup> Medium: n= 2 <sup>(16, 23)</sup> High: n= 4 <sup>(1, 3, 4, 25)</sup>	One review <sup>(14)</sup> (quality: moderate) One mixed-methods study <sup>(21)</sup> (quality score: 62.5%) One quantitative study <sup>(17)</sup> (quality score: 83.3%)

<b>Recommendation 3</b>	(3, 4, 9, 16, 20, 21, 23, 26)	Low: n=3 <sup>(9, 20, 26)</sup> Medium: n=2 <sup>(16, 23)</sup> High: n=2 <sup>(3, 4)</sup>	One mixed methods study <sup>(21)</sup> (quality score: 62.5%)
<b>Recommendation 4</b>	(1, 3, 4, 9, 16, 23)	Low: n=1 <sup>(9)</sup> Medium: n=2 <sup>(16, 23)</sup> High: n=3 <sup>(1, 3, 4)</sup>	NA
<b>Recommendation 5</b>	(1, 3, 4, 9, 16, 23)	Low: n=1 <sup>(9)</sup> Medium: n=2 <sup>(16, 23)</sup> High: n=3 <sup>(1, 3, 4)</sup>	NA
<b>Recommendation 6</b>	(3, 4, 9, 12, 13, 16, 17, 19, 20, 22, 23, 26, 27)	Low: n=3 <sup>(9, 20, 26)</sup> Medium: n=3 <sup>(12, 16, 23)</sup> High: n=5 <sup>(3, 4, 13, 19, 27)</sup>	One quantitative study <sup>(17)</sup> (quality score: 83.3%)

<b>Recommendation 7</b>	(3, 9, 26, 27)	Low: n=2 <sup>(9, 26)</sup> Medium: n=0 High: n=2 <sup>(3, 27)</sup>	NA
<b>Recommendation 8</b>	(3, 9, 15, 20)	Low: n=2 <sup>(9, 20)</sup> Medium: n=0 High: n=2 <sup>(3, 15)</sup>	NA
<b>Recommendation 9</b>	(3, 4, 9, 13, 15, 18-20, 23-25)	Low: n=2 <sup>(9, 20)</sup> Medium: n=1 <sup>(23)</sup> High: n=7 <sup>(3, 4, 13, 15, 18, 19, 25)</sup>	One review <sup>(24)</sup> (quality: critically low)
<b>Recommendation 10</b>	(3, 4, 9, 27)	Low: n=1 <sup>(9)</sup> Medium: n=0 High: n=3 <sup>(3, 4, 27)</sup>	NA

# Column refers to additional papers used, the methodology design of which was not purely qualitative (reviews, quantitative studies, mixed-methods studies).

OAP: Overarching principle, R: Recommendation, NA: not applicable, n: number

Note:

\*The methodological quality of studies addressing multiple professions of Health Professionals in Rheumatology (HPRs) was defined using appropriate tools depending on the type of study. In detail, quality was assessed using a modified version of the 12 criteria reported by Harden et al. (6), performed by a task force member (GF), the fellow (LE) and the methodologist (EN). Each item was scored as not present (0) or present (1). The sum of the 12 item scores constituted the final methodological quality score, stratified as low, medium or high quality. For systematic literature reviews, the AMSTAR (A MeaSurement Tool to Assess systematic Reviews) criteria were used, with assigned scores being critically low, low, moderate or high quality (8). For quantitative studies or for studies using mixed methods, methodological quality was assessed using the Mixed Methods Appraisal Tool (MMAT) score, with the final score expressed as a percentage (7). The methodological quality of opinion paper (22) was not assessed. Agreement in rating between blinded assessors was over 90%. Any differences were discussed, also with the rest of the steering group and consensus reached.