



**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS**

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UNION EUROPEENNE DES MEDECINS SPECIALISTES

U.E.M.S.

European Training Charter for Medical Specialists, UEMS 1995

PHYSICAL AND REHABILITATION MEDICINE

**Chapter 6, Charter on Training of Medical
Specialists in the EU**

**Requirements for the Specialty of Physical and Rehabilitation Medicine
Amended April 2008**

Requirements for the Specialty of Physical and Rehabilitation Medicine.

PRM is an independent medical specialty concerned with the promotion of physical and cognitive functioning, activities (including behavior), participation (including quality of life) and modifying personal and environmental factors. It is responsible for the prevention, diagnosis, treatment and rehabilitation management of people with disabling medical conditions and co-morbidity across all ages.

Specialists in PRM have a holistic approach to people with acute and chronic conditions, examples of which are musculoskeletal and neurological disorders, amputations, pelvic organ dysfunction, cardio-respiratory insufficiency and the disability due to chronic pain and cancer.

PRM specialists work in various facilities from acute care units to community settings. They use specific diagnostic assessment tools and carry out treatments including pharmacological, physical, technical, educational and vocational interventions. Because of their comprehensive training, they are best placed to be responsible for the activities of multi-professional teams in order to achieve optimal outcomes.

The charter follows the structure established by the relevant UEMS policy paper. Its five articles relate to:

- a central monitoring authority for PRM, including quality assurance and personnel planning

- general aspects of training, including selection and access, duration, common basis, supervision, practical training and the use of a log book
- requirements for training institutions, including recognition, size of institutions and quality assurance
- requirements for teachers
- requirements for trainees.

Article 1

GENERAL RULES ON MONITORING, ACCREDITATION AND QUALITY MANAGEMENT OF POSTGRADUATE TRAINING

1.1 Central monitoring authority for PRM

At EU level the monitoring authority for the specialty is the European Board of Physical and Rehabilitation Medicine, which was established in October 1992, from the members of the UEMS PRM Specialist Section. At a national level the training in PRM is regulated by national authorities, which set standards in accordance with national rules and EU legislation as well as according to the requirements of the European Board of PRM.

The European Board consists of two members of each of the UEMS Full Member countries (with voting rights) and also from the UEMS Associate Countries (with advisory capacity), all of those have to be endorsed by the National Medical Association, representing the country at the UEMS Council. The Board members must be members of the professional organization of the specialty and represent universities or other recognized teaching bodies or institutions.

1.2. Recognition of Teachers and Training Institutions

The standard for recognition of training institutions and trainers are matters for national authorities, in accordance with national rules and EU legislation, as well as the requirements of the European Board of PRM. The latter has made recommendations for the optimum requirements to be met. The head of the training institute should be a PRM Board Certified specialist.

1.3. Quality assurance

A programme for quality assurance of training in the specialty has been laid down and the system for recognition of quality in the specialty is monitored.

Article 2

GENERAL ASPECTS OF TRAINING IN THE SPECIALTY

2.1 Candidates for training in the specialty should be physicians licensed in a country of the EU or they should have an equivalent qualification approved by the host country. It is the primary

responsibility of each training institution to establish further criteria for entry into their training programme.

Article 3

REQUIREMENTS FOR TRAINING INSTITUTIONS

1. Be recognized as a training facility in PRM by the responsible national authority in its Country.
2. Be directed by a doctor, who is:
 - a. a specialist in PRM, recognized as a trainer by the European Board,
 - b. responsible for a team comprising: one more Board certified specialist in PRM, professionals allied to medicine, including physiotherapists and occupational therapists as well as a group of other personnel (speech therapists, psychologists, social workers).
3. Contain the facilities to perform diagnostic assessments, functional investigation and measurement, and treatments relevant to the discipline of PRM.
4. Maintain a network of contacts among clinical colleagues and professionals allied to medicine in hospital settings and services assisting the discharge of patients into the community.
5. Show training activity:
 - a. in clinical domains through organizing of case presentations, symposium, staff meeting ,journal club meeting ,
 - b. in research work by trainee participation in the research activities of the unit,
 - c. in the domain of teaching in the availability of the requisite educational tools, particularly a library sufficiently stocked with PRM texts and works, which are kept up to date as well as audio-visual aids to teaching.

NB. It is recommended that the number of trainees in any one unit does not exceed the number of available specialists in PRM for training. In countries developing the speciality transitional arrangements may exist.

Article 4

REQUIREMENTS FOR TRAINERS

To be recognized as a trainer, a physician must:

1. Be certified as a specialist in PRM by the responsible national authority in his or her country.
2. Be recognized as a trainer in PRM by the responsible national authority in his or her country.

3. Have gained the recognition on the European Board of Physical & Rehabilitation Medicine through the holding of its diploma.
4. Demonstrate his or her clinical activity as being within this discipline.
5. Practice in the specialty for at least 80% of his or her time in an establishment recognized as a training centre by the national responsible authority over 5 years.
6. Practice within a defined rehabilitation team.
7. Actively participate in training and research in PRM with regular publications.

For number 3 above, those colleagues fulfilling the Board's criteria for trainer's status may apply for recognition as a Board Certified specialist in PRM. Following the Board's assessment they may gain exemption for the written examination on presenting their completed file with application form (Board Certification by Equivalence). This dispensation is extended to Board recognized as trainers-colleagues as well.

In countries developing the speciality transitional arrangements may exist.

Article 5

REQUIREMENTS FOR TRAINING

The training course

Four years at least must be spent in departments recognised by the Board, of which a minimum of two must be spent in Departments of Physical Medicine and Rehabilitation.

The trainee should gain experience of the diagnosis and management in the areas defined in the curriculum of studies and programme of theoretical knowledge.

Where part of the four years training course is spent in units of other specialties, they themselves must also be approved as training institutions by their national responsible authority. This training should be spent in units of specialties closely related to Physical Medicine and Rehabilitation. **PRM trainees must acquire a number of skills as part of their training.** The trainee **should keep a personal log book or equivalent of his/her training activities** which follows the course of his or her training, **and present this before certification.**

It will contain reports from the trainer giving an account of his or her active participation in the work of the unit, his or her publications, scientific and research works, including relevant theses. The European Board attaches considerable importance in the details of the training programme as shown in the logbook.

Their basic medical training must give them certain competencies, which are enhanced by knowledge and experience acquired during their common trunk training in internal medicine, orthopaedics, neurology, etc. The core specialty competencies of PRM which should be provided during their specialist training include:

- medical assessment in determining the underlying diagnosis;
- assessment of functional capacity and the ability to change;
- assessment of activity and participation as well as contextual factors (personal characteristics) and environment knowledge of core rehabilitation processes and their evidence base;
- devising a rehabilitation plan
- knowledge, experience and application of medical and physical treatments (including physical modalities, natural factors and others);
- evaluation and measurement of outcome;
- prevention and management of complications;
- prognostication of disease/condition and rehabilitation outcomes;
- knowledge of rehabilitations technology (orthotics, prosthetics, technical aids and others);
- team dynamics and leadership skills;
- teaching skills (patients, patients' carers, rehabilitation team members and others);
- knowledge of social system and legislation on disablement;
- Basic knowledge of economic (and financial) aspects of rehabilitation.