



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES  
EUROPEAN UNION OF MEDICAL SPECIALISTS

*The UEMS Section of Physical Medicine  
and Rehabilitation*

**UEMS SECTION OF PHYSICAL AND REHABILITATION MEDICINE  
(PRM) REPORT OF THE GENERAL ASSEMBLY**

**D 0419**

PAVIA (Italy) - from Thursday, March 25<sup>th</sup>, to Saturday, March 27<sup>th</sup>, 2004

**EXECUTIVE COMMITTEE:**

President of the PRM Section: Dr Anthony B. Ward

Secretary General of the PRM Section: Pr Alain Delarque

Deputy Secretary of the PRM Section: Dr Georges de Korvin

Treasurer of the PRM Section: Dr Martinus Terburg

President of the Committee for Education, Board: Dr Angela McNamara

New elected President: Pr Guy Vanderstraeten

Vice President of the Committee for Education, Board: Pr Guy Vanderstraeten

New elected Vice President: Pr Xanthi Michail

President of the Committee for Clinical Affairs: Pr Bengt Sjölund

President of the Committee for Professional Practice: Pr Christoph Gutenbrunner

**PARTICIPANTS :**

All the National Delegates of the countries, which are members or associated members of the UEMS.

Invited experts of the PRM Board : A. Chantraine, R. Valero.

**EXCUSED**

A.Chantraine, G.de Korvin.

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## **I. ADDRESSES AND REPORTS**

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### **President's address –**

#### **Dr A. Ward, President of the PRM Section**

“ Dear Colleagues & Friends. Welcome to Pavia! – to another chapter in the history of the UEMS Section of PRM. We have a very busy schedule ahead of us and we will have to be well-organised over the next 2½ days to complete our work. We will also have the opportunity on Saturday morning to meet with representatives of SIMFERR, who have kindly set aside their time to discuss matters of common concern. Here have been a few changes Italy's representation to the UEMS this year, but I am glad to see that Alessandro and Carlo are with us as delegates to our Section.

The Chairmen of our sub-Committees will takes us through the agenda of work and today will address what has been done to date. As we did so successfully in Turkey, we will then break up into our allocated committees tomorrow and come back on Saturday to discuss future plans and take back to our national bodies the information regarding the Section' work. I am conscious that we do need to keep our colleagues at home involved in our progress, as it is very easy for them to forget the European perspective. In addition, it is important that we as delegates have our national bodies' approval and authority before making decisions here in the General Assembly. If we do not, then our decisions will not carry any authority and will not be applied throughout our member states. I would also like to welcome Prof. Jan Börg from Uppsala, who joins us for the first time as the Swedish delegate in succession to Jan Ekholm, who is held in very high regard by our Section. I wish you well here and know that you will live up to our expectations of all your countrymen to this Assembly, Jan, Gunnar Grimby and Bengt Sjölund.

We are starting to make some contacts in Brussels, but I have to say that it is somewhat slow. I am personally not particularly concerned that we did not feature in the European Year for Disabled People, as this addressed more of the social issues of disability than health, but our offer of assistance has still not it is a shame that we have not had an official reply to our letters. I hope that we may, however, continue to make better contacts. I do note that both Alain and I will have to miss the UEMS meeting in Brussels in May, as we both have sessions at the European Congress on the same day. We do need representation for that and I had hoped to use that visit for contacting the European Disability Forum.

I know that Angela will be discussing nominations for posts in the European Board and I do urge you to propose new members to the committees, as this will ensure a healthy Section. By the time we next meet in Dublin, the EU will have enlarged by another 10 states. Some of these are already in the UEMS, but we do have the challenge of addressing the differences in PRM practice in each of the new members. I would like to take this opportunity to welcome also our new delegates and will ask them afterwards to say a few words of introduction. Although PRM differs in the different countries of Europe, I would like to point out that there are more similarities in our current practices than differences. However, we will need to look at the structure we currently employ to assess doctors at a European level and evaluate whether they are relevant to current European practice. As some of you will know, they were created a dozen years ago, when Europe was a little different!

Georges de Korvin is not with us at the meeting, as he has to concentrate on the new build of his hospital. I would like to record publicly our thanks to him for all his work in building and maintaining the website – no mean feat, as you can imagine. It is one of the best web sites in Medicine and I am glad that he has agreed to continue with this work. I am also therefore grateful to Alain, not only for the work he does for the Section, but for taking on the minutes of this meeting, which will be fed into the updated website.

There are a number of people moving on after this meeting, but I will acknowledge them at the end on Saturday. The meeting is now formally opened.

## **Secretary General's address –Pr A. Delarque**

“Dear Presidents, dear colleagues,  
as Secretary General of the PRM Section and Board, I'm very happy to meet again all of you.  
I would like first to thank our Italian colleagues and specially Pr Alessandro Giustini for welcoming us to Pavia.

Italian physiatrists are numerous and very effective. I'm honoured to be welcomed to Italy. The two universities of Pavia and Milano are for the European School on Posture and Movement Analysis important partners with high level lecturers such as professor Marco Schieppati who is working here in the Foundation Maugeri, professors Carlo Frigo, Giancarlo Ferrigno from Politecnico Milano.

During this meeting we shall miss two colleagues. Our deputy secretary, Dr Georges de Korvin and the chairman of the Site Visit committee, professor Alex Chantraine who will not be not be working an exchanging ideas with us for important personal reasons.

During this meeting we shall have a lot of work in the three main fields of Education, Clinical Affairs and Professional Affairs. I would like to emphasize on the organisation during these three days. In each of the three main Committees we need that a delegate takes charge of the workshop minutes (assistant). This will be done during the Friday workshops and also after the Saturday meeting.

During this meeting we shall have to begin working on the quality process of the activities of the Section and Board.

I would like to thank all the chairmen and delegates of the workshops for working in an efficient and friendly manner once again and to express a message of sympathy to our Spanish colleagues and their compatriots following the recent events in Madrid.

Thank you”

President A.B.Ward invites the participants to observe a moment of silence for those people lost in Madrid.

## **Financial report 2003 Budget 2004 – Dr M. Terburg**

Financial activities of the Section and Board will remain gathered

Financial report 2003

The bank balance 2003 for Board and UEMS has a positive result of 32.035,54 □ compared with 2002. On the expenditures side we had less costs for site-visits and travelling/housing.

Budget 2004

In the income side we hope the income for examination and board certification can be stabilised (examination fee 200 □ compared to 300 □ in 2003 ).

We expect a small higher income from site-visits and re-accreditations. On the expenditure side we expect more costs for secretarial work and grants. Incomes to be received from board registrations , site-visits and UEMS contribution 2003 are incorporated in the budget for 2004. Eventual costs for additional projects for 2004 are not yet brought in the budget 2004.

For the full report see annex

Board : 2003 report and projects –

## **Board President's address Dr A. McNamara,**

“Time flies” – it is difficult to believe that the two years of my Presidency have almost passed and this General assembly is my last as President of the Board. I would like to commence by first

thanking you for electing me to this position. I have been greatly honoured and privileged to work with you.

I believe that much has been achieved in the past two years and many of you deserve my sincere thanks. I assure you that the achievements are due to our having an effective board, but major credit must go to Alain Delarque for his very efficient hard work in the role of Secretary General. Alain was ably and competently assisted by the deputy secretary and webmaster, Georges De Korvin. I give my thanks to Treasurer Tinus Terburg for his on-going hard work on behalf of the Board. Guy Vanderstraten, Director for certification and Xanthi Michail, secretary of this committee have carried out trojan work in this increasingly important area in the work of the Board. I thank Alex Chantraine for his work on certification of training centres and also for his work as the liaison person with the Journal of Rehabilitation Medicine. I thank the Presidents of the Section and Society, Anthony Ward and Henk Stam respectively.

Professors Andre Bardot, and Jan Ekholm retired from their Board activities and I thank them for all their work and very wise counsel. Andre has very substantive knowledge of the genesis and background history of the speciality and he helped greatly with the development of the necessary and requisite rules which underline the operation of the speciality. I hope that he will write the definitive history of the European speciality which will celebrate its Golden Jubilee in 2008.

I proposed the development of a “Virtual College” for European Certified specialists to act as an umbrella organization for all of the professional components of the speciality. Though this proposal has not as yet been fully accepted, I believe that this or a body with a different name is what many of our specialists want across Europe going forward and I look forward to progress with this proposal here in Pavia.

The board has a major obligation and duty to the general public that depends upon PRM specialists to deliver the appropriate specialist healthcare to them. A further obligation is to the Board's own *certified members* in all countries of the EU and elsewhere to deliver to them the appropriate professionalism expected from the Board's activities. Your Board has contributed to this professionalism over the past two years.

While certification remains voluntary, there is little doubt that our PRM specialists who have attained this high level of education and training through certification have served and continue to serve this constituency with professionalism and expertise.

The Board has accepted having "*time-limited certification*". This means that a re-certification process will therefore become mandatory over time (10 years). The introduction of voluntary re-certification through active continuing professional development (CPD) as currently exists commences this process. The general assembly needs to support Nicholas Christodoulou who leads CME/CPD in the difficult tasks of implementing these requirements.

*Accreditation* is a most important area for our specialty to develop. On behalf of the Board I would like to compliment and thank Bengt Sjölund for his work to date and I ask you to engage in the process with him going forward.

In conclusion I would again like to thank you for all your help and support. It has been a great pleasure working with you and I look forward to continue as one of the Irish representatives for a further few years.

I look forward to future developments in the areas of "*Teaching and Learning*" and hope to see the introduction of new *intensive training programmes* across Europe.

While much has been achieved to date much more has yet to be done. PRM will continue to require dedicated interested volunteers to go forward for election to office in order to carry out the future work of the Board.

I wish the in-coming President every success and look forward to welcoming the General Assembly to Ireland for its next meeting which will take place in Dublin Castle in September 2004.

Thank you”

Elections announcement :

President, Vice-President, Secretary for Board Certification.

Candidates are G.Vanderstraeten, X.Michail, K.Stati

New registrations to the Board after reduced fees (M. Terburg)

Delegates must spread information in their own countries (reduced fees for sitting to the examination)

Board Certification of Persons (G. Vanderstraeten, X. Michail) :

1 Results of 2003 Examination:

41 candidates, 37 succeeded, 4 failed

the results are available from each national manager

The board certificates will be sent by the treasurer, Dr Martinus Terburg. In the case of a final year student taking the Board examination, it is important to note that the European certification will not be forthcoming until he or she can give proof of having obtained his National Specialist Certification. Only when that process is completed will the European certification be issued.

Final list will be published later on the website.

2 Results of Certification by equivalence 2003:

the full list will be distributed to the National Managers by Guy Vanderstraeten after the meeting of Pavia

3 Results of the Certification of Training Centres 2003:

Pr Marinec Ljubljana, Slovenia. 5 years

Dr Hutchings, Southampton, UK. 2 years

Dr Hatfield, Portsmouth, UK 2 years

Dr Soopramanien, Salisbury, UK, 5 years

Pr Thoumie, Paris, France, 5 years

Pr Amarenco, Paris, France 5 years

Re accreditation of Training Centres : from 2004 to 2009

Pr Vanderstraeten, Gent, Belgium, 5 years

Pr Yelnik, Paris, France, 5 years.

Pr Mazaux, Bordeaux, France, 5 years

Martinus Terburg will send them later their diploma after receiving their contribution.

4 Results of certification as trainer

Dr Jean-Michel Wirotius, Brive

5 Recertification (after 10 years)

Dr Mireille Peyre, Saint-Maurice, France

Examination 2004:

Question Bank Group (QBG), new chairman is Pr Jean-Michel.Viton

QBG meetings will be organized 2004 July 3d in Marseille (from 9am,) and 11 September 2004 in Ghent.

Reference books and Journals updating is necessary:

Proposal to check what are the reference books in each of the different countries. G.Vanderstraeten will send an email to ask this to all the national managers.

G.Vanderstraeten will make a proposal for updating the Curriculum. This updating will be discussed within the QBG.

## 6. European and Transatlantic Teaching Programs

### 6.1 European School Marseille (ESM Pr A.Delarque, Pr A.Bardot, Pr JM.Viton)

We welcomed new participants from eastern Europe and USA in the ESM 2003

New rules for trainees application in 2004. They will have to send an application form with a CV and their Board Registration, a letter of intention and a support letter of their National Delegate.

### 6.2 U6 Joint implementation projects,

These high level teaching programmes involve at least three universities on each side of the Atlantic Ocean.

Prs Alain Delarque & Jean-Michel Viton will apply with the support of the University of the Mediterranean for two implementation projects, one with the USA, the other one with Canada.

### 6.3 Teaching Programme in Indianapolis Medical School.

In order to foster a transatlantic cooperation, Pr Ralph Buschbacher has invited Prs Jean-Michel Viton and Alain Delarque to give lectures to the PRM trainees in the medical school of Indianapolis.

### 6.4 Erasmus Mondus (A. Delarque)

Signed by the European Parliament and the Council December 2003.

Erasmus Mondus Master Courses,

will involve a minimum of three higher institutions from three different member states, implement a study programme which involves a period of study in at least two of the three institutions,

use the European Credit Transfer System

Erasmus Mondus masters courses will be selected for a five-year period.

More information available on the website of the European Union

## 7. CME/CPD - Relation with EACCME (N. Christodoulou). Project of a European Certification of CME.

A protocol on mutual agreement between the UEMS-EACCME and the PRM Section will be prepared by N.Cristodoulou before the next General Assembly in Dublin. This protocol should be circulated and implemented by email exchanges.

Dr Bernard Maillet, Secretary General of the UEMS should be invited to discuss with the Executive Committee.

## 8. Relationship with the Journal of Rehabilitation Medicine (A. Mc Namara)

In order to define the relations between the Journal of Rehabilitation Medicine and the Board, a meeting will join in Vienna, Gunnar Grimby, Alex Chantraine, Guy Vanderstraeten, Angela McNamara and Alain Delarque.

## 9. Fellowship in Vienna Congress (V. Fialka-Moser)

Candidates will be selected from trainees in PRM participating in the Vienna Congress. The best oral presentations or posters will be selected. The jury will be composed of Guy Vanderstraeten, President of the Board, Xanthi Michail, Vice President of the Board, Alain Delarque Secretary General of the Board and Pr V.Fialka-Moser.

## **Clinical Affairs Committee – Pr B. Sjölund (Chairman)**

1. Accreditation of the Quality of Care in PRM

Decision to set up a European Programme (vote)

Questionnaire from the member countries presented by B.Sjölund

State of accreditation within the European Countries

What to do with an European Accreditation System?

Synthesis of the situation in every European Country : introduction to workshop.

2. Internet Diary of European Congresses

presentation of the new website for meetings developed in Umea University under control of Pr Bengt Sjölund.

3. Ethic - information given on the rules from UN for disabled persons.

## **Professional Practice Committee – Pr Ch. Gutenbrunner (Chairman)**

Topics

Definition of PRM

Role of specialists in explaining the application of healthcare targets for disability and rehabilitation.

Positioning PRM within the community of all the specialties, within the rehabilitation team, in relation with Physiotherapy.

Clinical Pathways or Guidelines

State of the art and standards in the EU countries

Lobbying in Brussels

Publicizing PRM

Structures

Working Plan

## **Reports of Liaison Officers :**

INTERNATIONAL SOCIETY OF PRM : Pr Bengt Sjölund (Sweden)

Send out regular newsletter

EUROPEAN FEDERATION ON RESEARCH FOR REHABILITATION : Pr Crt Marincek (Slovenia)

8<sup>th</sup> Congress on Research for Rehabilitation, see website:

[www.cd-cc.si/EFRR2004](http://www.cd-cc.si/EFRR2004)

INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITIES Organisation  
WHO.ICF : Pr Gerold Stucki (Germany)

The first phase of the ICF Core Set development for Chronic Diseases and for the Acute and Sub acute Setting is finished. The results will be published in a Supplement of the Journal of Rehabilitation Medicine and a Special Issue of Disability and Rehabilitation.

All UEMS partners are now asked to be involved in the testing of the ICF Core Sets. Individuals and organizations can be associated with the project. At this point a number of UEMS associated partners have already made a commitment and we are looking forward to work with you in the near future. Please contact Dr. Alarcos Cieza ([alarcos.cieza@med.uni-muenchen.de](mailto:alarcos.cieza@med.uni-muenchen.de)), group leader at the WHO ICF Research Branch in Munich if there are any questions.

Prof. Christoph Gutenbrunner, our German representant is also most knowledgeable about the project and may provide information during the UEMS meetings.

INTERNATIONAL BONE AND JOINT DECADE organization : Pr Pedro Cantista (Portugal)  
[www.bjd.org](http://www.bjd.org)

MEDITERRANEAN FORUM : Dr Nicolas Christodoulou (Cyprus)  
Congress to be held in September in Antalya

DEVELOPING INTERNATIONAL CORE DATASETS FOR TRAUMATIC SPINAL CORD  
INJURED PATIENTS : Pr Angela McNamara (Ireland)  
Congress 2004 September 24th-29th

AMERICAN ASSOCIATION OF ACADEMIC PHYSIATRISTS : Dr Anthony.B. Ward and Pr  
Alain Delarque, as President and Secretary General of the UEMS Section  
The AAAP will support in 2004 the implementations projects between the PRM Section and the  
USA.

EUROPEAN FEDERATION/SOCIETY of PRM : President of the PRM Society.  
Had meeting last Thursday  
European Congress of PRM in Vienna 2004-May-12<sup>th</sup>/15<sup>th</sup> Pr M.Quittan

## **II. WORKSHOPS REPORTS AND VOTES**

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### **BOARD**

**Report: Pr Guy Vanderstraeten, Dr Angela McNamara, Pr Alain Delarque**

#### **Elections and appointments**

1. Renewal of the Board Executive Committee

President: Guy Vanderstraeten (B)

Vice-President: Xanthi Michail (Gr)

Examination Secretary: K.Stati (Gr)

2. Validation of the Question Bank Group

Members: JM. Viton, MG.Ceravolo, AB.Ward, X.Michail, C.Gutenbrunner, G.Vanderstraeten, Dieter.Michel, K. Schüldt-Ekholm.

Chairman: JM.Viton

#### **Board Certification**

(participants to the workshop: A.Mcnamara, G.Vanderstraeten, X.Michail, A.Delarque, F.Dincer, T.Aaboe, DL.McLellan, ...)

1. Technical work on the lists of Board Certified PRM Specialists and trainers

X. Michail, M. Terburg, R. Valero.

- One list has been updated by Raquel Valero and Martinus Terburg. A list of board certified MD from 1995 onwards. Previous lists will be searched. List per country to be sent to national delegates with a questionnaire.

- Rules for using and publicizing the Board Certification Lists

No publicising until these lists have been checked.

2. Technical work on the list of Board Certified Training Units

M. Terburg, F. Parada-Pereira, A.Chantraine.

The lists were not discussed in details, as Alex Chantraine was absent.

3. Board certification (G. Vanderstraeten, X. Michail)

- Question Bank Group :

Members of the QBG:

JM. Viton, MG.Ceravolo, AB.Ward/DL McLellan, X.Michail, C.Gutenbrunner, G.Vanderstraeten, Dieter.Michel, K. Schüldt-Ekholm.

Elected

- Curriculum and logbook

G.Vanderstraeten will coordinate the updating of the curriculum and the reference books..

X.Michail will ask all the national delegates to give information on the curriculum and the reference books in their own country.

For the first of June X.Michail will receive the proposals of each national delegate for updating the curriculum. All the proposals will be gathered and put in the agenda of the GA in Dublin.

- Examination 2004

Application form will require the e.mail address of the candidates. (easy to give back information to the candidates)

Next examination is scheduled on 2004.11.27. The deadline for applications is the 30<sup>th</sup> September 2004.

We need to have the examination question list available in July after the Marseille meeting, in order to give during the meeting in Dublin the CD with the examination questions for 2004 to all National Managers or one of the delegates from the countries participating in the examination process.

- Certification by Equivalence :

New Rules for board certification by equivalence for the accession countries and observer countries

Proposal :

it will be available for 5 years (deadline 2009)

Fees: 200□

10 years of certified specialised PRM practice in their country,

To practise PRM within a multi-disciplinary rehabilitation team for at least 80% of his or her time during the last 10 years

3. Published papers EITHER :

3 peer reviewed papers published in PRM international journals within the previous 10 years (e.g.PubMed,Medline) OR

5 publications in peer reviewed PRM national journals within the previous 10 years

The National Manager will have to check and sign the application form for approval

Candidates who do not fulfil these criteria are encouraged to apply to sit the examination (see examination rules)

- Board Certification of trainers

Conditions to be a Board Accredited Trainer (rules validated in Vienna 17/10/2002)

To be recognised as a trainer in PRM by the responsible national authority in their own country.

To be a PRM Board certified physician.

To have practiced PRM for five years within a multidisciplinary rehabilitation team, in a recognised training centre by the national responsible authority, for at least 80 % of his or her time.

To be actively involved in training and research in PRM.

To have published at least one paper in journals indexed in Medline or Current Contents within the last five years.

The National Manager will have to check and sign the application form for approval

- Information management of BC of Trainers (adopted in Ljubljana29/03/2003)

The Director General of the Certification will notify the candidates.

The Board Certification Secretary will send the jury's decision to the National Manager.

The treasurer checks if the successful candidate has fully paid the registration fees. He then posts the BC. Diploma to the candidate.

Fees: no additional fee

A list of BC PRM specialists and trainers will be updated by the list manager.

**New rules (voted)**

Board Certification:

- Recertification process :

Every ten years

Recertification of individual , on CME review

criteria will be written and submitted to the next GA in Dublin by N.Christodoulou they are based on the CME activities of the candidates.

The fees are expected to be about 50€, but further discussion will be undertaken to have an objective accounting for all charges.

- The Jury of Board Certification

(for all certifications, MD, departments...) will be composed of : the President of the Board, the Vice President of the Board, the Secretary General of the Board, the Presidents of the Section, Clinical Affairs and Professional Practice Committees.

- The Presidents and Secretary of the Section and the Chairpersons of each of the Three Committees are participants ex officio in any sub-committee or working group.

- Appeal Board:

In case of a conflict between a candidate and the Board, an independent Appeal Board is set up.

Manpower: 3 persons, a chair and two members.

fees 100 € to apply,

application has to be send to the Appeal Board.

The Appeal Board give the answer to the Board, the answer to the candidate is given by the Board.

The candidate is reimbursed if agreement

This information has to be put on the website.

(chair Thomas Aaboe, members: Fitnat Dincer, Lindsay Mc Lellan)

- Relationship between UEMS PRM Section and National Congresses

If a national society wishes to hold a meeting “under the auspices of the PRM Section of the UEMS”

the society will be required:

to pay the travel and accommodation expenses for the official(s) delegate(s) of the PRM Section of the UEMS

to include within the programme of the meeting a presentation from the official(s) delegate(s) of the PRM Section of the UEMS, outlining the activities of the section.

to submit the scientific programme of the meeting to the Board (to N.Christodoulou, head of CME activities).

## CLINICAL AFFAIRS COMMITTEE

Participants in to the workshop :

Haymo Brühne, Pedro Cantista, Crt Marincek, Henk Stam, Aivars Vetra, Alesandro Giustini,

**Report: Pr Bengt H Sjölund**

It was decided to continue the work on a **web-based PRM meetings calendar**. It should be linked from ESPRM (Henk Stam), from Bone & Joint Decade (Pedro Cantista) and from ISPRM (BS) and should have a link to key word lists from MeSH tems and ICF terms. Further, it should display meetings at two levels: international and all. The criterium for an international meeting is *English language + at least three countries* involved in organization. The number of approved CME points (max 40 points) should be given (1 point = 1 hour).

A list of the responsible webagent’s e-mail adresses was made from the UEMS delegates who each has full responsibility but can delegate the task in his or her country. It was decided that Bengt

Sjölund should act as chief web master with general access for the time being. It is planned that the system will operate from May 1<sup>st</sup>, 2004.

Concerning **Accreditation of PRM in Europe**, the results from the questionnaire sent in 2003 to all European countries was reported in Pavia. In education of rehabilitation professionals, only doctors and psychologists have university degrees in all European countries. For physiotherapists, occupational therapists, social workers and nurses, this is so in about half of the countries. As regards accreditation of units, about half of the European countries have national accreditation for hospitals and for training sites, but only a third have national accreditation for rehabilitation departments or programs. It was also noted that CARF has accredited two new programs (oncological rehabilitation) in a Swedish hospital, so now three Swedish hospitals have CARF accredited programs. In addition, TBI community based rehab programs have been accredited in Ireland and in Denmark. It was also announced that the French ANAES program will simplify its procedures but that it will focus more on the quality of care from now on and that the role of the surveyors will increase.

As a result of the committee discussions, it was proposed that the PRM UEMS section should work to develop medically driven European clinical standards for Accreditation of Rehabilitation. Although it was appreciated that there are unique features of the CARF – standards in that they have a clear focus on “the person served”, i.e. the disabled person, that immediately demonstrates correct attitudes for staff, that they promote an interdisciplinary approach and that it is very clear that the provider must demonstrate how he/she uses input from persons served to improve program quality, there are also problems. The most important ones identified are that the standards are not medically driven and are sensitive to market forces. Furthermore, the CARF organisation has so far produced no scientific support of the benefits to employ its standards; and its operation has some insensitivity to different cultural values. In addition, even if non-profit, fees are substantial to support the CARF organization. It was felt that European Standards for the rehabilitation process should be developed from defined rehabilitation strategies, based on Physical and Rehabilitation Medicine, on Evidence-Based Medicine, on best practise consensus, on the ICF by WHO and on the inclusion of patient’s rights for ethical and political reasons, such as the United Nations Standard Rules and e.g. on specially developed lists on technical aids that should be available to all EU citizens. Furthermore, the European Accreditation should not be sensitive to health care organization aspects and should therefore occur on the program level. It was also found that accreditation will soon be or is already mandatory in many European countries and that competition for resources is increasing in European health care, and therefore, resources have to be transferred from core activities to develop quality assurance.

It was also decided to seek support from the European Disability Forum to develop a Standard for Patient’s Rights and on Advocacy on Promotion of Right’s for the Disabled to be included and to seek support from WHO for the European System for Accreditation of Rehabilitation. There should be further discussion whether to seek permission from CARF to include some of their standards in the European System for Accreditation of Rehabilitation such as is planned in Italy.

In practise, small topic groups for European standards could be selected via the UEMS PRM section and be chaired by international authorities to develop medical standards of the rehabilitation process on the following topics:

Spinal cord injury (inter-professional team)

Impairment analysis and therapy (single MD practice) – musculoskeletal

Traumatic brain injury (inter-professional team)

Pain rehabilitation (inter-professional team)

Outpatient rehabilitation (inter-professional team) - e.g. stroke, neurological disease, amputees, post-surgical rehabilitation, arthritis, CP, muscular dystrophy etc

Inpatient comprehensive rehabilitation (inter-professional team)

– e g stroke, neurological disease, multi-trauma, amputees  
Community/home rehabilitation (interprofessional team)

For medical standards, the program content should be specified as to the core elements of the rehabilitation process including the minimum staff qualifications and equipments, the mode of operation, the minimum treatment volume/patient/day, the minimum duration of program, the inclusion and discharge criteria, the formulation of an individual rehab plan with clear goals, time frames and responsible persons defined, endorsed by the patient/next of kin and an individual discharge plan with similar specifications.

The timetable to produce such documents should be further discussed at the next PRM UEMS meeting in Dublin, where suggestions for names for such topic groups are welcomed and can be sent to Bengt H Sjölund in advance.

Concerning **Ethics**, it was underlined that the UN Standard Rules (see the Euro-PRM homepage on the web for a link) can be used to promote resources for rehabilitation (see Standard rule 3) throughout Europe.

## PROFESSIONAL PRACTICE COMMITTEE

Participants: Christoph Gutenbrunner, Anthony Ward, Rolf Frischknecht, Lisbeth Krohn, Fernando Parada, Jiri Votava, Raquel Valero, Nicolas Christodoulou, Fitnat Dincer, Enrique Varela, Mihai Berteanu, Guy Wanet

**Report: Pr Christoph Gutenbrunner**

The following topics were discussed

Definitions:

explanations focussed on target groups

Positioning: clarifying relations to other physicians and to therapists -

Lobbying in Brussels

Publicising: new slogan and target group specific activities

All these activities are dependent on common definitions and a description of our speciality.

Therefore it was decided first to write a new white book, that should enclose the following chapters  
[*proposed authors are added too*]

- Introduction (aim of the book)[*Anthony Ward*]Definition of PRM (Description)[*Christoph Gutenbrunner*]
- Epidemiology (chronic diseases, ageing, social costs)[*Gerold Stucki*]
- The ICF-model [*Alcaros Cieza*]Principles of rehabilitation (including rehab team, rehab process) [*Anthony Ward*]
- Competencies of the speciality [*Fernando Parada*]
- Education and Training (pre- and postgraduate)[*Angela Mc Namara* or *Guy Vanderstraten*]
- Clinical context (gen. principles:[*Christoph Gutenbrunner*]Pathologies and conditions [*Veronika Fiaka-Moser*]
- Diagnostics, Evaluation [*Alain Delarque* and coworkers]
- Interventions (Modalities, Drugs, and others)[*Michael Quittan*]
- Ethical aspects, human rights [*Bengt Sjölund*]
- The social system (right of rehabilitation etc) [*Jiri Votava*]
- Visions [*Michai Berteanu*]

As data base, texts that already have been written on the national levels should be gathered and translated if necessary

The authors can ask other experts to contribute

Deadline for manuscripts is the Dublin meeting, September, 2004

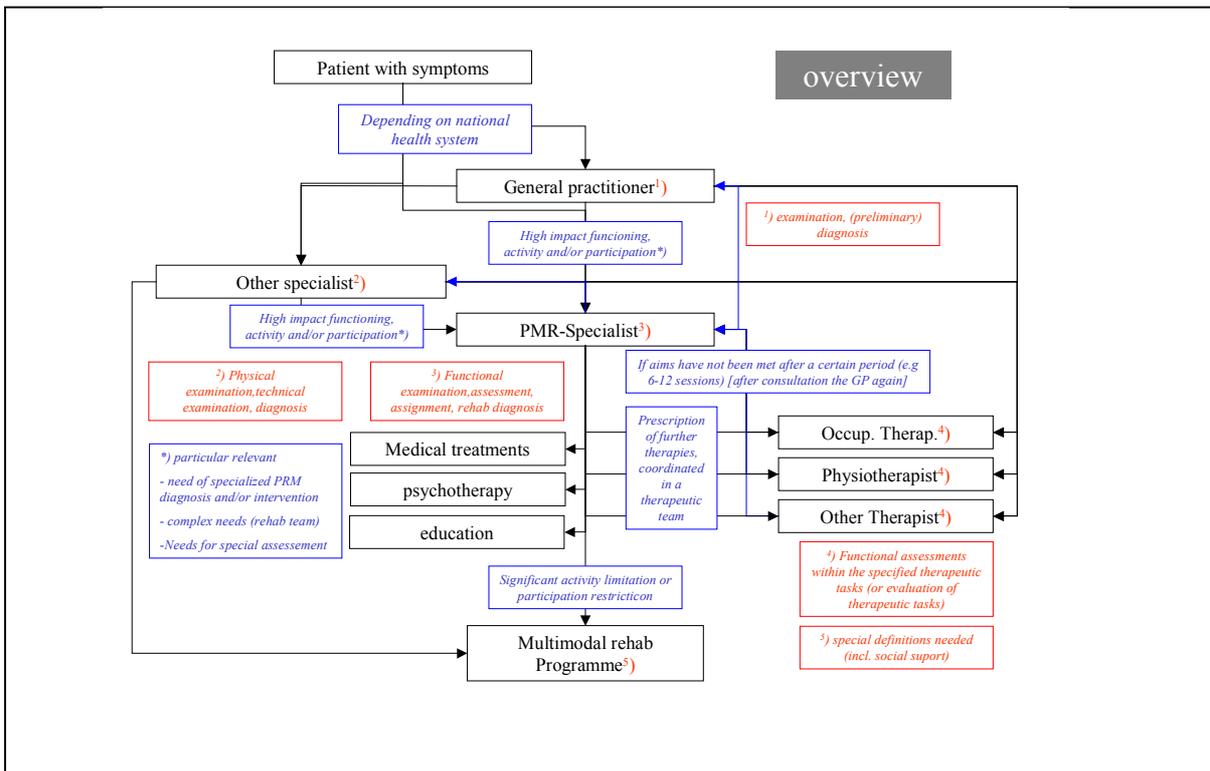
The next steps after the completion of the white book will be to write leaflets for the following target groups:

- Patients
- Other specialities
- Politicians, insurances

The European white book should be translated into the European languages and may be modified due to the special situation of each country.

For defining the relations of our speciality with general practitioners, other specialities and the therapist a proposal for a pathway was discussed (see below). The results of the discussion will be included in the scheme till the Dublin meeting, and an explanation hast to be written.

For the work in hospitals, some criteria have been discussed (see Table). These criteria have to be discussed with the Clinical affairs committee.



	Prescription PRM Specialist	Written Rehab- plan	Assessments	Therapist involved	Standardized communication	Rehab Nursing
Single Physiotherapy	Prescription (possibly on basis of written information by the ward assistant)	no	no	one	Written prescription by pmr-specialist and reports by therapists	No
Complex Physical Therapy	Prescription (based on investigation by PRM-doctor)	no	no	more than one	Written prescription and by pmr- specialist reports by therapists	No
Multidisciplinary Rehabilitation	Prescription (based on investigation by PRM-doctor and assessment)	yes	yes	more than two (or three)	additional team Conferences	yes or no
Rehabilitation in PMR-ward	Prescription (based on investigation by PRM-doctor and assessment)	yes	yes	more than two (or three)	additional team Conferences	yes

**Lobbying activities** the following strategy has been decided  
talk to European disability forum ([message](#): helping them to reach and keep functional independence)

Taks to EU-officials communication the following messages:

the speciality with competence in physical medicine and rehabilitation is PRM

our role in promotion of health and reduction of the burden of disease

our goal and competence in reducing social costs

and the demand for financial support for projects. For this purpose *questions have to be identified (e.g. comparison and evidence of systems, ICF-based research)* and cooperation with the ESPRM is needed

For advertising purposes in Antalya a slogan has been proposed: “**a medical speciality for a better life**”

The discussion about a better slogan resulted in the following key words (fragments)

rehab physician, rehab doctor

promoting functional abilities (autonomy, independence)

moving forward ....

solving your functional problems

promoting your expectations (perspectives)

.. Perspectives of functioning, activity and participation

However, a very simple slogan may be “**PRM – THE rehab doctors.**”

All delegates are ask to send comments or proposals

Christoph Gutenbrunner (Chairman)

### **III. AGENDA**

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Next General Assemblies

Agenda of the working meetings

2004.07.03, Saturday, Marseille, Question Bank Group,

G.Vanderstraeten, MG.Ceravolo, X.Michail, JM.Viton, A.Delarque

2004.09.09/11 Thursday morning European PRM. Society and Federation.

**9<sup>th</sup> – 11<sup>th</sup> September 2004. General Assembly, Dublin** from Thursday afternoon to Saturday at noon.

2004.09.11, Saturday afternoon, Dublin, Question Bank Group,

G.Vanderstraeten, MG.Ceravolo, X.Michail, JM.Viton, A.Delarque

2004.09.30 Deadline for Examination application

2004.11.27 Saturday morning, Examination Session

2005.01.7/8 Board Certification Jury's meeting in Ghent

**17<sup>th</sup> – 19<sup>th</sup> February 2005. General Assembly, Hannover** (Germany)

**27<sup>th</sup> – 29<sup>th</sup> October 2005. General Assembly in Limassol** (Cyprus)

Spring 2006 : Switzerland ?

(the hosting organisation has to facilitate the mobility of the delegates, reaching and leaving the place of the General Assembly and moving within the City)

Board working diary

2004.07.03, Saturday, Marseille, Question Bank Group meeting,

, G.Vanderstraeten, JM.Viton, MG.Ceravolo, X.Michail, A.Delarque

2004.09.11, Saturday afternoon, Dublin, Question Bank Group meeting,

G.Vanderstraeten, JM.Viton, MG.Ceravolo, X.Michail, , A.Delarque

Application to the examination deadline: 2004.09.30

Examination: 2004.11.27

2005.01.7/8 Board Certification Jury's meeting in Ghent

End of the General Assembly

MEETING WITH ITALIAN REPRESENTATIVES

Pr Carlo Bertolini, Pr Alessandro Giustini, Pr Helena de la Toffola