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REPORT OF THE COMMITTEE ON TRAINING PROGRAMMES

MEMBERS are invited to comment on the Report of the Committee on Training Programmes so that this Committee can assess how it can be implemented in each member's country. Such information would be very helpful to the Committee. Therefore, it would be much appreciated if members would write to the Secretary, Dr. J. J. Walsh, Honorary Secretary, International Medical Society of Paraplegia, National Spinal Injuries Centre, Stoke Mandeville Hospital, Aylesbury, Bucks, England.

Introductory Note

The Committee on Training Programmes was appointed at the Annual General Meeting of the Society in July 1970. It was constituted as follows:

Dr. G. Bedbrook	Australia
Dr. J. Cibeira	Argentina
Professor A. Grossiord	France
Professor Sir Ludwig Guttmann	Great Britain
Professor R. L. Huckstep	Australia
Dr. R. R. Jackson	United States
Dr. V. Paeslack	Germany
Dr. A. B. Rossier	Switzerland
Dr. J. J. Walsh	Great Britain
Dr. J. S. Young	United States
Professor M. Weiss (since 2 August 1972)	Poland
Dr. H. S. Talbot (Chairman)	United States
Dr. Elane Wilcox	Administrative Consultant
Dr. Saul Boyarsky	Academic Consultant

Working with guidelines suggested by the Chairman, the members of the Committee had an extended exchange of views by correspondence, addressing themselves in particular to the following questions:

1. What should be the resources of an institution offering a training programme? This should include teaching personnel, plant and facilities, and clinical material.
2. What should be the content of a training programme for physicians and how long a period should be allowed for it?
3. What, if any, prerequisites should be expected of candidates for such training?

The views so expressed were summarised and collated by the Chairman and discussed at length at a meeting of the Committee at Stoke Mandeville on 27 July 1971. A preliminary report was made to the Council of the Society that evening and discussed in detail. Various changes in substance and wording were suggested and the Committee was instructed to modify its report according to these. More correspondence followed, and the Committee met again on 2 August 1972 to consider a memorandum prepared by the Chairman, which was thought to incorporate all the modifications suggested by its members and the Council. With a few changes in wording, this was presented to the Council later that day, but lack of time prevented the full consideration that the subject demanded. Accordingly, a special meeting of the Council was held in London on 31 March 1973 at which time a few more changes were suggested and the report accepted in the form that follows, which incorporates all these as well as previous amendments to the original submission of the Committee. It is now presented by the Council to the membership of the Society.

1. Spinal cord injury patients should be treated in a centre specially staffed and equipped for this purpose. Training of physicians for the care of spinal cord injury patients should be conducted in such a centre, based on the premise that the capability for providing the best of care is an obvious prerequisite for a place in which training is to be given. This centre should either be a part of a well-equipped hospital or have constant availability of all the resources commonly associated with such a hospital. Ideally, it should receive its patients immediately after injury, although this is an ideal not easily achieved in every part of the world. When it is impossible, various compromises may be worked out and these have taken too many forms to be enumerated. What must be recognised is that they are compromises with the ideal and carry the hazard of fragmentation of care.

2. It follows that the physical facilities should be not less complete than those ordinarily found in a first-class teaching hospital. It is not the opinion of the Committee that an enumeration of these is necessary, but that, in the evaluation of any institution, particular attention should be paid to the adequacy of the equipment available in the department of physical medicine, as well as to personnel and equipment for orthotics.

3. The centre should have the capability for collecting, interpreting and maintaining in retrievable form the mass of data accumulated in the care of its patients.

4. The centre should preferably have a minimum capacity of 50 beds and an admission rate of at least 25 recently injured patients per year. It is the sense of the Committee, however, that these figures should be considered as having a reciprocal relationship. A higher rate of turnover might, in considerable degree, balance a smaller capacity, as might also the ratio of recently injured to chronic patients, or the number regularly and actively treated as out-patients. The suggested figures, therefore, are not to be considered as absolute criteria. In the evaluation of a centre the factors mentioned above, and perhaps others as well, will demand a flexible rather than arbitrary determination of the adequacy of the clinical material for an effective training programme.

5. There should be suitable out-patient facilities, in terms of space, equipment and personnel, to provide full care and follow-up attention for those patients who do not require hospitalisation.

6. The medical staff should be headed by a chief who, whatever his own previous training or specialty, must be completely familiar with all phases of the care of spinal cord injury patients and be completely in charge of an autonomous service. There should be one full-time physician for each twenty patients. To the degree possible, although this can be achieved only on a large service, the staff should include specialists in the various fields of treatment required by these patients. When this is not the case, these specialists must be available, as required, on a part-time basis. Because of the special needs of spinal cord injury patients and the extent to which these needs differ from those of the general population, even within the confines of a given specialty, it is highly desirable that such specialists have a continuing rather than only occasional contact with the centre, and that they cultivate a genuine interest in the problems with which they deal, so that their combined efforts, under the leadership of the chief of the service, may be integrated into a holistic system of care.

7. It is highly desirable that all the members of the medical staff should be interested in teaching, and that at least one senior member be prepared to accept the responsibility for establishing and maintaining an educational programme. It is also important that there should be a systematic programme of research activity and that members of the staff be given opportunity for contacts with others working in this and related fields of medicine.

8. The normal training period for a physician should be not less than two years, assuming a prerequisite of at least two years of hospital training after medical school. This two-year period may be shortened to one year for those who begin fully trained (that is, with the equivalent of board certification in the United States) in any of the specialties required in the care of these patients. A longer specified course of training

would, of course, be desirable, but it is feared that this might deter candidates at a time when there is an acute need for physicians who have achieved at least a reasonable level of competence in the care of spinal cord injury patients.

9. The centre must maintain a complete follow-up service comprising not only the medical but the social, educational and vocational needs of each patient, the records of which should be no less complete than those for the period of hospitalisation. This will entail the maintenance of a social service department integral or closely associated with that serving the hospitalised patients.

10. Because this is a new specialty, it is the opinion of the Committee that these standards are better expressed in general than in specific form and that, in the evaluation of any institution, chief consideration should be given to the whole rather than to any of its parts. The Committee recognises that uniformity would be not only impossible but undesirable. It recommends that, whenever possible, each physician under training spend a period of time at one or more other centres in order to gain by the diversity of experience and methodology now available.

Centres in the so-called developing nations will, perhaps, have to be evaluated with even more flexibility in the interpretation of requirements as they apply to individual cases. No useful end can be served by insisting upon standards which cannot possibly be met, either in the institutions doing the training or those to which its trainees are to return. But a period of training at an established centre should be arranged for these physicians when possible.

PERSONALIA

The Carlo Erba Foundation has awarded the Gold Medal for 1973 to Professor Alain Rossier in recognition of his outstanding contribution in the field of paraplegic therapy and rehabilitation.

The Hungarian Society of Traumatology has elected Sir Ludwig Guttmann as an honorary member.

The Editor requests again that members of the Society who have received honours should inform him, so that these can be published in this journal.