

Editorial

Post Graduate Medical Education in Physical Medicine and Rehabilitation



Rehabilitation is “The use of all means aimed at reducing the impact of disabling and handicapping conditions and at enabling people with disabilities to achieve optimal social integration”. PMR is an independent medical specialty concern with promotion of physical and cognitive functioning, activities (including behaviour), participation (including quality of life) and modifying personal and environmental factors. It is thus responsible for the prevention, diagnosis, treatment and rehabilitation management of people with disabling medical conditions and co-morbidity across all ages. PMR specialist develops an intervention plan based on diagnosis and disability of patient.

The goal of post graduate training is to train specialists who will devote their time and efforts to a particular area of medicine. Extensive training, the acquisition of special knowledge and skills, and years of practical experience are necessary. The role of the specialist can be categorized according to three main areas of activity i.e. care, education and training, and research. Care is based on special clinical skills of specialist. Education and training in rehabilitation is a learning process for both the patient, the family and other members of the team. Research should not be restricted to medical school; it can also be performed in the daily medical activities or other medical institutions such as hospital, medical centre and other community settings. The objective of the medical education institution is to shape the necessary attitudes, skills and knowledge according to the concepts and methodology of rehabilitation medicine and to fulfill the educational requirements so that the specialist is able to function in the rehabilitation field. Specialists should be capable of planning and coordinating the entire rehabilitation process as well as leading the team and views patients holistically. He or she must be familiar with how to care for patients as well as their relatives in crisis and should meet regularly with the team, patient and family. Cooperation with other specialists is essential and close cooperation with personnel who are responsible for primary care should be initiated. The specialist should have knowledge of diseases and injuries encountered in rehabilitation. The specialist must understand and be able to promote the concept that help can not be imposed upon the patient, only offered to the patient.

A difficulty exist in that few medical colleges have created department for PMR. Thus not enough physicians are being trained in this specialty and not enough hospitals with good rehabilitation departments are available to meet the needs of patients. The specialty has different nomenclature in different parts of the globe. Physical Medicine, Physical and Rehabilitation Medicine, Rehabilitation Medicine and Physical Medicine and Rehabilitation (in India) are some of them. Like the different nomenclatures the post graduate training also differs in duration and content. In Europe residency is four years but in India MD (PMR) & DNB (PMR) is three years, DIP (PMR) is two years respectively. With only 500 PMR specialists, India could use over 5000 to meet the level of coverage of China and other emerging countries. However MCI rules require only 1 or 2 trainees per faculty members and a full three years training. This means that it would take perhaps half a century to meet the basic need. This problem needs to be addressed specifically how will India and others meet their need?

To overcome the situation following measure may be helpful to create more specialist and faculty.

- Formulation of a universal, short, practicable and modern PG course curriculum.
- Permit more resident (2 or 4) per faculty member.
- After completion of three years basic training in PMR, the diploma holder in PMR may be treated as faculty.
- Additional one year training in PMR for the degree holder of allied specialty like Orthopedic, General Medicine, Paediatric Medicine, General Surgery may be treated as faculty.
- Post doctoral training in combination with PMR i.e Cardiology, Rheumatology, Neurology, Neurosurgery, Plastic Surgery, Urology may be treated as faculty.
- Relaxation by MCI in PG teaching requirement in respect of faculty, bed and other facilities.

The future goals for the specialty cover the development of a “Culture of Rehabilitation” as a fundamental right for people with disabilities and one of the roles of PMR specialist is to realise that.

– R. N. Haldar