SPECIALTY TRAINING CURRICULUM

FOR

REHABILITATION MEDICINE

MAY 2007

Joint Royal Colleges of Physicians Training Board

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TABLE OF CONTENTS

Background

Rehabilitation Medicine focuses on the diagnosis and management of disease and its effects on the functioning of the individual. The WHO definition of rehabilitation, approved by the World Health Assembly, (WHA May 2001) is 'The use of all means aimed at reducing the impact of disabling and handicapping conditions and at enabling disabled people to achieve optimal social integration'. RM follows the WHO International Classification of Functioning, Disability and Health (ICF). This framework recognizes the underlying pathology, the level of organ functioning and the potential for restoring/optimizing personal function or preventing further limitation of activity. It also recognizes that the ability to participate depends not only on activities or personal functioning but also on a corresponding number of contextual factors affecting personal life and the individual's environment. The specialty is involved with the prevention and reduction of the disability and handicap arising out of physical impairments and with the medical management of disability from a physical, psychological and vocational point of view. The focus of the specialty is on people with complex disabilities; many of these are younger adults although the expertise of a Rehabilitation Medicine Consultant can often make a contribution to the management of children and of elderly people. The specialty is expert in the management of those disorders which can potentially produce significant disability in the adult. These include neurological conditions, acquired brain injury, spinal cord injury or disease, musculoskeletal disorders, limb amputation and the psychological consequences and complications of these disorders.

The content of the training curriculum reflects the importance of these areas but also makes provision for training in the rehabilitation needs of individuals with a broad range of other disabling conditions. This diversity is reflected in the composition of the SAC which, apart from Consultant and trainee members of the specialty also comprises representatives from the Neurology, Rheumatology and Paediatrics SACs. The specialist in rehabilitation medicine has a holistic approach to patient care, facilitating self management and working in partnership with the patient to ensure their perspectives are reflected in any management plan.

The curriculum document of January 2001 recommends minimum length of training in the different modules that constitute RM expertise and at present those are being observed. Longer periods of time in some modules are required for practicing as a consultant with that special interest. Basic requirements include at least 12 months in Neurorehabilitation, 6 months in musculoskeletal medicine, 3 months in spinal injuries, 3 months in prosthetics, orthotics, special seating. The remaining 24 months is spent in a rage of rehabilitation environments addressing both generic and specialist training requirements across the curriculum. Those doctors wising to practice with a special interest in neurorehabilitation will require at least 24 months, spinal injuries at least 36 months, prosthetics, orthotics and special seating will require at least 12 months experience in that specialist area. Generic skills are addressed throughout the 48 month training programme. Run through training and competency based training will influence length of training for some trainees outside these recommendations. The SAC will continue to advise, moderate and be accountable for these decisions through its educational role. The current curriculum is derived from the original 2001 document but is informed by the skills for health framework, the ICF and the GMC Guidance on Good Clinical Practice.

Rationale

The purpose of this curriculum is to train a specialist in Rehabilitation medicine. The WHO defines rehabilitation as the use of all means aimed at reducing the impact of disabling and handicapping conditions and at enabling disabled people to achieve optimal social integration. Rehabilitation Medicine focuses on the diagnosis, assessment and management of disease and its effects on the functioning of the individual. The curriculum addresses the knowledge, skills, attitudes and competencies required to do this. There is a holistic approach to encompass the person's medical, physical, psychological and vocational needs. The focus of the specialty is on people with complex disabilities, many of whom are younger adults, although the expertise of a Rehabilitation Medicine Consultant can also make a contribution to the management of children and of elderly people. The Consultant in Rehabilitation Medicine will be expert in managing the effects of acquired or congenital brain and spinal cord disease and injury, progressive neurological disorders, musculoskeletal disorders, congenital limb disorders, limb amputation and related symptoms.

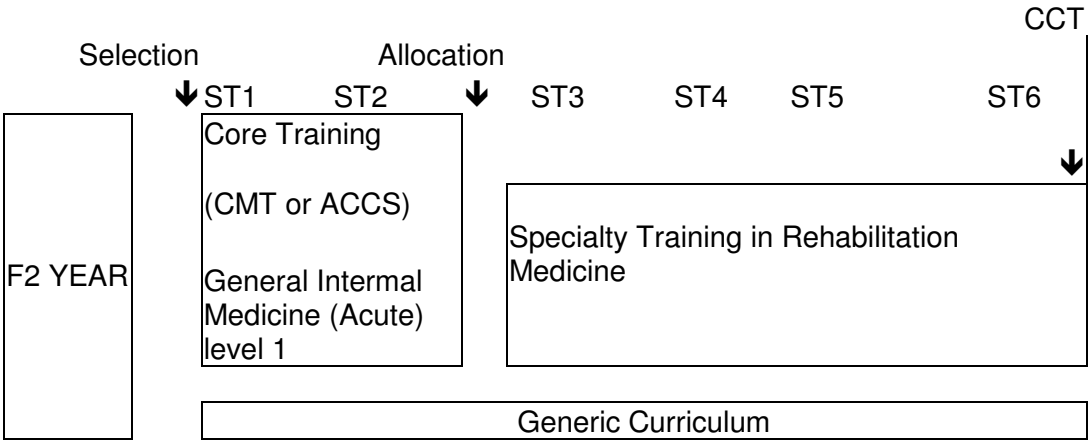
The curriculum describes the competencies required to complete a Certificate of Completion of Training (CCT) and to be registered on the Specialist Register in Rehabilitation Medicine. The CCT specialist will be able to work as a consultant specialist within the National Health Service and will have the knowledge, skills and attitudes required to do this.

The competencies to be achieved as described within the curriculum build on the core training achieved in specialty training years 1 and 2. Core training competencies build on foundation training. The curriculum describes the level of achievement expected from each of the years of training and how competency is attained and assessed.

This specialty curriculum is complementary to the generic curriculum which applies to all 28 physicianly specialties. The generic curriculum follows the headings of good medical practice and runs through from core training to CCT (see fig 1). Trainees should read and understand both their specialty curriculum and the generic curriculum. Both curricula should be seen as integrated so that generic competencies are acquired at all stages of specialty training. Some generic components are also further expanded and deepened for some specialties (eg palliative medicine). When planning specialty programmes, deaneries and trainers should ensure that both specialty and generic competencies can be acquired and assessed.

Fig 1

Diagrammatic representation of specialty medicine curricula



The curriculum will be achieved by completing the necessary specialty posts within training programmes. From August 2007 these will be described as specialty training years 1 through to specialty training year 6. Current specialists in RM have had diverse basic specialty training in either medical, surgical, psychiatric or general practice and the intention is to continue to recruit medical practitioners from a wide background of expertise. The minimum period of higher specialty training in RM is four years and is based on experiential learning. It is recognised that some recruits may take longer to complete the curriculum and achieve the required level of competencies, depending on their previous background medical experience.

Duration of Training

Although this curriculum is competency based, the duration of training must meet the European minimum for post registration in full time training adjusted accordingly for flexible training (EU directive 93/16/EEC requires that flexible training can be no less than 50% whole time equivalent). The SAC has advised that training from ST1 will usually be completed in 6 (SIX) years in full time training.

Dual Accreditation

Trainees may wish to dually train and accredit in rehabilitation medicine and neurology or rheumatology to achieve two CCTs. In this case they must have applied for and successfully entered a training programme which was advertised openly as a dual training programme. This programme will need to achieve the competencies as described in both curricula and there must be jointly agreed assessments (proposed by both SACs in rehabilitation medicine and neurology or rheumatology, and approved by PMETB). Postgraduate deans wishing to advertise such programmes should ensure that they meet the requirements of both SACs.

Content of Learning

The trainee will follow the specialty training curriculum, and additionally the generic curriculum. The generic curriculum includes general professional content, and is set out within the domains of Good Medical Practice. The specialty curriculum identifies competencies which are expressed as the knowledge, skills, attitudes and behaviours that trainees must achieve.

The trainee in RM follows a modular training programme which addresses four main areas of practice which include (1) Neurorehabilitation (2) Spinal Injuries (3) Amputee or Prosthetic medicine and Orthotics (4) Musculoskeletal medicine. All trainees are required to achieve competencies in all these areas but may opt to specialise in one or other area by opting to acquire higher level competencies in their chosen area. This is achieved by focussing a greater part of their experiential training programme in these areas. Minimum periods of training for acquiring these special interests are described in greater detail in the curriculum document.

The modules detailed below may be studied concurrently or sequentially, though most training programmes offer sequential experience. The order of module exposure is not fixed though individual trainee needs are usually taken into account when a new trainee is accepted onto a training programme. This usually allows for a high level of supervision in the early years and at the beginning of every module, with a gradual titration downwards of amount of supervision so that eventually each trainee has the experience of managing patients independently within a supervised environment (Sees how, knows how, And Does).

The trainee at the end of completion of CCT in Rehabilitation medicine will be able to take a history, and examine a patient, creating an accurate record of this, with particular reference to individuals with disabling conditions due to acquired, inherited or progressive brain, spinal cord or peripheral neurological disease, amputation and limb disorders, and musculoskeletal disorders (ref 1.1). The trainee will be able to confirm or inform the diagnosis and prognosis (ref1.1iii) and prescribe appropriately and safely a range of therapeutic interventions. (ref1.1iv).

The trainee will be able to assess and record the common psychological disorders, psychosocial and behavioural consequences commonly seen in disabling disorders, and also the corresponding contextual factors that influence activity and participation. The trainee will be able to formulate a management plan that respects and includes the patient and addresses these factors. The trainee will be able to coordinate the care of individuals with disabling conditions in a wide range of settings from the acute hospital environment to the individuals home in the community. This requires knowledge of the different disability concepts including the ICF (WHO), disability legislation including the Disability Discrimination Act, the Mental Capacity Act, the professional standards for rehabilitation services developed and published by BSRM and the rights and expectations of people with disabling disorders and their representatives in the voluntary sector.

The trainee will have the knowledge and skills to promote the health and wellbeing of people with disability, and will be aware of and understand the social and cultural factors which influence disability and their impact on the rehabilitation process.

The trainee will have the knowledge and skills necessary to work with rehabilitation teams in different settings, and within and across health, social and community based organisations.

A GOOD CLINICAL CARE

1.1. History taking, examination and record keeping skills

The assessment for this section of the curriculum will be through the performance of mini CEX, observation by the trainer, multisource feedback and examination of the medical records including note keeping and letters.

1.1i History taking

The trainee is able to take a history from individuals with disabling conditions, with particular reference to long term neurological conditions, spinal injury, musculoskeletal disorders and amputation & limb deficiencies		
Knowledge	**Skills**	**Attitude**
The trainee consistent demonstrates a knowledge of the a). Epidemiology of the range of disabling disorders including those related to • the nervous system including head injury, stroke, Parkinson's disease and other movement disorders, multiple sclerosis and other demyelinating disease, motor neurone disease, traumatic and non-traumatic spinal cord injury, Guillain-Barre syndrome, neuropathies, cerebral palsy, • the spinal cord including both traumatic and non-traumatic disorders of the spine • the musculoskeletal system including rheumatoid disease, the spondyloarthritides, osteoarthrosis, soft tissue rheumatism, spinal disorders, osteoporosis, and congenital & acquired disorders of muscle • the vascular system that determine the development of peripheral vascular disease • common psychological disorders particular those frequent in disabling disorders • developmental disorders • survivors of multiple trauma b). Aetiology of the range of disabling disorders,	The trainee consistently takes a history and examines effectively by: a). Respecting the individuals privacy, dignity, wishes and beliefs and obtaining informed consent wherever appropriate b). Providing support and information to the individual throughout the assessment c). Identifying the most appropriate assessment to use, including when to take a psychiatric history d). Ensuring that the symptoms being presented by the individual have been fully addressed	The trainee a). Fully addresses patients concerns, expectations and ideas b). Respects patient confidentiality c). Maintains cultural awareness and identity d). Values patient comprehension e) Works to minimise the perceived stigma associated with mental health problems f) The trainee consistently reflects on his/her personal response to unusual behaviours and recognises the need to reflect on the framework by which one makes judgements

1.1ii Examination

The trainee is able to examine individuals with disabling conditions, with particular reference to long term neurological conditions, spinal injury, musculoskeletal disorders and amputation & limb deficiencies		
Knowledge	**Skills**	**Attitude**
The trainee consistent demonstrates a knowledge of the a). Pathophysiology of various specific impairments including cardiac dysfunction, respiratory failure, spasticity, ataxia, LMN weakness, dysphagia, disorders of speech and language, cognitive dysfunction including perception, memory, attention, concentration, sequencing, planning and executive functions, sensory impairment due to visual and hearing loss, neuropsychological dysfunction, bladder and bowel dysfunction, sexual dysfunction and infertility, b) Pathophysiology features of diseases bones, joints and the spine including and understanding of normal and abnormal movement	The trainee consistently takes a history and examines effectively by: a). Respecting the individuals privacy, dignity, wishes and beliefs and obtaining informed consent wherever appropriate f). Examining the patient comprehensively and accurately exercising good judgement in the selection of examination techniques	The trainee a). respects a patients dignity, cultural background and other beliefs b). recognizes the importance of patient consent in the context of an examination

1.1iii Principles of diagnosis

The trainee is able to make a diagnosis and provide prognostic information for individuals with disabling conditions, with particular reference to long term neurological conditions, spinal injury, musculoskeletal disorders and amputation & limb deficiencies		
Knowledge	**Skills**	**Attitude**
The trainee consistent demonstrates a knowledge of the a). Diagnostic features of the range of disabling disorders including the clinical features of common cognitive deficits, including attention, executive function, memory, language, and spatial disorders, including the common patterns of these disorders and the behavioural consequences of these deficits b). A knowledge of the anatomy and surface landmarks of major joints and soft tissue structures c). Range of behaviours seen in patients with brain injury both in the acute, post acute and long term d). Prognosis and prognostic features of the range of disabling disorders e) Mechanisms of recovery, neural plasticity, learning and skill acquisition f) Influence of psychological factors	The trainee consistently takes a history and examines effectively by: a). Identifying the factors that contribute to the patients symptoms b). Proposing a differential diagnosis and most likely diagnosis c). Discussing the diagnosis with the individual d). Arranging further investigation and assessment as appropriate e). Providing information about the nature of investigations and further assessment to the patient	a) works to adapt their communication style to the needs of the patient

1.1iv Therapeutics and safe prescribing

The trainee is able to prescribe appropriately and safely a range of interventions for individuals with disabling conditions, with particular reference to long term neurological conditions, spinal injury, musculoskeletal disorders and amputation & limb deficiencies		
Knowledge	**Skills**	**Attitude**
The trainee consistently demonstrates a knowledge of a). Management of acute spinal cord injury b). Both pharmacological and non-pharmacological treatment options for the range of disabling disorders including • neurological disorders such as head injury, stroke, Parkinson's disease and other movement disorders, multiple sclerosis and other demyelinating disease, motor neurone disease, traumatic and non-traumatic spinal cord injury, Guillain-Barre syndrome, neuropathies, cerebral palsy • musculoskeletal disorders including inflammatory and non-inflammatory connective tissue disorders, diseases of bone (particularly osteoporosis), muscle (congenital and acquired) and tendon. Non-pharmacological treatment options for disabling disorders include role of surgery education, self management, occupational therapy, physiotherapy, exercise and rest, safe injection techniques, biomechanical modalities such as prosthetics, orthotics and splinting, assistive devices and environmental adaptation c). Management approaches for specific impairments including spasticity, ataxia, LMN weakness, sensory impairment due to visual and hearing loss, neuropsychological dysfunction including behavioural disturbance, bladder and bowel dysfunction, sexual dysfunction and infertility, dysphagia, disorders of speech and language, feeding difficulties, neurogenically disturbed respiratory function, cognitive dysfunction including perception, memory, attention, concentration, sequencing, planning and executive functions d). Long term management approaches for specific impairments including spasticity, , respiratory failure and need for long term ventilation, pain, pressure sores e). Different treatment options and resources; both drug and non-drug, available for such psychiatric disorders, and cognitive deficits (including post traumatic amnesia)	The trainee is able to a). identify the therapeutic interventions that are available and explain those to the individual and, if appropriate, those involved in their care b). prescribe medication appropriately, informing the patient about risks and benefits accurately c). agree the delivery of therapeutic interventions, including if appropriate operative treatment, that takes account of the needs of the individual and all other relevant factors d). schedule the delivery of therapeutic interventions as agreed with the individual e). confirm the delivery of therapeutic interventions with all relevant practitioners and agencies f). establish when the effect of the therapeutic intervention will be reviewed g) identify patients who pose a threat to themselves and take appropriate action h) refer on to appropriately both to psychiatrists and to others who provide psychological support such as psychotherapists, clinical psychologists, counsellors, or other professionals such as social workers or community psychiatric nurses i) choose the most appropriate approach to managing a person with a cognitive disorder or a behavioural disorder j) work with the multidisciplinary team to identify and implement the most appropriate intervention for an individual with a cognitive disorder	The trainee a) recognizes the benefit of minimizing the number of medications taken by a patient b) recognizes the importance of communicating complex multidisciplinary treatment plans clearly to all concerned. c) promote the expert patient programme d) recognizes the importance of providing enough information to the patient to allow them to make an informed choice regarding treatment options

f). Benefits and limitations of counselling approaches g) Expert patient programme g). Common approaches used to manage abnormal behaviours h). Provisions of the mental health act and mental capacity bill 2005		

1.1v Information management

The trainee is able to collate and manage information relevant to individuals with disabling conditions, with particular reference to long term neurological conditions, spinal injury, musculoskeletal disorders and amputation & limb deficiencies		
Knowledge	**Skills**	**Attitude**
The trainee consistent demonstrates a knowledge of the a) performance and interpretation of a range of common neuro-physiological, neuro-radiological and neuro-psychological tests, b) common laboratory, imaging and other diagnostic tests in the diagnosis of bones, joints and other connective tissues. c) the range of tests available to evaluate cognitive disorders d) Freedom of Information Act	The trainee consistently collates and manages information effectively by: a). Reviewing all available and relevant information about the individual b). Arranging further investigation and assessment as appropriate c). Providing information about the nature of investigations and further assessment to the patient e). Reviews the results of investigations, interprets and records the results, acts upon and imparts them to the individual in a timely fashion including interpreting cognitive assessments and explaining their implications for the rehabilitation process, the patients and their family f) Keeps accurate, legible and complete records and comply with all the relevant legal, professional and organisational requirements and guidelines	The trainee a). takes responsibility for note keeping, referrals, letters and discharge summaries b). recognizes the patient safety and medico-legal aspects of poor note keeping c). recognizes the importance of confidentiality d). takes responsibility for offering the patient to share written information about themselves

1.2 Time management and decision making

The assessment for this section of the curriculum will be through the provision of evidence of having attended a management course in which time management skills and conflict resolution have been addressed, and by trainer observation of the trainee working with the MDT including a Mini CEX of a multidisciplinary meeting.

1.2i Time management

The trainee will be able to manage their time and those of others in the multidisciplinary team effectively		
Knowledge	**Skills**	**Attitude**
The trainee consistently demonstrates a knowledge of a) simple time management techniques b) simple conflict resolution approaches	The trainee is able to consistently and safely a) delegate appropriately within the multidisciplinary team b) lead the MDT in range of settings demonstrating different approaches to manage conflict c) organise and chair a multidisciplinary case conferences, family meetings and other meetings effectively and efficiently	The trainee consistently a) recognizes when they or the team are struggling and take steps to rectify the situation b) is confident of their ability to lead multi multidisciplinary case conference c) is confident of their ability to organise and chair a family meeting

1.2ii Decision making and clinical reasoning

The trainee will be able to co-ordinate the care of individuals with disabling condition		
Knowledge	**Skills**	**Attitude**
The trainee consistently demonstrates a knowledge of a) differing concepts about disability including the WHO ICIDH, the ICF as well as though advocated by the disability movement b) relevant legislation including the disability discrimination act, and the mental capacity bill c) roles and expertise of the different members of the multidisciplinary team, including the role of the doctor, both professionally and personally defined d) the standards for specialist in-patient and community rehabilitation services published by the BSRM, and the evidence base and rationale for these e) the differing needs of patients with acute, chronic and progressive disability at differing stages in their lives	The trainee is able to consistently and safely a) construct a list of impairments, activity and participation issues following assessment a) work with the MDT and the patient to select the most appropriate form on management b) lead the MDT in range of settings c) work as an advocate on behalf of people with a disability including working across administrative barriers between different service providers to achieve continuity of care d) contribute to the appropriate negotiation of goals, application of resources and review of achievements in different settings e) communicate effectively with patients and relatives	The trainee consistently a) respects the wishes and needs of the patients, b) recognizes the role of the multidisciplinary team c) values the contribution and expertise of the multidisciplinary team, working wit them to develop consistent, fair approaches to management c) negotiates the best outcome for the patient e) is aware of need to search for evidence to support clinical decision making

1.3 Good clinical care and patient safety
The assessment of this section of the curriculum will be through trainer observation of the trainee and multisource feedback
1.3i The patient as a central focus of care

The trainee is able to plan and agree the delivery of a multidisciplinary goal-centred rehabilitation programmes		
Knowledge	**Skills**	**Attitude**
The trainee consistently demonstrates a knowledge of a). the rationale, benefits and limitations of goal setting b). different approaches to goal setting c). the evaluation of goal setting	The trainee consistently a).works with the individuals and, if appropriate, their families or carers to identify treatment priorities b). identifies and uses all sources of information about the health, and functional abilities of individuals c). clearly identifies the options for addressing ill- health and functional limitations of individuals, including both benefits and risks of each option d). works in partnership with other practitioners and agencies to agree roles and responsibilities for meeting the health needs and functional goals of individuals e). plans the delivery of health care according to the resources available and the impact it will have on the individual f). identify any problems with achieving these plans and resolve them effectively	The trainee consistently a).works with the individuals to support self management b). recognizes that individuals may make choices that conflict with the physicians value system, reflects on his/her personal response to these choices and recognises the need to reflect on the framework by which one makes judgements

The trainee will understand the social and cultural factors which influence the impact of disability, and their impact on the rehabilitation process		
Knowledge	**Skills**	**Attitude**
The trainee consistently demonstrates a knowledge of a) causes and effect of societal attitudes to disability and methods of assessing negative attitudes to disability. b) influence of the culture and ethnicity on the impact of disability c) the impact of disability on social functioning including housing employment, financial leisure transport and interpersonal relationship	The trainee is able to consistently and safely a) perform a home based assessment of the impact of disease and disability within the home setting. b) liaise with other members of community based professions and provide a joint home based assessment	The trainee consistently a) appreciates the factors in the community setting which are relevant to pre discharge planning and effective evaluation of long term outcomes of hospital admissions b) appreciates the roles of stigmatisation and psychosocial factors on the individual's coping skills c) appreciates the social and cultural factors which influence individual's coping skills

The trainee can recognise the psychological mechanisms which cause or exacerbate disability		
Knowledge	**Skills**	**Attitude**
The trainee consistently demonstrates a knowledge of a) how illness, disease, pain and disability can influence 'personality' b) how 'personality' and experience are important contextual factors and can influence the response to illness, disease, pain and disability c) the somatic presentation of emotional distress d) the impact of both intrinsic and extrinsic factors on mood e) approaches to the management of disability not apparently associated with an identifiable organic process	The trainee is able to consistently and safely a) recognise the presence of psychological influences in the presentation and rehabilitation management of a person with physical impairments b) choose the most appropriate approach to managing a person with psychologically induced disability c) contribute effectively to the multidisciplinary management of patients where there is a discrepancy between subjective and objective assessment of disability d) refer appropriately to psychologists, psychiatrists and other mental health specialists as appropriate	The trainee consistently reflects on his/her personal response to unusual behaviours and recognises the need to reflect on the framework by which one makes judgements

1.3ii Prioritisation of patient safety in clinical practice
LINKS 1.5 Health Promotion and Public Health 'The trainee will be able to promote the health and well-being of people with disability'

The trainee will be able to identify the risks of developing complications secondary to a disabling illness		
Knowledge	**Skills**	**Attitude**
The trainee consistently demonstrates a knowledge of a) the prevention of medical complications of people with musculoskeletal and neurological impairment including falls, tissue viability (pressure sores) , nutrition and feeding, continence, physical function, tone and posture (contracture), pain management, mood disturbance and behavioural disturbance b) the management of the complications of people with musculoskeletal and neurological impairment listed in (a) c) nutritional and energy needs of severely disabled people, including nutritional supplementation d) techniques used for the modulation tone and posture	The trainee is able to a).undertake rapid screening assessments of the impact of disease and disability on everyday life b) identify the risks and potential complications associated with disability c). work with the multidisciplinary team to prevent the development of those complications d). identify the needs of carers	The trainee consistently a) is aware of the impact of assessment processes on the patient and their family and deal with issues sensitively b) values the contribution and perspectives of formal and informal carers c) negotiates the best outcome for the patient, and carer d) communicates clearly with patient, family and carers about care needs

1.3iii Team working and patient safety

The trainee will be able to work across organizational barriers		
Knowledge	**Skills**	**Attitude**
The trainee consistently demonstrates broad knowledge of available services for the delivery of care in different settings including a).organization of services locally including linkage with paediatric and older peoples services b). practice across the interface between rehabilitation medicine, learning disabilities, psychiatry, neuropsychiatry, and neuropsychology c). practice across the interface between primary and secondary care, health and social services, vocational and voluntary services	The trainee consistently a) exercises good judgement in formulating a management plan appropriate to available services. b). can judge risks versus patient wishes.	The trainee consistently shows a). willingness to work with what is available. b). adaptability and flexibility. c). sensitivity to patient wishes d). recognizes the importance of sharing information with primary care and community teams .

1.4 Health Promotion and Public Health
The assessment of this section of the curriculum will be through trainer observation of the trainee

The trainee will be able to promote the health and well-being of people with disability		
Knowledge	**Skills**	**Attitude**
The trainee consistently demonstrates a knowledge of a) basic exercise physiology b) the current UK screening programme c) the expert patient programme	The trainee is able to a). identify the health promotion needs of people with disability b). institute appropriate management to promote long term health and well being in people with disability c). advice individuals about the risks and benefits of specific exercise programmes	The trainee consistently a) is aware of the impact difficulties with access and communication have on individuals abilities to use screening programmes b) is aware of the risk of mood disorders in people with significant disability

1.5 Legal framework for practice
The assessment of this section of the curriculum will be through trainer observation of the trainee

The trainee can work within the frameworks offered by law		
Knowledge	**Skills**	**Attitude**
The trainee consistently demonstrates a knowledge of the legislation required to practice safely and effectively including a) provision of services through the NHS, Local authorities, departments of social security, transport, housing and other departments relevant to the lives with people with disability b) aspects of disability including the DDA and its relevance to employment, driving legislation, court of protection, living will, minimal awareness states and medico-legal reports. c) equal opportunities legislation d) an awareness of the different legal frameworks operating in the various countries of the UK e) the requirements of the DVLA f) mental capacity bill 2005	The trainee is able to consistently and safely a) provide accurate advice to patients and colleagues about their rights and responsibilities with regard to person with a disability and their carers	The trainee consistently a) shows respect for the law b) acts within the law at all times c) demonstrates a positive attitude to decision making within a legal framework and is prepared to seek advice when necessary

1.6 Ethical research

The assessment of this section of the curriculum will be through a). copies of research study protocols b) copies of ethics and R&D forms c) copies of signed consent forms d) copies of written reports e) presentation at local or national meetings f) attendance at appropriate research awareness and training meetings

The trainee is able to complete a research or clinical audit study from the planning to final report stage		
Knowledge	**Skills**	**Attitude**
The trainee consistently demonstrates a knowledge of a) quantitative research including design of randomised control trials and CONSORT guidelines b) qualitative research including an understanding of theoretical approaches and data analysis c) principles of statistics, both parametric and non parametric d) psychometric principles of measurement (cf NR 2.2) e) the principles and practice of research governance including data protection f) the structure of LREC and MRECs g) importance of informed consent in accordance with Declaration of Helsinki h) International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use (**ICH**) Good Clinical Practice guidelines	The trainee is able to consistently and safely a) design and write a comprehensive study protocol using standard headings b) complete ethics and trust R&D forms if necessary c) recruit, and consent study subjects d) collect data and store it appropriately e) analyse data appropriately f) prepare written and verbal reports g) explain implications for practice and steps required to incorporate any changes deemed necessary as a result of the study	The trainee consistently a) recognises the importance of, and displays enthusiasm towards, the advancement of research within rehabilitation b) is supportive of the research efforts of others c) is realistic about the benefits and challenges of rehabilitation research and is usually supportive of research within his/her area of work

The trainee is able to present research/audit study results orally and in written form		
Knowledge	**Skills**	**Attitude**
The trainee consistently demonstrates a knowledge of a) use of word processing packages b) use of PowerPoint to produce slides and posters	The trainee is able to consistently and safely a). design a presentation using power point or similar package, b). prepare a poster using PowerPoint or similar package following BSRM guidelines c).write a paper using standard formats including an awareness of the role of structured abstracts, methodological headings, and structured discussion d). present research findings in a formal setting.	The trainee consistently a) is aware of the importance of reporting audit and research findings and is committed to doing so b) is supportive of others who are reporting audit and research findings

1.7 Managing long term conditions

The assessment of this section of the curriculum will be through a). Observation by trainer b) multisource feedback c) Inspection of notes, letters, summaries and treatment plans

The trainee will be able to co-ordinate the delivery of health care needs of individuals with disabling condition		
Knowledge	**Skills**	**Attitude**
The trainee consistently demonstrates a knowledge of a) differing concepts about disability including the WHO ICIDH, the ICF as well as though advocated by the disability movement b) relevant legislation including the disability discrimination act, and the mental capacity bill c) roles and expertise of the different members of the multidisciplinary team, including the role of the doctor, both professionally and personally defined d) the standards for specialist in-patient and community rehabilitation services published by the BSRM, and the evidence base and rationale for these e) the differing needs of patients with acute, chronic and progressive disability at differing stages in their lives e) methods of measurement and their application	The trainee is able to consistently and safely a) work with the MDT and the patient to select the most appropriate form on management b) lead the MDT in range of settings c) organise and chair a multidisciplinary case conference d) organise and chair a family meeting e) work as an advocate on behalf of people with a disability including breaking down administrative barriers between different service providers f) contribute to the appropriate negotiation of goals, application of resources and review of achievements in different settings g) communicate effectively with relatives h) establish monitoring of health care needs	The trainee consistently a) respects the wishes and needs of the patients, b) values the contribution and expertise of the multidisciplinary team c) negotiates the best outcome for the patient d) is confident of their ability to lead multi multidisciplinary case conference e) is confident of their ability to organise and chair a family meeting

The trainee will be able communicate effectively with patients professionals and agencies in planning packages of community based care and rehabilitation		
Knowledge	**Skills**	**Attitude**
The trainee consistently demonstrates a knowledge of a) those factors relevant to the planning of discharge from hospital of individuals with complex disabilities. b) services provided by statutory bodies voluntary agencies and charities and the regulations and legislation under which they operate c) community care plans, the planning of services and the process of multi agency assessments d) the interface between specialist community services and hospital based rehabilitation services and incorporation of shared guidelines e) the interface of specialist community rehabilitation services with primary care and generic community rehabilitation services including community therapy and nursing services f) the work of voluntary and self help groups and their inclusion in the planning and rehabilitation of disabled people and their carers.	The trainee is able to consistently and safely a) Assess an individual's long term needs and establish a management plan b) provide a written report of these assessments and plans c) co-ordinate and participate in multi agency case conferences d) chair multi agency case conferences e) establish monitoring processes for the care packages of individual patients f) identify carers needs and ensure that these are reflected in the patient's management plan, including the provision of respite care	The trainee consistently a) contributes to the planning of complex discharges acknowledging the importance of their commitment to the process b) respects the individuals employed by and services provided by other agencies, acknowledging their areas of expertise and the constraints under which they work c) acknowledges the nature and importance of the work provided by informal carers, d) negotiates the best outcome for the patient e) is confident of their ability to work with agencies

The trainee can make an effective contribution to the planning of community services for specific groups of disabled people		
Knowledge	**Skills**	**Attitude**
The trainee consistently demonstrates a knowledge of a) the available services for short-term, intermittent and longer term rehabilitation and services for people in institutional care, as well as respite care services b) the work of voluntary and self-help groups and their inclusion in the planning and rehabilitation of disabled people and their carers c) the physical, psychological and social impact of living in residential care and of shared care arrangements	The trainee is able to consistently and safely a) participate in the planning of services when requested by voluntary and statutory bodies	The trainee consistently a) respects individuals decision about their place of residence b) is aware of the need to involve service users and carers when planning services b) is aware of their personal limitations and authority for planning services

2. RELATIONSHIPS WITH PATIENTS AND COMMUNICATION

The assessment for this section of the curriculum will be through the performance of mini CEX, observation by the trainer, multisource feedback and examination of the medical records including note keeping and letters.

The trainee is able to communicate effectively with people with neurological conditions, and those involved in their care		
Knowledge	**Skills**	**Attitude**
The trainee consistently demonstrates a knowledge of a). a knowledge of the pathophysiological basis of dysphasia, articulatory dyspraxia and dysarthria b). an understanding of the impact of a range of communication differences and can identify strategies for compensating for and managing these c). an understanding of the conditions required for the communication of complex information and bad news	The trainee is able to consistently communicates effectively by: a). Respecting the individuals privacy, dignity, wishes and beliefs and obtaining informed consent wherever appropriate b). Ensuring that the environment is appropriate to the communication c). Establishing any communication differences with the individual such as language or speech impairment, cognitive impairment, English as a second language, sensory impairment, cultural differences d). Confirming with the individual who they wish to be involved in the communication process e).Clarifying the purpose of the communication with the individual and those involved in their care, and identify their preferred ways of communicating f). Using a range of structures & styles to • elicit concerns across physical, psychological and social domains • establish extent of awareness about illness and prognosis • impart information sensitively according to wishes and needs of individual • facilitate decision making and promote autonomy in individuals • identify obstacles to communication and strategies to overcome them g). Answering correctly any questions raised by the individual and identify the means of answering any questions that cannot be answered immediately	The trainee consistently demonstrates the recognition of the need for a range of communication skills and reflects on his or her practice to ensure his/her skills are maintained

3. GOVERNANCE AND MAINTAINING GOOD CLINICAL PRACTICE

The assessment of this section of the curriculum will be through a) copies of audit study protocols b) copies of written reports c) presentation at local or national meetings

3.1 Learning

The trainee can maintain good clinical practice		
Knowledge	**Skills**	**Attitude**
The trainee consistently demonstrates a knowledge of a) the importance of CPD b) the obligations imposed on doctors by the GMC c) ethical aspects of rehabilitation medicine including resource allocation, selection for treatment, withdrawal of treatment in progressive disability and in minimally aware states. d) organisation within the medical profession, including the roles of the GMC, Royal Colleges, JRCPTB and SAC/PMETB BMA and specialist societies both for physicians and other professions involved in rehabilitation	The trainee can a) identify gaps in knowledge and plan actions to fill them b) translates knowledge and new learning into practice c) maintains a portfolio of CPD	The trainee consistently a) demonstrates an awareness of the responsibilities of doctors b) an understanding of the ethical framework within which decisions are made c) respect for how others ethical, moral or religious frameworks inform their decision making d) is eager to reflect on his/her own learning to improve his/her skills e) is able to accept and act upon feedback f) demonstrates a commitment to CPD and life long learning g) shows respect for his/her trainer, the Postgraduate Dean and the Royal College of Physicians

3.2 Evidence and Guidelines

The trainee is able to critically appraise scientific, clinical and sociological research literature		
Knowledge	**Skills**	**Attitude**
The trainee consistently demonstrates a knowledge of a) quantitative research including design of randomised control trials and CONSORT guidelines b) qualitative research including an understanding of theoretical approaches and data analysis c) principles of statistics, both parametric and non parametric d) psychometric principles of measurement e)) the management skills to incorporate research findings into clinical practice f) clinical guidelines relevant to rehabilitation medicine	The trainee is able to consistently and safely a) evaluate scientific, clinical and sociological papers, reviews reports and meta-analyses critically b) prepare reviews for relevant journals on scientific, clinical and sociological papers	a) The trainee consistently actively seeks to apply the best available evidence to patient care and encourages others to do b) The trainee shows a commitment to life-long learning and evidence based clinical practice

3.3 Audit

LINKS 1.6 Ethical research: The trainee is able to complete a research or clinical audit study from the planning to final report stage & The trainee is able to present research/audit study results orally and in written form

The trainee is able to monitor the delivery and outcomes of the rehabilitation programme		
Knowledge	**Skills**	**Attitude**
The trainee consistently demonstrates a knowledge of measurement and evaluation in practice including a). measures of impairment, activity, participation and quality of life b). the roles of disease specific versus generic measures b). the distinction between patient based and clinician based outcomes c). basic psychometric concepts such as validity, reliability and responsiveness d). factors affecting the choice of an outcome measure e). the development of new measures f) sources of different clinical guidelines g) different examples of audit and evaluation in practice	The trainee consistently a). identifies suitable evaluation methods that are realistic and achievable b). identifies and uses all sources of information about the effectiveness of health care programmes c). consults with all relevant people on the implementation of the health care programmes d) establishes criteria for determining the effectiveness of health care programmes e) assesses the results of health care programmes against specified criteria f) presents the results of the evaluation to all relevant people g) identifies any problems with the health care programmes and identifies potential solutions h) recommends options to improve the effectiveness of health care programmes to the appropriate people	The trainee understands the importance of patient's perspective when measuring outcome

4. TEACHING AND TRAINING

The assessment of this section of the curriculum will be through (a) peer review (b) evidence of feedback following teaching (c) evidence of attendance at a TIPs or equivalent course.

The trainee can teach in a multidisciplinary setting including when patients are present		
Knowledge	**Skills**	**Attitude**
The trainee consistently demonstrates a knowledge of a) the principles of effective teaching in a range of settings, lecture theatre, small group, bedside	The trainee is able to a). teach undergraduate and postgraduate doctors and allied health professionals b). develop teaching plans with appropriate learning objectives c) supplies supporting materials d) encourages formal feedback	The trainee consistently a) recognizes and fulfils their obligation to teach and train others b) recognises the benefits of peer review

5. WORKING WITH COLLEAGUES
The assessment for this section of the curriculum will be through observation by the trainer.

LINKS: 1.7 The trainee will be able communicate effectively with patients, professionals and agencies in planning packages of community based care and rehabilitation

The trainee can lead and manage the clinical service and rehabilitation team		
Knowledge	**Skills**	**Attitude**
The trainee consistently demonstrates a knowledge of a)the principles of clinical governance including the role of audit, health and safety and risk management, and the use of information technology to support these processes b)management principles including different styles of leadership, team dynamics, change management, decision making, conflict management, delegation and time management c) the process necessary to appoint staff including equal opportunities legislation d) staff development, including personal career plans, appraisal and in service education opportunities and the issues surrounding the introduction of agenda for change and the Key Skills Framework	The trainee is able to consistently and safely a)participate in clinical governance processes including day to day management issues such as organising medical cover rotas, or teaching programmes as well as audit and is able to document such processes b) apply the management principles listed above within the MDT and deal with issues such as change, and conflict positively c) able to participate in appointments panels d) co-operate with colleagues in producing a personal development plan appropriate	The trainee consistently a) values the professional and personal values of staff and their contribution to the MDT b) recognises when an individual within the team needs support c) is aware of the tensions that can exist in MDT d) has insight into his or her own role and interactions within the team e) is willing to address areas of difficulty in working with an MDT f) demonstrates a positive attitude to equal opportunities legislation

The trainee understands the principles and practice that influence service development and delivery		
Knowledge	**Skills**	**Attitude**
The trainee consistently demonstrates a knowledge of a)the roles of generic and specific rehabilitation services such as spinal injuries centres, disablement services centres community teams in the provision of a comprehensive rehabilitation service b) the roles of different agencies in service provision and the influence of their differing priorities c) the various pressures that inform service planning and how these may be influenced e.g., by objective data, pressure group lobbying, political decisions d) a knowledge of the commissioning process e) budgetary management at a local level, and an understanding of delegation of financial responsibility, accountability, and planning	The trainee is able to consistently and safely work with different agencies	The trainee consistently a) is aware that locally desired goals must be integrated with wider agendas such as those dictated by local or national policies

6. Probity and Health
LINKS: 1.5 Legal framework for practice
The assessment of this section of the curriculum will be through (a) monitoring of formal and informal complaints

The trainee behaves in a professional manner in a wide range of settings		
Knowledge	**Skills**	**Attitude**
The trainee consistently demonstrates a knowledge of a) equality and diversity issues b) bullying and harassment policies c) the resources available to support the sick doctor d) the standards of Good Medical Practice demanded by GMC	The trainee is able to a) respond to complaints in a timely, non-confrontational manner	The trainee consistently a) recognizes the vulnerability of patients and professionals particularly when attending patients in their own home b) reflects on complaints and how they can inform clinical practice both at an individual and team level.

Model of Learning

Competencies in RM will be achieved by the trainee during a series of modular attachments to specialist trainers and educational supervisors who practice in a range of clinical settings. These will vary from the acute hospital setting to the community based service but will have key characteristics in common which will include:
(1) working with a specialist multidisciplinary team
(2) working to professionally agreed standards of practice
(3) on the job supervision
(4) regular appraisal and feedback
This work based experiential learning will deliver ~80% of the training.
The remaining 20% will be delivered through independent learning, off the job education through conferences and training courses,
The curriculum will be delivered by blueprinting the curriculum against the learning goals that can be achieved in each modular placement. Key competencies will be delivered and monitored through an independent assessment process. The assessments will be fit for purpose and give coverage across the domains of the curriculum by a process of sampling.

The trainee will work with supervision in hospital inpatient and outpatient setting, community hospital, Young Disabled Unit, specialist Head Injury units, specialist spinal Injury units, specialist orthopaedic and limb fitting settings, district or regional rehabilitation or disablement services settings. Specific procedural skills eg management of Spasticity are learnt through attendance at supervised consultant led clinics and attendance at specialist courses (off the job learning).

Knowledge of related and relevant specialties is necessary and will be achieved during short placements which will be mutually beneficial, supporting the sharing of transferable skills between RM and the selected specialty. These may include Pain, Palliative care, Learning disabilities, psychiatry, orthopaedic medicine, urology stroke medicine and others. Each trainee will be expected to select at least three topics relevant to their learning needs and to acquire selective clinical experience.

The integrated assessment system includes a range of assessment methods which assess across domains of the curriculum. A blueprinting exercise will be undertaken which will map assessments onto the curriculum.

Learning Experience

The curriculum will be delivered through a variety of learning experiences. Trainees will learn from practice (work-based training). The consultant trainer will observe the trainee at work, will assist the trainee in the art of formulating patient profiles and developing management plans, and will review written documentation, to provide regular feedback and appraisal and to assist the trainee in identifying knowledge needs and how to meet them.
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Trainees will have opportunities for concentrated practice in skills and procedures through specialist clinics and services.

Peer learning will be encouraged through regular educational activities and through pairing of trainees (new trainee with experienced trainee) where possible. Trainees will be expected to help identify their training needs and to look for ways of meeting them through attending specialist regional/ national courses and services. Experience may be sought abroad. Trainees all have access to IT and library facilities to support their learning needs, and will also find professional assistance from the National Society, the BSRM, in identifying other educational opportunities.

Most of the curriculum is suited to delivery by work-based experiential learning and on-the-job supervision. Where it is clear from trainees' experience that parts of the curriculum are not being delivered within their work place, appropriate off-the job education or rotations to other work places will be arranged. The key will be regular work-based assessment by educational supervisors who will be able to assess, with the trainee, their on-going progress and whether parts of the curriculum are not being delivered within their present work place.

The trainee is invited to set regular protected time with the current educational supervisor for appraisal sessions to review learning needs. This should take place at the start of every placement and regularly thereafter. Minimum level of appraisal would be one per six month period but will be more frequent in short attachments or if there is a perceived need. Records of these meetings are kept by the trainee. The appraisal process is separate to assessment but may inform or be informed by assessment exercises.

Research

Trainees who wish to acquire extensive research competencies, in addition to those specified in the generic element of the curriculum, may undertake a research project as an ideal way of obtaining those competencies, all options can be considered including taking time out of programme to complete a specified project or research degree. Time out of programme needs prospective approval from the SAC and the support of the Postgraduate Dean. Funding will need to be identified for the duration of the research period. A maximum period of 3 years out of programme is allowed.

Supervision and Feedback

The educational supervisor will meet regularly with the trainee to discuss progress and to feed back assessment. This will ensure the trainee understands what development is required. An important component of this will be the completion of work based assessments. The miniCEX will be used at least four times per annum to evaluate key skills eg Chairing a case conference with the multidisciplinary team, patient and family members present; OP assessment of a newly diagnosed person with MND. The MSF (multi source feedback) will be completed by ~ 20 colleagues and fed back with college designed documentation before the first Regional annual assessment (RITA) and on at least one further occasion prior to CCT if not annually. DOPS (Direct Observation of Procedural Skills) assessments will be performed on specific skills eg spasticity treatment.

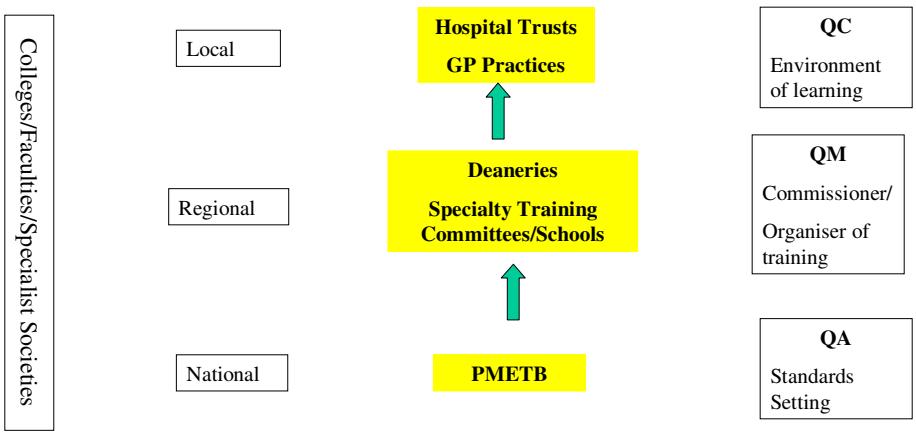
These objective assessments are fed into the annual RITA process along with individual educational supervisor reports to allow independent inspection of evidence of fitness to continue training and practice as a specialist in RM.

The educational supervisor, when meeting with the trainee, will discuss issues of clinical governance, risk management and the report of any untoward clinical incidents involving the trainee. The educational supervisor is part of the clinical specialty team thus if the clinical directorate (clinical director) have any concerns about the performance of the trainee, or there were issues of doctor or patient safety, these would be discussed with the educational supervisor. This would not detract from the statutory duty of the trust to deliver effective clinical governance through its management systems.

Managing Curriculum Implementation

Deaneries are responsible for quality management, PMETB will quality assure the deaneries and educational providers are responsible for local quality control, to be managed by the deaneries. The role of the Colleges in quality management remains important and will be delivered in partnership with the deaneries. The College role is one of quality review of deanery processes and this will take place within the SACs on a regular basis.

The Organisation and Quality Assurance of PG Training



Curriculum Review and Updating

Curriculum review will be informed by a number of different processes. For instance the SAC will be able to use information gathered from specialty heads, specialty deans and the National Health Service. It will have available to it results of the trainee survey, which will include questions pertaining to their specialty. Interaction with the NHS will be

particularly important to understand the performance of specialists within the NHS and feedback will be required as to the continuing need for that specialty as defined by the curriculum. It is likely that the NHS will have a view as to the balance between generalist and specialist skills, the development of generic competencies and, looking to the future, the need for additional specialist competencies and curricula.

Equality and Diversity

In the exercise of these powers and responsibilities, the Royal Colleges of Physicians will comply, and ensure compliance, with the requirements of relevant legislation, such as the:

- Race Relations (Amendment) Act 2000;
- Disability Discrimination Act 1995 and Special Educational Needs and Disabilities Act 2001;
- The Disability Discrimination Act 1995 (amendment) (further and higher education) regulations 2006
- Age Discrimination Act in October 2006

The Federation of the Royal Colleges of Physicians believes that equality of opportunity is fundamental to the many and varied ways in which individuals become involved with the Colleges, either as members of staff and Officers, as advisers from the medical profession, as members of the Colleges' professional bodies or as doctors in training and examination candidates. Accordingly, it warmly welcomes contributors and applicants from as diverse a population as possible, and actively seeks to recruit people to all its activities regardless of race, religion, ethnic origin, disability, age, gender or sexual orientation.

Statutory responsibilities

The Royal Colleges of Physicians will comply, and ensure compliance, with the requirements of legislation, such as the:

- Human Rights Act 1998
- Freedom of Information Act 2001
- Data Protection Acts 1984 and 1998