



British Society of Rehabilitation Medicine

Promoting quality through
education and standards

President's Report

By the time this is with you I will have only a few weeks remaining in my term as President of BSRM, something that I count as an honour to have had the opportunity to do, and hopefully something that I have managed to do with the grace and composure of previous Presidents. At this stage, and in keeping with GMC domains of Best Practice, it is appropriate for me to reflect on how things have gone during the past two years. Certainly the role has consumed more time and energy than I had anticipated and without the assistance of the Executive Committee and Sub Committees could not have been done at all. I must also within this thank my colleagues in Belfast who, while I was elsewhere, maintained the excellent standard of service that RM continues to provide throughout our NHS. Needless to say without Sandy's input, and indeed guidance, I would not have managed it at all.

On coming into office I had certain aims, including review of our constitution and taking the society to our members by having Executive Committee meetings in various parts of the UK. I also hoped that we would, within the two years, move our communications strategy forward. At the same time there remained the need to respond to the various challenges facing our specialty within the current financially straitened times for the NHS as a whole.

I am delighted to report that as we approach our 2014 Scientific Conference and AGM that we should have our new website close to up and running. This has been a major piece of work and my thanks must go to the members of our Communications Group who gave of their time and expertise in formulating the strategy that has now been taken forward to this point. You will also have noticed our new logo and strapline that will be on all future written communications.

I have enjoyed getting to know members from across the UK but although we have had three meetings of the Executive Committee outside London this has not been entirely successful. I would however hope that at least one meeting each year will continue to be held beyond the confines of the M25. In this context I am very much looking forward to our meeting in Bristol and hope that we have a good turnout for that. It will in fact be our 30th annual meeting and that should, in itself, be a cause for some celebration.

We have responded to the Future Hospitals Commission and within this have restated the centrality of rehabilitation and Rehabilitation Medicine to patient care both within and outwith the hospital environment. The roll out of the Major Trauma Networks continues apace and we remain committed to being central to their success. Discussions are also being held with other clinical groups including ICU physicians who see us as becoming more relevant to their

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work and patient care right from the off. This may yet open other doors for us as a specialty and is something to be welcomed.

As I write this I have just returned to work from a period of absence incurred as a result of injury, thankfully not in any way serious or long term. This did however give me the slightest of insights into what faces our patients and their families on a daily basis. My overriding thought was that what we all take for granted is the fact that we have the choice to make our own decisions each and every day. The loss of this facility is a major issue for patients and families alike and if I have learned anything from my own experience it is that each and every day RM physicians should continue to ensure that, as best they can, their patients and patients' families are supported in making the choices that they need to make to enable them to retain their autonomy despite the injury or illness affecting their lives.

On the theme of choice you will have received the call for nominations for Office holders and membership of Executive Committee and Special Interest Groups. This is an important aspect of membership and I would repeat my earlier call for persons to put their names forward for election, and equally importantly, vote for who you feel will best represent you. I am aware that there have been some issues regarding membership of some of our SIGs and would remind members that these are a vital component of our structure that depend upon your input. Do consider becoming a member of the SIG that covers your area of practice and contribute to the working of BSRM. I am confident that with your input BSRM will continue to meet the challenges that lie ahead and wish Lynne Turner Stokes a fulfilling time as our next President.

John McCann

President

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SIGAM Update

Amputee Rehabilitation remains – in terms of numbers - a very small sub-specialty of Rehabilitation Medicine. Most involved consultants look after amputees as part of their job, with only a small handful dedicating the majority of their sessions to amputee care. Many of our senior colleagues were appointed following the McColl report, which resulted in a major transformation of service structure and delivery after its publication in 1986. There were no further expansions in the past 25 years and therefore very few job opportunities were available for new consultants who wished to work with amputees. As a result,

trainees in Rehabilitation Medicine diverted their concentration to larger sub-specialities and a main interest in Amputee Rehabilitation may have been traditionally viewed as risky for one's future prospects. Consultants who were appointed in the late 80s and early 90s are now coming to retirement, and centres are finding it exceedingly difficult to find suitably interested candidates to replace them. This is currently a particular problem in greater London, where out of six centres, only two have substantive consultant cover.

The curriculum sets the minimum requirements for the amputee rehabilitation module as 3 months, but in practice, those who wish to work with amputees are expected to expand on this module so that it forms a major component of their training. This mandates trainees to identify amputee rehabilitation as a special interest at an early stage in order to structure the training programme accordingly, which poses another hurdle in recruitment. It is now accepted that new consultants will require an initial period of close mentoring by a senior colleague to ensure they are able to deal with the wide variety of cases as they "learn on the job". The majority of Amputee Rehabilitation units are run by a single consultant, with very few centres in the UK employing two or more. Therefore, close collaborations exist between different regional centres and a strong medical support network has long been established between consultants as expected in a small speciality.

The reality remains that recruitment will be a major challenge for many centres, and demand for high quality consultants will be significant for the foreseeable future. This presents a golden opportunity – the first since 1990 - to raise the profile of the speciality with a large boost of new blood.

Imad Sedki

Chair – SIGAM

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Major Trauma Rehabilitation

The 2013/14 round of Major Trauma Network (MTN) peer reviews has been completed, and the summary report is available on the TQuINS website:
www.tquins.nhs.uk/?menu=resources

From the summary report you can download individual MTN reports, and see how compliant your MTN is in various domains, including rehabilitation. Having looked at several of these, it is clear that rehabilitation pathways have not been examined in any depth at some of the peer reviews, and that self reporting of comprehensive provision has been taken at face value without examination of detail.

The 2015 peer reviews will be focussing on rehabilitation pathways. A theme in all peer reviews has been access to, and provision of, musculo-skeletal rehabilitation following Major Trauma. Each peer review panel in the 2015 round of reviews will include a rehabilitation representative.

Common themes which are emerging relating to the rehabilitation pathways include:

- Poor access to Level 1 and 2 specialist neuro-rehabilitation in some regions, with lengthy waiting times; patients are being repatriated to non rehabilitation beds in local hospitals
- Lengthy waits for Spinal Cord Injury rehabilitation beds
- Patients with predominantly Musculoskeletal (MSK) injuries may be denied access to therapy at their local hospital because their treating orthopaedic surgeon is at the MTC
- District General Hospital therapy providers re-triage referrals from MTCs, so patients may have to wait for prolonged periods for ongoing therapy ie: recommendations in the MTC discharge Rehabilitation Prescription are not followed
- Some therapy departments will not accept referrals from the MTC, so referrals have to be diverted via primary care
- Patients with multiple fractures and complex needs may fall outside the capacity of local services, who may not accept the referral
- Absence of Multidisciplinary Team (MDT) approach to rehabilitation of MSK injuries outside the MTC
- Waiting times to access community-based neuro-rehabilitation can be several months.

As you will appreciate, there is much yet to be achieved.

2015 will see establishment of a National Clinical Audit of rehabilitation along the Major Trauma pathway; this is currently out to tender. I am certain that you will be hearing more of this HQIP audit in the next few months.

Krystyna Walton

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Trainees' Section

This has been an eventful and exciting year for trainees. There has been lots of involvement in research and audit as evidenced by the large number of trainee abstract submissions at the Bristol Annual conference. BSRM are introducing prizes for the best projects carried out by trainees. To foster further interest in research, a Forum for academics in rehabilitation medicine (FARM) will be re-introduced at the Bristol conference. This will provide a medium through which the trainees interested in research can network and support each other.

The main issue which has been debated over the past six months has been the minimum Multiple Consultant reports (MCR) required for sign off. Current minimum requirements of 4 consultant reports in addition to the educational supervisor report have been difficult to meet. It has been found that most Rehabilitation Medicine trainees just do not come into contact with 5 consultants who get to know them well enough to provide a comprehensive report that will add to the Multi Source Feedback (MSF) and Educational Supervisor's report. This is being discussed at the JSC and SAC to try to find a more achievable MCR requirement for trainees.

The RCP medical careers day will be held on the 20th of September 2014. BSRM will be having a stall there to raise the profile of our speciality.

Thank you very much for getting in touch with us about any concerns you have with your training. The large number of responses we had regarding the Multiple Consultant Report was very encouraging as it showed us that it was an issue worth pursuing.

We are all looking forward to the BSRM annual meeting in Bristol where we can catch up at the Trainees' meeting.

Hoping to see you all there.

Meena Nayar & *Sarah Leeder*
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European & International Affairs

UEMS Section of Physical & Rehabilitation Medicine
www.euro-prm.org

Fellowship Exam European Board Physical and Rehabilitation Medicine, Poole, Saturday 29 November 2014

This examination offers trainees in their final year an opportunity to demonstrate their theoretical and practical knowledge. The diploma itself is valid for ten years and gives reductions on European Congresses and, for a limited number, free registration to the well regarded European Summer School in Marseille. Application should be via the UEMS PRM website pr-medicine.org enclosing payment of E200 by September 30th 2014. Please contact either of us for further information and copy the application to john.burn@poole.nhs.uk who will liaise with your educational supervisor.

The exam is just part of what the PRM Section and Board of the UEMS does. Its main aim is to set standards for the training and practice of Rehabilitation Medicine across Europe by accrediting both clinical and training programmes. Prof Anthony Ward represented the UK skilfully and made huge contributions to the work of this organisation over the last two decades. Despite current euro-scepticism we may, with the demise of college visits and the threat to the specialties from the Shape of Training proposals, be needing the support of our colleagues on the continent somewhat more in the future. It is a very different speciality on the continent, confident and populous with a much larger academic base. I would encourage BSRM members to check the UEMS website for conferences, training schools and position papers and contact us if you are thinking of going to anything as we may be able to secure bursaries, reductions on registration fees etc.

John Burn & *Rajiv Singh*
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New Members

Welcome to the following new members since the last Newsletter. We look forward to seeing you at future events and to your involvement in the Society:

Dr Muhammad A Ali, Senior Trust Specialty Doctor,
Leamington Spa

Dr Mary Brown, ST3 - Rehabilitation Medicine,
Salford

Dr Katharine Fairburn, Specialty Doctor –
Neurorehabilitation, London

Dr Zena Hassnwy, LAS ST3 Rehabilitation
Medicine, Leeds

Dr Cliodhna O'Callaghan, ST3 – Rehabilitation
Medicine, West Midlands

Dr Shruthikaa Ramanathan, ST3 - Rehabilitation
Medicine, Norwich

IN MEMORIAM

ANDRÉ BARDOT

5th October 1927–16 June 2014

We are saddened to announce the death of a cherished friend and BSRM member, André Bardot. He was elected to BSRM membership after the very successful Anglo-French meeting in 1996 and was a true friend of Rehabilitation Medicine in the UK and, particularly, of the BSRM. Those of us, who knew him, will remember his warmth and his humour as well as his tenacity in getting things done.

He was appointed to the University of Marseille in 1960 and, in 1964, became the Professeur de Rééducation Fonctionnelle and Professor of Physical & Rehabilitation Medicine (PRM), where he created a highly respected unit there. He came to France in the late 1950s during the Algerian crisis as an orthopaedic surgeon and concentrated on restoring dignity and health to people living in difficult circumstances in and around Marseille. He rose to become President of the French Society of PRM (SoFMER), President of CoFEMER (Le Collège Français des Enseignants Universitaires de Médecine Physique et de Réadaptation), Director of the Institut de Formation de Médecine et Kinésithérapie (IFMK) – both of these equivalent to our SAC – the European Board of PRM, the UEMS Section of PRM, the European Federation of PMR and the European Academy of Rehabilitation Medicine.

Among his many achievements were that he brought spinal cord injury rehabilitation from Stoke Mandeville to Marseille and he introduced rehabilitation to many Francophonic countries, including Madagascar.

He always wanted the UK to be a part of European PRM and supported us faithfully. This included in particular, Anne Chamberlain, Mike Barnes, Tony Ward and Lindsay McLellan during our terms as President. He was also proud of the French language and we were always reminded that there are two official languages in European affairs, French and English! He wrote the first White Book of Physical & Rehabilitation in Europe in 1981 and he was on first-name terms with all the great pioneers of our specialty.

By the time he retired in 1998, he had been showered with awards and honours, but two of his most cherished were the Fellowship of the Royal College of Physicians of London and his Honorary BSRM Membership. He was a small, but remarkable man in every way. He was full of energy, but had great generosity of spirit and he was completely modest. His kindness to Tony Ward when he became the UK representative to the UEMS in 1992 was typical. With the history of rather aloof previous UK participation, André (who was then President of the UEMS Section), was touched by Tony Clarke and Anne Chamberlain's (President and Vice-President of the BSRM at the time) choice of representative – an Englishman, who was able and willing to speak French, so as to communicate more effectively with the rest of Europe. Not only did he make a fuss of Anne, the two Tonies and Angela McNamara (new Irish delegate), but we created a bizarre scene of André, a Frenchman, speaking to us in English, while we English and Irish spoke to him in French! He was a true mentor and educator to many people across France and Europe and will be very much missed. He loved teaching and training young doctors and embodied

the spirit of Rehabilitation Medicine as a true leader, yet a team player. We all enjoyed his company, his wit, but most of all, his sagacity. His contribution to the specialty in Europe has been immense and he is one of the "great men" in our field.

Prof Anthony B Ward, Prof M Anne Chamberlain,

Prof Michael P Barnes,

Prof D Lindsay McLellan

Rehab Diary



Please note that all meetings advertised as BSRM meetings are approved for the purposes of CPD.

BSRM Meetings details are posted at
www.bsrm.co.uk

BSRM MEETINGS

SPECIALIST REHABILITATION MEDICINE COURSE,
25 & 26 September 2014, Derby
Contact: karen.kirkland@nottingham.ac.uk

BSRM AUTUMN MEETING & AGM, 13-15 October 2014,
Marriott Royal Hotel, Bristol
Contact: admin@bsrm.co.uk

15th ADVANCED PROSTHETIC & AMPUTEE
REHABILITATION COURSE, 16-18 March 2015, Stanmore
Contact: admin@bsrm.co.uk

JOINT RCP/BSRM MEETING & BSRM AGM,
Rehabilitation of Neuromuscular Conditions,
23&24 November 2015, Royal College of Physicians, London
Contact: admin@bsrm.co.uk

OTHER MEETINGS

EUROPEAN SCHOOL GAIT & MOBILITY COURSE,
For details of course in 2015
Contact: Professeur Alain Delarque, Pôle de Médecine Physique
et de Réadaptation, C.H.U. Timone 13385 Marseille Cedex 5
Tel : 00 33 (0)4 91385601
Email: alain.delarque@ap-hm.fr <http://ehm.univ-amu.fr/diplome/european-school-marseille?destination=node/18>

ISCOS 2014, 2-4 September 2014, Maastricht
<http://www.iscosmeetings.org/>

22nd ANNUAL MEETING OF THE AUSTRALISIAN
FACULTY OF REHABILITATION MEDICINE, 9-13
September 2014, Adelaide
<http://afmconference.org/>

ABN/BASP JOINT MEETING ON STROKE 2014, 30 Sept-
1 Octo 2014, Stratford upon Avon
www.theabn.org/events

ISPO UKNMS CONFERENCE, 3-4 October 2014, London
Contact: ISPO UK NMS Secretariat, PO Box 2781
Glasgow G61 3YL Tel/Fax: 0141 560 4092 info@ispo.org.uk

BRITISH GERIATRICS SOCIETY AUTUMN SCIENTIFIC
MEETING, 15-17 October 2014, Brighton
Contact: conferences@bgs.org.uk www.bgs.org.uk

DUTCH CONGRESS OF REHABILITATION MEDICINE,
6 & 7 November 2014, Rotterdam
www.rehabilitationmedicinecongress.nl/welcome

BACPAR ANNUAL NATIONAL CONFERENCE, 13 & 14
November 2014, Wolverhampton
<http://bacpar.csp.org.uk/conference-2014>

ASRA PAIN MEDICINE MEETING, 13-16 November 2014,
San Francisco
www.asrameetings.com

UKABIF 6th ANNUAL CONFERENCE, 27th November
2014, London
Contact: Chloe Hayward info@ukabif.org.uk
www.ukabif.org.uk

SKELETAL DYSPLASIAS GROUP AUTUMN MEETING,
28 November 2014, London
Contact: Samantha.negus@stgeorges.nhs.uk

BSR AUTUMN CONFERENCE – ‘Case-based Discussion’,
27-28 November 2014, Brighton
www.rheumatology.org.uk/events/

SRR MEETING, 3 February 2015, Manchester
www.srr.org.uk

13th EUROPEAN FORUM FOR REHABILITATION
RESEARCH, 6-9 May 2015, Helsinki, Finland
www.efrr2015.org

ABN ANNUAL MEETING, 19-22 May 2015, Harrogate
www.theabn.org/events

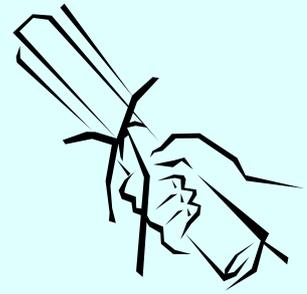
ISPO WORLD CONGRESS, 22-25 June 2015, Lyon, France
www.ispo2015.org

CPD AWARDED TO BSRM MEETINGS

BSRM Autumn Meeting & AGM
13 December 2013 London
‘Rehabilitation Technologies’
6 credits - Event Code 86415

14th Advanced Prosthetic & Amputee Rehabilitation
Course, 17-19 March 2014, Stanmore
18 credits - Event Code 88579

BSRM Prizes



BSRM Philip Nichols Prize (Value £500)

Open to RM trainees and new consultants

The Philip Nichols Prize is offered annually on a competitive basis and is awarded for **excellence in original research**. Trainees and newly appointed consultants (3 years or less) are eligible to apply. In the case of consultants, the work submitted must have been undertaken whilst a trainee.

Submissions must be pertinent to Rehabilitation Medicine and original. Entries should be between **5,000-7,500** words.

Successful authors will be invited to present their work at a national meeting of the BSRM.

Medical Student's Essay Prize (Value: £250)

The BSRM Medical Student's Essay Prize is offered annually on a competitive basis. All UK Medical Students are eligible to apply.

There is no application form but submissions should be up to 2,500 words in length and on a subject pertinent to Rehabilitation Medicine from a medical, biological or sociological point of view.

BSRM Travelling Scholarship (Value: Up to £600)

The BSRM Travelling Scholarship is offered annually on a competitive basis to facilitate travel for the purpose of furthering experience in Rehabilitation Medicine. It is open to all medical doctors, in training posts, in Non Consultant Career Grade posts, and Consultant posts working within the NHS in the UK.

Applications should be made to BSRM upon the application form, supported by a submission of not more than 1000 words outlining:

- the objective of travel
- potential benefits to the applicant
- relevance of the travel to practice of Rehabilitation Medicine

It is a condition of the award of the Scholarship that the recipient must submit a written report to the BSRM on the travel within 3 months of its completion.

Postgraduate Bursary Scheme (Value: Up to £3,500)

Applications should be on the appropriate form, and may be made for a grant of up to £3,500 to support a postgraduate student registered for either a PhD or an MD research degree. The bursary is open to RM trainees in the UK or Ireland who are members of the British Society of Rehabilitation Medicine. Applications will be assessed under three criteria; the applicant, the training environment, and the project.

- Successful applicants will demonstrate evidence of academic potential, judged from their academic record and achievements such as research publications, as well as evidence that their clinical training is proceeding satisfactorily.
- The application must be supported by evidence that the applicant's nominated academic supervisor and institution will provide effective training support within an appropriate University department, and that there will be adequate facilities to enable the degree to be submitted within the agreed time period.
- The project will be judged on:
 - suitability as a vehicle to acquire research competencies as described in the Rehabilitation Medicine training curriculum
 - its potential to contribute to scientific advancement in Rehabilitation Medicine
 - potential for high quality peer reviewed publications and presentations.

The closing date for all prizes is 28 September and further information form(s) and examples of previous awards are available on the BSRM website – Prizes page www.bsrm.co.uk