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Tomorrow's Doctors 2009: a draft for consultation Response of the British Society of Rehabilitation Medicine

The British Society of Rehabilitation Medicine (BSRM) represents doctors who practise in Rehabilitation Medicine. It was formed in 1984 and is a registered charity (Reg. No. 293196).

The Society encourages doctors in all clinical specialties to be involved in education and research into the management of disability. Membership of the BSRM is open to all registered medical practitioners interested and concerned with its objectives and has nearly 400 members from all nations within the UK.

General comments

The BSRM commends the GMC's commitment to enhancing the chances of disabled students in undergraduate medical education. We would encourage the GMC to adopt the terminology of the International Classification of Functioning, Disability and Health when referring to disabled students in the draft for consultation. [1]

Specific comments

We also have these specific comments that relate to the following paragraphs:

Students' health:

120 Students' physical health should also be protected. We suggest that in addition to immunisation against serious communicable diseases, students should be prepared for the physical impact of their training and receive appropriate instruction and training in moving and handling patients. As patients are heavier and more disabled than ever, it is incumbent on medical students to equip students correctly with these skills to protect their own health, to be able to position patients correctly for examination and to prevent avoidable complications in disabled patients e.g. dislocated shoulders from inappropriate handling techniques. [2]

Support for educators:

128 We feel that educators should participate in peer-observation of teaching in addition to other appropriate training. [3]

Outcomes 1

- 153 The medical graduate should recognise the biomedical, psychological and social aspects of disability through appropriate disability equality training and exposure to clinical situations including disabled people. [4]
- 154 a. We contend that there is no health risk associated with disability; the health risk lies with the health condition and its associated impairments.

With reference to the footnote for this point, we object to our profession being described as "tertiary prevention of disease". Rehabilitation medicine is an active, educational process that provides medical management for people with complex disabilities. It is not an optional extra to be relegated to third place in a list of treatments. Rehabilitation physicians have the knowledge and skills to confirm the medical and functional diagnoses associated with disabling conditions, to manage symptoms and facilitate treatment. If more doctors were trained in the principles of rehabilitation medicine then more patients might achieve independence and experience better quality of life than at present.

Rehabilitation is a founding principle of the NHS [5] and enshrined as an evidence-based intervention for many conditions with a treatment effect size equal to, or exceeding, the effect size of many pharmaceutical or surgical procedures.

Outcome 2

- 157 d. The patient consultation should also include education for patients and their carers.
- Plus, doctors as practitioners should also be able to assess a patient's capacity to consent to treatment according to the relevant legislation in their country. [6]
[7]
- 158 g. The plan formulating treatment and management should also include safe discharge.
- 159 b. Communication can be affected by cognitive communication impairments, and this terminology should be used, rather than "disability".

We hope that these comments strengthen Tomorrow's Doctors and look forward to reading the final version.

This response has been drafted by Dr Rory O'Connor and has been seen and agreed by the Executive Committee of the BSRM and its Educational Sub-committee.

Reference List

- [1] World Health Organisation. International Classification of Functioning, Disability and Health. First ed. Geneva: WHO 2001.

- [2] Sabharwal S, Sebastian JL, Lanouette M. An educational intervention to teach medical students about examining disabled patients. *Journal of the American Medical Association*. 2000 Sep 6;284(9):1080-1.
- [3] Fry H, Ketteridge S, Marshall S. *A handbook for teaching & learning in higher education*. Oxford: RoutledgeFalmer 2003.
- [4] Byron M, Howell C, Bradley P, Bheenuck S, Wickham C, Curran T. *Different Differences: Disability Equality Teaching in Healthcare Education*. Newcastle upon Tyne: Higher Education Authority; 2006.
- [5] Beveridge W. *The Beveridge Report*. London: HMSO 1942.
- [6] *Mental Capacity Act United Kingdom 2005*.
- [7] *Adults with Incapacity Act 2000*.