International relations

Croatian Society of PRM and UEMS PRM Section and Board agreement

Constitution entre la Société croate de médecine physique et de réadaptation (MPR) et la section de l’Union européenne des médecins spécialistes (UEMS) en MPR

1. Introduction

Croatia is a country connecting Mediterranean, Central Europe and South-Eastern Europe with 4.4 million inhabitants, extending as an arc over Adriatic sea and reaching Danube river in the east, with total area of 87,661 km² (total land area 56,594 km²). The Croatian Adriatic coast is one of the most indented in the world: it has 1246 islands and islets with a total coastline of 4058 km, the total length of the mainland coast being 1777 km. Besides, its diverse landscape comprises lowlands and mountainous area separating them from its coastal part. Croatia has BDP, which is at 64% of European Union average but higher than in seven EU member countries and a number of other non-EU European countries. Sixteen percent of Croatian population is older than 65 years, and with actual low birth rate (approx. 9‰, while mortality rate is 10–12‰) Croatia expects reduction of its population by approximately 20% in 2051, even with planned immigration policy [1]. In geographically diversified landscape, old population represents even more burden to health care system, and particularly to our specialty of PRM. More than 12,000 practising physicians in 43 different specialties in public health system organized by the Ministry of Health and Social Welfare and under the payment system of Croatian Institute for Health Insurance take care of Croatian population, including 350 PRM specialists and 40 trainees, giving a ratio of 6.8 PRM doctors/100,000 inhabitants, second highest in European Union of Medical Specialists (UEMS) member countries [2,3]. Three thousand physiotherapists and occupational therapists work in the PRM system, with a number of psychologists, speech therapists, social workers and others. Croatian Medical Association (CroMA) was formed in 1874, at that time one of only eight physicians’ associations in Europe. CroMA has the mission to promote healthcare, professional and scientific work of medical doctors, fostering of ethical issues and protection of physicians’ interests. First two sections, those of Surgery and Internal medicine evolved in 1911, followed by others. Section of Rheumatology, Physical Medicine and Balneoclimatology appeared in 1947, and divided into PRM Section and Rheumatology Section in 1966. Croatian Medical Association nowadays has more than 100 societies, Croatian Society of PRM (CSPRM) being one of the largest and most active. PRM specialty was established in 1960, while even before some hospital wards were dedicated to inpatients in PRM, for instance in hospital of Varazdinske Toplice in 1957.

2. Undergraduate PRM training

Nowadays, undergraduate education in PRM consists of 45 hours of training (2 weeks in PRM department), at all of four university Medical Schools. This curriculum has 15 hours of theoretical courses and 30 hours in practical sessions. Content, agreed by Croatian PRM professors and proposed to the Board in its effort to harmonize undergraduate training in PRM include: history, role and importance of PRM; prevalence, diagnosis and evaluation of disability; methods and organizing of rehabilitation, social aspects of disability (2 hours); propedeutics and diseases of musculoskeletal system (2 hours); planning of rehabilitation and rehabilitation interventions; individuality of medicamentous and physical treatment; use of electrotherapy, thermotherapy, phototherapy, criotherapy, kinesiotherapy; modulation of pain (2 hours); diagnostics, treatment and rehabilitation in rheumatic inflammatory and degenerative diseases (1 hour); rehabilitation of patients with amputation (1 hour); rehabilitation of patients with spinal cord lesion (1 hour); rehabilitation of patients with traumatic brain injury and children with cerebral palsy (1 hour); rehabilitation of patients with trauma of musculoskeletal system or arthroplasty (1 hour); rehabilitation/orthotic aids–orthoses and prostheses (1 hour); balneology and thermo-mineral waters (1 hour); rehabilitation of patients with cardio-pulmonary dysfunction (1 hour); sport in disabled persons (1 hour). Teaching of practical skills with common levels of competences include: history taking and clinical evaluation of patients with emphasis on functional limitations; developing of rehabilitation strategy for the patient; communication skills with patients, family members and other members of rehabilitation team; VAS for pain, measurement of joints and spine range of motion, manual muscle test; measurements in PRM and evaluation of outcome indicators in PRM–FIM, SF-36, Barthel’s, WOMAC, HAQ, BASFI. Practical exercises include: use of kinesiotherapy, occupational therapy, hydrotherapy, electrotherapy, phototherapy, ultrasound, electro-stimulation, teamwork in rehabilitation; application of orthoses and prostheses; assessment of ambulation, self-care and use of aids following stroke; assessment of children with cerebral palsy; assessment of patient with spinal cord lesion; assessment of patient with brain injury; assessment of patient with acute and/
or chronic rheumatic disease; gait and posture analysis; range of motion measurement: spine, shoulder, elbow, wrist, hip, knee, ankle; hand grip and strength; MMT, including MMT for quadriceps, assessment of atrophy; measurement of leg circumference and leg length; assessment of swollen joint; assessment of joint pain on pressure; palpation of distal arteries; neurological tests: Lasegue, reflexes; VAS; FIM; HAQ; proposal of rehabilitation diagnose: impairment, limitation, restriction; application of ultrasound, TENS, interference current, criotherapy; isometric and isotonic exercises.

3. PRM specialty training

PRM specialty includes training in nationally approved training centres, with obligatory logbook and final examination. Recently, new curriculum implementing the “Curriculum of Studies and Theoretical Knowledge for the European Board Diploma” [2,3], extended with designated theoretical knowledge, practical competences and skills has been finished in a joint effort of representatives of CSPRM, Croatian Medical Chamber and representatives of all University PRM department, under supervision of the Ministry of Health and Social Welfare and as part of the process of updating all specialties training following the Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications, which was mandatory in process of negotiating of accession of Croatia to European Union. From now on specialty training will last 52 months (10 months of basics, 38 of PRM, 4 of annual leave), including 3 months of postgraduate specialty studies in PRM which will remain as it is now. Basic part includes: internal medicine, neurology, radiology, paediatrics and PRM, while PRM part includes: PRM and rheumatology, orthopaedic rehabilitation, surgery and rehabilitation, orthotics, prosthetics, amputations, internal medicine and rehabilitation, oncology and rehabilitation, PRM in nervous system pathology, sports rehabilitation, reintegration of disable and care for elderly. New accreditation areas (“subspecialties”) which a PRM specialist might undergo following completion of specialty training and probably in 2-years duration will be: neurological rehabilitation, rehabilitation of SCI patients, paediatric neurological rehabilitation, oncological rehabilitation, cardiological rehabilitation, rehabilitation in sports injuries, rehabilitation of patients with amputees, manual medicine and rehabilitation of patients with rheumatic diseases. This comprehensive document is now 40 pages long, but we expect to have it even more complex with subsequent definition of syllabus for these accreditation areas. Logbook for trainees is defined and regulated by the Ministry of Health and Social Welfare and is common for all specialties. However, in Varazdinske Toplice we have updated it with Trainee form based on the Slovenian model and similar to one proposed to the Board, hopefully accepted during next General Assembly of UEMS PRM Section and Board. Trainee form is filled in on a monthly basis for the previous month by trainees which have to describe their actual work in terms of admitted and discharged patients (only initials of patients, and data about their functional and neurological diagnosis, rehabilitation programme, outcomes, treatments, aids...), performed diagnostic and therapeutic actions, lectures, congresses, workshop etc. that were visited, study of literature, study of an article with written summary, publications (if any), communication to other members of rehabilitation team, primary care physicians of other specialists, and with final question asking trainee to register to the Board. Varazdinske Toplice is accredited as a Training Centre both at a national level and by the Board and we assure that no Croatian trainee leaves our centre without being registered to the Board. Trainee form has introductory page with general data on trainee, mentor and co-mentor, and the list of theoretical knowledge and skills that have to be acquired by trainees. At the end of the month trainee sends the digital form to their mentor, co-mentor and keep a copy for their own reference; therefore, at the end of specialty training the trainees are able to show what they have really done during the training.

4. System of PRM

Nowadays, the system of PRM has its background from our heritage being in forefront of health system for decades, and within that we may not neglect the tradition of balneology. It was, it is and will remain integral part of undergraduate PRM studies and PRM specialty in Croatia. Croatia has 27 hot springs, 17 spas, of which 10 evolved to special rehabilitation hospitals, 100 wellsprings with mineral waters, 26 peloids resorts, 90 seaside thalassotherapy and 13 mountainous resorts. The Institute for Balneo-climatology was established in 1949, and its balneo-laboratory has carried out 400 termomineral water analysis, produced many expert opinions, related books and contributed to symposia and congresses [4]. Medical rehabilitation is done for 8500 stroke survivors (with 7000 in need of inpatient rehabilitation) annually, 100 traumatic SCI patients, 700 brain injuries (with 10% in coma), 1000 lower limb amputations while the prevalence of osteoarthritis is 11%, of rheumatoid arthritis 1.5% and we add a number of patients with cerebral palsy, multiple sclerosis, Parkinson’s disease, polyneuropathies, congenital anomalies, severe limb fractures, arthroplasty... [5]. Rehabilitation beds network is regulated by the Ministry of Health and Social Welfare and budgeted by the Croatian Institute for Health Insurance. Currently we have 1900 rehabilitation beds, which is quite abundant ratio of 0.42 per 1000 inhabitants. PRM activities are performed in 10 Special Medical Rehabilitation Hospitals, in PRM departments of university hospitals and in general hospitals. Stroke and major trauma, especially traumatic brain injury, spinal cord injury and post-amputee rehabilitation are divided among Special hospitals, therefore if a person acquires any of these injuries or diseases anywhere in Croatia, he or she will be transferred to a dedicated facility. Teaching hospitals also focus on rheumatology patients, which is part of our tradition. All facilities have outpatient departments, serving as consultants to other departments and in an acute-rehabilitation phase, and provide physical and kinesiotherapy to ambulatory patients. PRM specialists are called for a consult to neurological of surgical wards to see the patient, assess the function and
propose acute PRM care, and prescribe long-term rehabilitation if indicated. Community-based rehabilitation was organized as a project but faded away, now continued as a home physical therapy service. PRM specialists prescribe these treatments to local physiotherapists ensuring continuity of PRM care after discharge of a patient from rehabilitation facility. Special hospitals have 2000 more beds available on the market for private insurance schemes for balneotherapy and health tourism.

5. Croatian Society of PRM

Croatian Society of PRM, under current presidency of Pr Ivan Dzidic in his second term has steady membership of approximately 250 members, and the Board of 14, including two vice-presidents, treasurer, and secretary. We have included Board members from all Croatian regions, to keep the link with local PRM communities. Communications to members are done by regular mails, e-mails, and through our web site www.hdfrm.com.

CSPRM has regular meetings with lectures up to four times a year, the general assembly is held every year, elections every fourth year, as well as national congresses. CSPRM is negotiating all vital aspects of the specialty with Croatian Institute for Health Insurance, Ministry of Health, Croatian Medical Chamber, University Medical Schools, PRM Clinics and Departments. These communications are not always useful or resulting in substantial difference, but we always try to make a competent decision and explain our professional and scientific merits. CSPRM owns and publishes its journal “Fizikalna i rehabilitacijska medicina” since 1984, founded by Editor-in-Chief: Ivo Jajic (1984–1998), and continued by Ladislav Krapac (1999–2004), Tomislav Nemcic (2005–2009) and presently Simeon Grazio (2009–). In 2007 we published the localised version of the “White Book on Physical and Rehabilitation Medicine in Europe”, which was, to my knowledge one of the first translations in Europe [6]. The journal is part of the European Physical and Rehabilitation Medicine Journal Network (EPRMJN) [7,8], designed to foster scientific and professional exchange and collaboration between PRM journals and community in Europe and in wider context. CSPRM is an active member to European Society of PRM, and members to CSPRM can join Mediterranean Forum of PRM. Croatian Medical Association was accepted in UEMS in 1996, and in 1997 our representative joined UEMS PRM Section and Board. Croatia is associate member to UEMS, since we are outside European Union. However, we have taken advantage of certification procedures of the UEMS PRM Section and Board, and presently we have 12 Board Certified PRM Fellows, four trainers and two training centres (Zagreb and Varazdinske Toplice). CSPRM reimburses application fee of 300 Euro to any candidate who successfully passes European Board examination. Furthermore, Varazdinske Toplice hospital reimburses any candidate that certifies, even by equivalence. We keep track of teaching programmes (e.g. European School Marseille, Euro Mediterranean PRM School “Haim Ring”) and reimburse travel expenses to our trainees members to CSPRM. Currently, one programme is under consideration for accreditation by Clinical Affairs Committee of UEMS PRM Section: PRM Programme of care for patients with Spinal Cord Injury (Dzidic, Moslavac). However, there is still a lot to be done. Only 2.5% of Croatian PRM doctors sat for Board examination, and only 5% are Board certified. We plan to have more applicants for Board certification of colleagues, as well as for training centres. There are also many limitations in Croatian PRM. We lack good research, we have strong influence of rheumatology in our university departments, and the recently imposed payment system is unfair for inpatient rehabilitation and may have detrimental effects. We hope that with stronger ties between CSPRM and UEMS PRM Section and Board, supported by signing of Declaration of Intention for cooperation, we may envisage better future for PRM in Croatia and better contribution of Croatian PRM to our European family. We welcome very much our colleagues professors Alain Delarque, Franco Franchignoni and Nicolas Christodoulou to Croatia and wish them a pleasant stay with us.

Conflict of interest statement

The author has not declared any conflict of interest.

References


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1Address given in June 18, 2010, Zagreb, Croatia, on occasion of signing of the Declaration of Intention for cooperation in the domains of Education, Quality of Care and the Field of Competence in Physical and Rehabilitation Medicine.