



Newsletter

June 2013

British Society of Rehabilitation Medicine
c/o Royal College of Physicians
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London NW1 4LE
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www.bsrm.co.uk

The next BSRM Scientific Meeting & AGM is on 13 December 2013 in London - See back page re BSRM Prizes

President's Report

As we approach the mid point of 2013 I am minded to reflect on how quickly things change around us and how these changes affect us in a number of ways. We are not immune to the economic climate and indeed this was demonstrated by the closure of the Neurorehabilitation Unit at the Royal Hospital for Rheumatic Diseases in Bath at the end of March. The ramifications of this will undoubtedly be felt for some time to come both in delivery of service and in training programmes for future consultants. Its closure does however remind us that no unit or indeed service is sacrosanct and impels us all to continue to provide the highest quality of service whilst remaining mindful of economic constraints. The announcement of the Murrison Centres for Amputee Rehabilitation has also affected our membership and through SIGAM we have expressed our concerns as to how this may impact adversely on other Amputee Rehabilitation services across the country.

Unfortunately I was unable to attend our joint scientific meeting with the VRA in Harrogate. I understand however that it was very successful with lively debate and high quality presentations. Congratulations to the local organising committee! Our winter meeting will be held in London, the day after the RCP Conference on Low Awareness States and publication of RCP Guidance. This looks to be a very good programme and I would hope to see as many members as possible attending both days. As you will recall we are currently looking at the frequency of our scientific meetings but remain mindful of the need to support our members in meeting their CPD requirements as part of the revalidation cycle.

I must thank all of you who responded to our membership survey. The response rate was very encouraging, and I was particularly pleased that we received responses from members practising in all sub specialty areas of RM and also from members across the range - from those who have been with us for only a few years to those who have been members as long as I have. The next stage of this process is presentation of the results to the Executive Committee, along with an action plan, in June and following that we will again circulate members to advise as to how we will respond to your needs and wishes. It augurs well for our society that members expressed their views as to what they felt BSRM needed to do to support each of us. It would be gratifying to see if we can harness that enthusiasm by bringing fresh thinking onto the Executive Committee and our sub committees as we move forward.

It had been our intention to ballot members on changes to our constitution but as this has developed into a substantial piece of work it will now be the case that this will be dealt with at our AGM in December. The intention is to ensure that our constitution is fit for purpose for the foreseeable future.

Looking to the future is an essential part of planning and as many are aware the Future Hospitals Commission is being developed by the RCP. This will undoubtedly impact upon RM practice both for consultants and trainees alike. The imperative for this is coming from the ever increasing demands on acute medicine with an ageing population and reducing resources. It may be that in future RM doctors will be involved at a much earlier stage than heretofore in the patient journey. As part of the changing service within NHS England a National Clinical Director for Rehabilitation and Recovery in the Community has been appointed and having had an initial meeting with Colonel Etherington it is clear he will welcome our support in this demanding role and we will also need to work with him to influence how the service model develops over the next few years.

Finally, but by no means least, I was very pleased to have the opportunity to meet with members from the North West in advance of the Executive Committee meeting in Manchester in February. I would hope to have the same opportunity to meet regional BSRM members before the Executive's October meeting, although as I write the venue for this has yet to be decided.

John McCann

President

johnp.mccann@belfasttrust.hscni.net

SIGAM Update

The UK-Dutch joint meeting was held at Harrogate with notable presentations on topics of common interest that covered various aspects of Amputee Rehabilitation. The importance of nationally agreed prescribing guidelines was highlighted as more vital than ever following the transition to fund prosthetic services through the NHS Commissioning Board. A unified approach to selected meaningful outcome measures will be key to assess quality and link payment to performance. Payment currencies and rehabilitation tariffs for amputees and people with congenital limb deficiencies remain an illusive concept that is urgently required to inform the funding process. Further collaborative research

work between the two groups was proposed and we aspire to organise other joint meetings in the future.

The current SIGAM committee members, (Alison Hatfield, Portsmouth, Moheb Gaid, Norfolk, Yogen Jagatsinh, Cumbria, Julkiflakh Tanvi/SIGAM Trainee Rep, Wessex and Jai Kulkarni/ex-officio member, Manchester) contributed to several consultations on behalf of the BSRM. This includes key topics such as the designation of 9 centres for the treatment of veterans, and the proposed Prosthetics Service Specifications, which will have a direct influence on future commissioning.

NHS England launched in May 2013, a series of web pages dedicated to each of the 74 specialised services Clinical Reference Groups (CRGs). We encourage all members to keep up to date with the Complex Disability Equipment page, which will include key documents and consultations regarding the on-going work for commissioning prosthetic services:

<http://www.england.nhs.uk/npc-crg/group-d/d01/>

Imad Sedki

Chair – SIGAM

imad.sedki@rnoh.nhs.uk

SCISIG Update

I am pleased to report that the first annual Advanced Spinal Injury Medicine Course will take place in November this year. This National Course will be hosted by the Princess Royal Spinal Injuries Centre in Sheffield. There will only be a limited number of places available on this theory and practical course so I recommend booking early.

Thanks to all who have expressed an interest in this special interest group and as a newly formed group we are very open to ideas and suggestions from any of you and would be delighted to welcome trainees and new BSRM members. You can register an interest with Sandy Weatherhead at the BSRM or me (margaret.purcell@ggc.scot.nhs.uk).

Marie Purcell

Chair – SCISIG

margaret.purcell@ggc.scot.nhs.uk

MSKSIG Update

Let me take this opportunity on behalf of the MSKSIG to congratulate and thank Vera Neumann for setting up an effective MSKSIG and organising a very successful SIG meeting for the first time. It has been slow but steady progress ever since. There has been active participation of the membership through the SIG forum in discussing policy, academic, research and current advances. Virtual communication portal activities have demonstrated a great enthusiasm in sharing skill sets and discussing various topics of interest spreading across other SIGs.

The MSKSIG again successfully organised a SIG meeting at the Belfast BSRM annual meeting 2012, having varied yet interesting topics with very good feedback. Currently the MSKSIG is in the process of developing a course curriculum

for an 'Advanced Musculoskeletal Interventions and Rehabilitation Course' with a broad scope of developing clinical assessment skills, interventional skills and skills of advanced imaging like ultrasound and x-ray image intensifier guided techniques.

Watch out for the next SIG meeting/seminar which will include recent advances eg – prolotherapy, radial shockwave therapy, spinal cord neuro modulation with a special emphasis on sport-related injuries and their rehabilitation.

The MSKSIG is also keen on developing its own research network and collaborating with ARMA towards this. Working with multiple bodies (BIMM, FSEM, BSO, BSR, BSPM etc) involved in musculoskeletal medicine to develop a common faculty of musculoskeletal medicine and curriculum for fellowship programmes.

Finally I would like to encourage BSRM members to register their interest in the MSKSIG, to be included in the discussions and SIG activities. Kindly do so either by informing Sandy or myself.

Mahesh Cirasanambati

Chair - MSK SIG

mciras@gmail.com

Major Trauma Rehabilitation

We are pleased to announce that the group working on standards for major trauma rehabilitation services have produced their first report 'Specialist Rehabilitation in the Trauma pathway: BSRM core standards'.

This is available via the publications section of the BSRM website. The Group would welcome your feedback and experience in this area.

We are also advised that the national service specification for Major Trauma Centres is due to be published this Summer.

Krystyna Walton

krystyna.walton@sft.nhs.uk

VRSIG Update

A short but useful discussion meeting was held during the Harrogate conference. Thank you to all attendees and to all who sent apologies and confirmation of continued interest.

Pending formal elections for a secretary in December, Paul Carroll has kindly agreed to act as VRSIG secretary. We have had several requests for associate membership from eminent Vocational Rehabilitation (VR) professionals and plan to ratify their inclusion at the Executive or next VRSIG meeting (whichever is the earlier).

Time for a formal VRSIG session has been requested at the 2014 annual meeting. Members have suggested a committee meeting this year to discuss speakers and

session structure for next year as well as approaches to teaching VR. This is currently being arranged (expected to be during December meeting at BSRM).

Links with DWP: Following on from our contributions to the consultation on Professor Malcolm Harringtons review of the WCA, Paul Carroll arranged a discussion meeting with Bill Gunnyeon, Chief Medical Advisor at DWP: (for interest this was the day the Government response to the Frost report was released), see

<http://webarchive.nationalarchives.gov.uk/+http://www.dwp.gov.uk/docs/health-at-work-gov-response.pdf>

Attendees: Paul Carroll; Andrew Frank, VRA, UK Rehab Council and Council for work and Health; Andy Tyerman, Vocational Rehab Bucks; Judith Allanson, VRSIG Chair); were invited to a follow up and have now been tasked with compiling a document which highlights challenges that our clients with long term neurological conditions face during assessment for WCA and return to work. All BSRM members (and particularly those in the VRSIG) are encouraged to send recent vignettes or numbers of patients whose WCA appeals they have been involved in, to JA who will compile as part of the response.

Council for Work and Health: BSRM is currently represented by the VRSIG Chair. Please see website for membership (all representatives of relevant professional organisations) and recently developed constitution - www.councilforworkandhealth.org.uk/

NB there is no cost to members at present as the Council is funded as listed on their website. The Chair of the Council (Professor Diana Kloss MBE) has asked that we work with Helen Kirk from the RCN to look at occupational health/vocational rehabilitation related research needs/bids that we could consider collaboratively.

Links with UK Rehab Council: Chair Col John Etherington. There have been various discussions about how the BSRM could be represented on the Council. Currently I have joined as an individual member and attended meetings. At the last Executive it was suggested that Diane Playford (as ex VRSIG Chair) and I, would share attendance to represent the BSRM pending review by the Council.

<http://www.rehabcouncil.org.uk/ukrc/pages/home.aspx>

Judith Allanson

judith.allanson@addenbrookes.nhs.uk

Research Corner

News from East Kent

Dr Mo Sakel has won a competitive grant from the University of Kent (UoK), 2013-14 "Ethico-legal considerations in managing Minimally Conscious State (MCS)". This will complement the near completed interventional trial on MCS that was funded as a PhD grant by University of Kent. He has also been re-elected to the Medical Academic Staff Committee of the BMA. This national BMA committee represents the views of medical academics in work with policy makers and negotiates with university employers re terms and conditions etc.

Contact: msakel@nhs.net

Call for assistance!! Long-term outcome assessment in rehabilitation

As a research group from the University of Freiburg (Germany) - Medical Centre focusing on rehabilitation research (www.aqms.de) we are currently writing a systematic review about routine long-term outcome assessment in rehabilitation.

Measuring long-term outcomes is essential for evaluating effectiveness of medical rehabilitation. However, in most rehabilitation centres (at least in Germany) only short-term results are collected (eg in the context of quality management).

Therefore, our request is: Do you know of any routine long-term (meaning 6 to 12 months) outcome registries in your domain, or do you know of any rehab centers employing long-term outcome measures?

If so, we'd kindly ask you to provide us with information (eg Internet links) about any registry or institution employing long-term outcome measurements in rehabilitation.

We are especially interested in the following questions: What assessment instruments are being used (eg questionnaires)? How are data collected (paper-pencil, online questionnaire, telephone interview)? Are results of long-term outcome measurements published in any way? And does the assessment include all patients or only a subgroup?

Thank you very much in advance!

Please contact: Christina Reese
University Freiburg – Medical Center
Department of Quality Management and Social Medicine
e-mail: christina.reese@uniklinik-freiburg.de

Education Sub-Committee News

Looking for volunteers

The BSRM Education Sub-Committee is interested in supporting members of the Society in their work as educators. In particular we would be interested to be in contact with anybody who is involved in undergraduate education.

Undergraduate education is a very important step in educating future doctors as to the value of Rehabilitation Medicine. I believe this includes both people who might be potentially interested in our specialty and those people who will go into other specialties, but will benefit from gaining some understanding and knowledge of what we do. I for one believe that unless future doctors understand Rehabilitation Medicine and the potential it has to help manage people with complex long-term conditions and disabilities, then we will have very little future as a specialty in terms of prioritisation and commissioning.

Moreover I believe there are a lot of bright undergraduates and newly qualified doctors who temperamentally would be very suited to Rehabilitation Medicine, but have very limited experience of high quality education in this regard. Unless we actively go out to inspire the next generation, we will be seen as a specialty that people "go into by default".

The next step in understanding undergraduate education is how we can contribute to what is already being provided in medical schools, given that we are not a core subject on the curriculum. The curriculum is clearly very crowded and we cannot always influence the content of it, hence it is unlikely that some of the specialist knowledge of Rehabilitation Medicine will be adopted any time soon in most curriculums. However, our core values are very closely related to those quoted in Tomorrow's Doctors. To quote a multiparty consensus statement on the role of the Doctor from the Academy of the Royal Colleges, GMC, BMA, Medical Schools Council, PMetB et al from 2009, <http://www.medschools.ac.uk/Publications/Pages/Role-of-the-Doctor-Consensus-Statement.aspx>

"Doctors must all be committed to playing a part in the education and support of the next generation of medical practitioners and of facilitating the advancement of evidence based practice. The doctor needs to be capable of assessing and managing risk; this requires high level decision making skills and the ability to work outside defined protocols when circumstances demand. Doctors must also be able to make informed decisions about when supportive care is more appropriate for the patient than intervention. The doctor must possess the ability to work effectively as a member of a healthcare team, recognising and respecting the skills and attributes of other professions and of patients. Patients with long term and disabling conditions are particularly likely to be experts in their own condition and should be supported to keep as healthy and independent as possible"

I would be of the opinion that undergraduate exposure to Rehabilitation Medicine prepares an individual very strongly to meet these requirements.

Through a number of informal discussions I am aware that members of the Society are contributing to a number of different taught courses, including special study modules, ethics, neurosciences, and other aspects of clinical practice; which are sometimes ad hoc and individually lead. These often depend on the enthusiasm of the individual to "volunteer" at their local medical school. There are also a number of colleagues who would be quite interested but not really sure where to start.

As an Education Sub-committee, our aim is to create a culture within the whole country, including England, Wales, Scotland and Ireland, where every undergraduate in medicine in this country has some exposure to teaching by a practitioner in Rehabilitation Medicine, even if it is a single lecture, attachment, or teaching session. We can only achieve this by the enthusiasm and support of our membership.

To this end we aim to create a register with contact details of people who are actively involved in undergraduate teaching at whatever level, along with some understanding of what they are involved with. Although this is to some extent a survey, our primary aim is to make contact with interested individuals, to create a group to feedback to the BSRM membership details of the opportunities that people have found to contribute to undergraduate education and

support. We are not however here to pressurise individuals or to try and give busy people more work.

Please do email me R.M.Kent@Leeds.ac.uk or Sandy admin@bsrm.co.uk whatever your level of interest/involvement. Please get in touch just to say what you have done to participate in any form of undergraduate education, including when you did it, and what you did. Please do not be shy, it can be as simple as telling us about you doing a grand round in hospital, a bedside teaching session, or even working up to a full lecture course. I would be particularly interested in understanding what training as educators, people have participated in. My plan is to get an overview of where interested people are in geographical terms, and to collate ideas and information, and to use this both to support our membership, and to contact medical schools to give them information about what is available. My sense is that as undergraduate education has expanded, medical schools are looking for more volunteers rather than fewer; and indeed many are covering the curriculum specified in Tomorrow's Doctors in different ways that could be compatible with the same.

I believe that if we start small and share ideas, the aim of representation in every medical school is not beyond our capability.

Ruth Kent

Education Sub-committee Chair
r.m.kent@leeds.ac.uk

Trainees' Section

Recent times have been exciting for doctors specialising in Rehabilitation Medicine. Our recent feat was the UK – Dutch Rehabilitation Medicine trainees' meeting which was held at Harrogate on the 18th April 2013. During this meeting we received updates from Dr Margaret Phillips and Professor Anthony Ward. Dr Margaret Phillips gave a short talk on rehabilitation research in the UK. There appears to be regional variation in both opportunities and support for trainees to be involved in rehabilitation research. Dr Phillips is setting up a Research Network with an aim to support trainee involvement in rehabilitation research.

The trainee meeting concluded with a short presentation from the UK and the Dutch side. We would like to thank Dr Laura Edwards, our new ACF in Derby, who gave an excellent presentation on training in the UK. Dr Marloes Mass spoke on behalf of the Dutch trainees. In essence, the Dutch do not have a SHO grade and go straight from House Officer to Specialist Training. The Dutch rehabilitation training includes neurological rehabilitation, MSK rehabilitation, trauma rehabilitation, spinal rehabilitation and paediatric rehabilitation. Rehabilitation research is imbedded in their training. They have around 150 trainees, which is 3 times the UK number. There is a lot of comparison in the practice of Rehabilitation Medicine between the two countries when it comes to training, availability of resources and treatment options. This was a great opportunity for us to learn from each other.

The RCP's Future Hospital Commission report is due later this year and we continue to have discussions on the

possibility of Rehabilitation Medicine trainees contributing to the management of acute medical patients. This will bring challenges and opportunities to our speciality. We will have to await further information.

In a recent sub-committee meeting, concern was raised with regards to formal support for newly appointed trainees. Rehabilitation Medicine is a small speciality and some new trainees can feel isolated. As the national trainee representatives, we have compiled a Rehabilitation Medicine starter e-pack which includes useful resources and links. We also have a Rehabilitation Medicine trainee's social media page. New doctors in Rehabilitation Medicine are encouraged to contact us.

In line with the BSRM's Executive Committee recommendations all trainee representative posts are for an initial period of 2 years. We congratulate Dr Sancho Wong for securing a consultant post starting in August 2013. Dr Wong's contribution as a national trainee representative has to be commended and we wish him good luck. Dr Sarah Leeder will be spending more time on maternity leave from September 2013. We are therefore looking for enthusiastic colleagues who would like to represent trainees at a national level. These posts offer great opportunity to gain managerial and leadership skills. Please feel free to contact us for any specific information.

I hope you all have a great summer.

Sunil Ankolekar uksunko@gmail.com
National Trainee Representatives with Sarah Leeder and Sancho Wong

European & International Affairs

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

The UEMS Section met in Rome in March and welcomed our new delegate from the UK, Dr Rajiv Singh, who has taken over responsibilities from Dr Vera Neumann. We discussed the following.

European Board Certification and Exam

The 2012 exam on 23 November resulted in passes for Drs Clive Bezzina, Alyson Nelson, Julkiflaxhan Tadv and Sancho Wong. Again, one of the UK candidates achieved the highest mark of all the candidates across Europe and this marks the standards we have in this country. Very well done and congratulations go to all of them and well done to their trainers/educational supervisors as well! We presented certificates to Drs Tadv and Wong at the 4th UK-Dutch meeting in Harrogate.

The next exam will take place on 30 November 2013 and the final date for applications is 30 September 2013. Full application details and past papers are available on the UEMS website (see above). There is great value for trainees to become members of the wider fraternity of Rehabilitation Medicine across Europe and the benefits include reduced registrations at conferences and meetings across the continent as well as free participation in Board-sponsored courses. Virtually all are run in English.

Trainees can find details of Board registration on its website.

The European Board now has over 800 questions in its bank and it is becoming a valuable resource for any planned knowledge based assessment in the UK. There may be great value, therefore, for British trainees to register with the Board. Anyone requiring further information can contact me on 01782 673 693 or by email at Anthony.Ward@uhns.nhs.uk.

E-Books

The UEMS Section of PRM has now published a series of e-books and these are on the UEMS Section's website, www.euro-prm.org.

Courses

Two UK delegates will participate at the forthcoming European School Marseille series on Posture and Movement Analysis. There is a great demand for places and the course is now being limited to two per country. Places for the 2013 course have been filled, but do think of applying for the 2014 course. Further details will be available on the European Board website in the New Year. I would strongly advise European Board registered trainees to get an application in early to avoid disappointment. It's in English, is completely *free* and all you have to pay is your airfare. Cheap flights to Marseille abound.

European Congresses

The standard of European Congresses is set to improve for the 2014 event, which will be held in Marseille. Many of you will know Professor Alain Delarque, who runs the European School in Marseille and the Congress has the backing of SoFMER, the French Society of PRM. It will be good and will run from 26-31 May 2014. Please look at the website for more details, www.esprm2014.com.

North Sea/Baltic Physical & Rehabilitation Medicine Association

The Baltic/North Sea Forum is holding its third meeting in Hanover from 25-27 September 2013. Details are on its web page, www.bncprm2013.org. Prof. Christoph Gutenbrunner has put on a very good programme. Again, the meeting will be in English.

Tony Ward & Rajiv Singh

anthony@bward2.freemove.co.uk
rajiv.singh@sth.nhs.uk

Letter to the Editor

Interface of neurology and musculoskeletal medicine

Five years of intense training in neurological rehabilitation, musculoskeletal medicine, spinal injuries, sports medicine and amputee medicine was more than I expected when entering Rehabilitation Medicine. My worst fear was getting sidelined to one small subspecialty as a consultant and missing the challenge of working across the different areas of our speciality. The major trauma network initiative was timely and provided me with the opportunity of a job (in Salford and Manchester) that enables me to remain in

touch with all areas of our curriculum and I am very satisfied with this. The post demands a commanding knowledge of traumatic brain injury, spinal injury, complex musculoskeletal trauma and pain medicine.

A recent editorial of a Rehabilitation Medicine journal mentioned that our specialty exists in discrete components whereas there is a well-established structure to the specialty in Eastern Europe¹. I feel this is true to a certain extent; we have been too focused on neurological rehabilitation since the evolution of the specialty from Rheumatology and Rehabilitation. This might simply be due to the huge amount of work in neurological rehabilitation. It might also be that in the process, other areas of Rehabilitation Medicine have not received the attention they deserve. One such area is musculoskeletal medicine, which fell between specialties. However with the current developments in trauma rehabilitation, our specialty might look quite different in future. Our wide training in Rehabilitation Medicine places us in a unique position to provide holistic care to the poly trauma patient.

The exciting aspect of the specialty for me is working at the interface of neurology and musculoskeletal medicine. We are skilled at managing the musculoskeletal aspects in neurological conditions (eg spasticity) and unpicking the neurological component in MSK conditions (eg complex pain). Remember Dr Chan Dunn, the father of Intramuscular Stimulation (IMS) to treat musculoskeletal disorders²? He worked in a pain rehabilitation setting for years and had the advantage of looking at the bigger picture of changes across the neuro musculoskeletal unit. I feel we must publicise ourselves as the experts at this interface, ie neuro musculoskeletal medicine, and as the experts looking at the biopsychosocial health model which enables people to return to their lives and jobs. As rightly said "we are physicians restoring function".

This is indeed a dream specialty and we need to better promote our specialty to budding medical talent. Lets aim to keep our training as broad as possible and hope to continue our expansion to other areas of medicine (trauma rehabilitation might just serve to be the catalyst for such growth). I Hope the specialty will continue to attract bright brains and soon we might be amongst the top ten preferred specialties by junior doctors (the status which the specialty already enjoys in many countries around the world).

References

1. Nair UN. New frontiers in rehabilitation. IJPMR 2011: 22(3)
2. Gunn CC. The Gunn approach to the treatment of chronic pain, Edinburgh, Churchill Livingstone 1998

Manoj Sivan

Consultant in Trauma Rehabilitation Salford, Manchester
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This letter generated considerable interest and was extensively debated by members of the JISC MSK email network. Members suggested taking this forward by our involvement in development of services, manpower and guidelines in this area; developing the training curriculum in this area and setting up a standing committee for MSK medicine.

New Members

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

Dr Aung Aung, Specialty Doctor, James Cook University Hospital, Middlesbrough

Dr Camilla Blain, Locum Consultant in Neurology & Neurological Rehabilitation, London

Dr Catherine Dalton, Senior Clinical Research Associate, NMR Trials Unit, London

Dr Laura Edwards, ACF/ST3 – Rehabilitation Medicine, Derby

Dr Zaid Ibrahim, Specialty Registrar, Rehabilitation Medicine, Astley Ainslie Hospital, Edinburgh

Dr Muhammad Khan, Specialty Registrar, Rehabilitation Medicine, Sheffield

Mr Vijay Koli, LAS Registrar, Rehabilitation Medicine, Sevenoaks Hospital, Kent

Dr Zafar Mehmood, Specialty Registrar, Rehabilitation Medicine, Trafford General Hospital, Manchester

Dr Simon Shaw, Specialty Registrar, Rehabilitation Medicine, Sevenoaks Hospital, Kent

Dr Aurelie Tarall, Specialty Registrar, Rehabilitation Medicine, Spinal Cord Injury Centre, RNOH, Stanmore

And welcome back to -

Dr Ashish Macaden, Specialty Doctor – Stroke and Rehabilitation Medicine, Raigmore Hospital, Inverness

And the winner is

Congratulations to the prize winners at the 4th UK-Dutch Rehabilitation Meeting: Drs S Lambregts the Poster Prize winner for her poster 'Causes of traumatic brain injury in children and youth' and Dr R Meijer Free Paper prize winner 'Working with Parkinson's: a survey into nature and size of working problems in patients with PD'

Congratulations also to Dr Matthew Smith on being awarded the Postgraduate Bursary for 2012 to support his MD study with Leeds University 'Driving with homonymous visual field defects and visual inattention'.

Apologies for a mistake in December's Newsletter – Congratulations should have been announced to Poster Prize Winner: Dr Anita Suthanthira-Singh, Rehabilitation Medicine Trainee in Stoke on Trent, for her poster 'Seeing your way through rehabilitation.'

Dr Selina Sangha was runner up and awarded Highly Commended for her poster 'A study of comparison of use of Rigid Removable Dressing versus Soft Dressing for transtibial amputation.'

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, 19 & 20 September 2013, Derby

Contact: Karen Kirkland karen.kirkland@nottingham.ac.uk

BSRM AUTUMN MEETING, 13 December 2013, RCP, London (The day after the Low Awareness States Conference)

Contact: admin@bsrm.co.uk

BSRM ASSISTIVE TECHNOLOGY 2014, 28 February 2014, Liverpool

Contact: tia.jones@aintree.nhs.uk

14th ADVANCED PROSTHETIC & AMPUTEE REHABILITATION COURSE, 17-19 March 2014, Stanmore

Contact: admin@bsrm.co.uk

OTHER MEETINGS

SRR SUMMER MEETING, 2 July 2013, Nottingham

Contact: patricia.dziunka@srr.org.uk www.srr.org.uk

EUROPEAN SCHOOL GAIT & MOBILITY COURSE, 1-12 July 2013

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>

PMG NATIONAL TRAINING EVENT, 10-12 July 2013, Bristol www.pmguk.co.uk

12TH CAMBRIDGE/UCLA COURSE ON CLINICAL EXERCISE TESTING AND INTERPRETATION A PRACTICAL APPROACH, 30th-31st July 2013, Cambridge

Contact: Kate.Homan@nhs.net

12th EUROPEAN FORUM FOR REHABILITATION RESEARCH, 11-14 September 2013, Turkey <http://www.efrr2013.org/>

NORTH SEA/BALTIC PMR ASSOCIATION CONFERENCE, 25-27 September 2013, Hanover www.bncprm2013.org

14th ILAE Specialist Registrar Teaching Weekend in Epilepsy, 27-29 September 2013, Oxford www.activateevents.com/ilae/

ISPO UKNMS CONFERENCE, 4-5 October 2013, Blackpool Contact: Irene Cameron, ISPO UK NMS Secretariat, PO Box 2781 Glasgow G61 3YL Tel/Fax: 0141 560 4092 info@ispo.org.uk

BIMM Modules in Musculoskeletal Medicine Module 1 - Foundation Course, 5th - 7th October 2013, London Contact: deena@bimm.org.uk or www.bimm.org.uk

ISCOS 2013, 28-30 October 2013, Istanbul, Turkey www.iscos2013.org

MASCIP MEETING, 14 November 2013 Contact: Barbara Maurice 0208 909 5587

UKABIF 5th ANNUAL CONFERENCE, 21 November 2013, London Contact: Chloe Hayward info@ukabif.org.uk www.ukabif.org.uk

BRITISH GERIATRICS SOCIETY AUTUMN SCIENTIFIC MEETING, 20-22 November 2013, Harrogate Contact: conferences@bgs.org.uk www.bgs.org.uk

BIMM Winter Symposium - "Putting Evidence into Practice", 7th December 2013, London Contact: deena@bimm.org.uk or www.bimm.org.uk

VEGETATIVE AND MINIMALLY CONSCIOUS STATES: MEETING THE CLINICAL AND LEGAL CHALLENGES, 12 December 2013, RCP, London Contact: Jo.Summers@rcplondon.ac.uk www.rcplondon.ac.uk

SRR WINTER MEETING, 4 February 2014, London Contact: patricia.dziunka@srr.org.uk www.srr.org.uk

BRITISH SOCIETY FOR RHEUMATOLOGY 2014, 29 April-1 May 2014, Liverpool www.rheumatology.org.uk

EUROPEAN CONGRESS OF PHYSICAL AND REHABILITATION MEDICINE, 26-31 May 2014, Marseille www.esprm2014.com

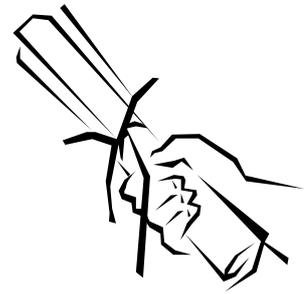
BASCIS/GUTTMANN MEETING, 26/27 June 2014, Stoke Mandeville Hospital, Bucks Contact: alison.graham@buckshosp.nhs.uk

CPD AWARDED TO BSRM MEETINGS

13th Advanced Prosthetic & Amputee Rehabilitation
Course, 18-20 March 2013
18 CPD credits (6/day) Event Code 81017

4th UK-Dutch Rehabilitation Meeting, Harrogate
18 & 19 April 2013
10 CPD credits (4/6) Event Code 81787

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

Applications should be on the appropriate form, and may be made for a grant of up to £2,500 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