座長 江藤 文夫・Andrew Cole

Training Systems for Specialist Rehabilitation Physicians: Current Status and Future Developments

3. Rehabilitation Medicine Training in Australia

The University of New South Wales (Australia) Andrew Cole

Introduction

Australia is a land of great contrasts. Environments and population density vary enormously. Many people do not speak English as their first language. The public health challenges vary widely between different places. With such diversity, how do you develop a single training scheme for Rehabilitation Medicine practitioners?

Definitions

We define the rehabilitation process as bringing about the highest possible level of recovery for an individual, following loss of function and ability. While medical rehabilitation is part of the duty of all practising doctors, it is beyond the ability of every doctor to have a comprehensive understanding and application of detailed rehabilitation knowledge. Rehabilitation Medicine is thus that smaller part of the science of medicine involved with the prevention and reduction of disability and handicap, arising from impairments. We consider and manage disability from physical, psycho-social and vocational viewpoints.

Our local environment

In Australia and New Zealand, the specialty of Rehabilitation Medicine focuses on the structure and function of people with problems in mobility, self-care and other human activities. We examine the psychological responses and social consequences that accompany these problems. This requires the Rehabilitation Specialist to have special skills in medical assessment at the onset of disability, and to continue with progress re-assessments, as the person moves through their rehabilitation program. Once this is complete, a rehabilitation doctor has responsibility to ensure patients and families are best educated, to try to prevent further disabling impairment in future.

The Australasian training program

After receiving their medical degree, individuals hoping to train in Rehabilitation Medicine are required to have completed two years of medical internship, in medical and surgical disciplines.

They then enter a four-year vocational training program, supervised by the Australasian Faculty of Rehabilitation Medicine, of the Royal Australasian College of Physicians. In the first two years, trainees must pass a written assessment of their basic sciences and medical knowledge (Module 1). They must also pass an assessment of their clinical examination and interpretative skills, using live patients and investigations, such as X-rays and ECGs (Module 2).

During these four years, each trainee works in accredited positions, each term usually of six months' duration, under the supervision of a recognised specialist. Supervisor and trainee meet at the start of each term and document the training goals and skills to be acquired in that period. They meet every two months and formatively assess progress towards these goals. At the term conclusion, the supervisor compiles a full report, countersigned by the trainee, which is forwarded to the Vocational Training Committee of

the Faculty Board of Censors.

During these years, trainees also complete four external written modules in Behavioural Sciences, Clinical Research, the Administration and Management of Rehabilitation Services, and Clinical Neuropsychology. We consider all these are foundational areas of knowledge and skill for the practice of Rehabilitation Medicine. Over the four years, trainees have to complete a series of Long Case Assessments with their supervisors, which are lengthy case discussions of all aspects of the medical and rehabilitation care of a disabled individual.

Finally, there is an “exit” examination, for Faculty Fellowship, which may be attempted in either the third or fourth year of vocational training. It has a written segment, for assessment of the concepts that underpin all of rehabilitation practice, two detailed long case assessments undertaken in ordinary practice, and a clinical examination in an OSCE format, with discussion of rehabilitation management of individuals.

Finally, when all components of the training are completed, the trainee is recommended for Fellowship of the Faculty.

Ongoing education

Once having attained this qualification, Fellows enrol in a program for Maintenance of Professional Standards (MOPS). We obtain credit points for continuing education and quality review in each year, with a required total for each five-year cycle of the program.

The Future

Over the next few years, we propose to develop our vocational training, and move away from an emphasis on summative assessments in artificial situations, and move towards greater use of formative assessments in everyday clinical settings.