New rules
of the Clinical Affairs Committee
Reset in 2011

Rules adopted in Belgrade

Version 1.1 – after Friday workshop in Belgrade, September 2011

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I. Introduction

During the period 2001-2010, the Clinical Affairs Committee has set up and implemented a strategy to promote quality of PRM care in all the European countries. After having discussed the possible ways to develop some actions in Ethics, Quality of care and Research, the Committee chose to consider PRM Programmes of Care (PRMPC) as the basic concept of its works and to create a European Accreditation of PRMPC in order to bring up structured information from the daily clinical activities in PRM.

Accreditation should not be considered as a final goal, but rather as the starting point for a quality improvement approach, further clinical research and medical recommendations.

This new set of rules is in accordance with the general rules of procedure of the UEMS PRM Section and with the main historical decisions voted by the General Assembly on the activities and projects of the Clinical Affairs Committee (see Compendium 2001-2011).

Dr Georges e Korvin
Chairman of the Clinical Affairs Committee

Hermina Damjan
Deputy Secretary to the Clinical Affairs Committee
II. Definition and goals of the Clinical Affairs Committee

The Clinical Affairs Committee (CAC) is one of the three main committees of the UEMS PRM Section, besides the Committee for Education (European Board of PRM) and the Committee for Professional Practice. Its original goals were defined by Prof. Veronika Fialka Moser in 2001 (Stockholm General Assembly – May 2001)

It contributes to the general goals of the UEMS PRM Section:

- To improve quality in PRM,
- To support medical doctors in PRM within European Union, whatever be their type of activity
- To be a competent partner for European institutions,
- To create links with other specialities and other professions working in rehabilitation,
- To inform and train other professions in PRM,
- To be a competent partner for industry, business and trade supporting a high quality in PRM,
- To publicise the importance of PRM within the health system,
- To promote research in PRM

The Action Plan 2007-2011\(^1\) defined more specific goals for the CAC:

- To pursue the efforts made to set up a European system of Accreditation of the PRM programmes of Care
- To review and classify all the European resources available for Good PRM Practices
- To open on our website a space for resources promoting good clinical PRM practices.
- To define what resources should be mentioned in the PRM care programmes submitted for UEMS Accreditation by establishing a follow up and review process.
- To foster further research on the effectiveness of PRM in the context of a European network for the Quality of Care and at International and National Congresses. Accreditation system will be the main tool to gather information in PRM activities. The Basis to get a better understanding to PRM in Europe, to harmonize the specialty.

The goals of the Clinical Affairs Committee will be updated according to the new Action Plan, after the election of the new chairman of the CAC in September 2011.

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Every National Delegate to the UEMS PRM Section can participate in the CAC at any time. Participants in the Friday workshop are included in the CAC mailing group and receive working documents and information about the CAC activities.

Specific positions and responsibilities can be defined within the CAC:

- Chairperson: elected by the General Assembly for two years. Can be reelected
- Deputy Secretary of the UEMS PRM Clinical Affairs Committee
- Accreditation manager
- Reviewers (every delegate + invited experts working on a voluntary basis)
- Webmaster
- Responsible person for the overview of Accredited Programmes
- Liaison officer for Guidelines and Recommendations
IV. Accreditation of PRM Programmes of Care

The European concept of PRM Programme of care (PRMPC) and the first steps of the UEMS PRM Accreditation have been thoroughly described for the first time the two papers cited below:


A. THE CONCEPT OF PRM PROGRAMME OF CARE

The concept of PRM Programme of Care (PRM-PC) is the foundation for developing a European approach to Quality of Care. It should express the most appropriate response to the population's needs.

PRM Specialists, who are the people responsible for a PRM-PC, must describe the programme, covering the following programme elements:

1) fundamental concerns – pathological and impairment considerations, disability and handicap issues, social and economic consequences, programme principles;

2) objectives – target population, programme goals and targets in terms of ICF [19];

3) contents – assessment (diagnosis, impairment, activity and participation, environmental factors), intervention (programme timeframe, PRM specialist interventions, team interventions), follow-up and results (discharge plans, long-term follow-up);

4) environment and organisation – clinical setting, clinical programme, clinical approach, facility; safety, patient rights, advocacy; role of the PRM Specialists in the programme, team management procedures;

5) information management – patient records, information management system, programme monitoring and results;

6) quality improvements – identification of the programme's strong and weak points, action plan to improve programme quality;

7) references – scientific references and guidelines cited in the above description, details about national documents.
B. ACCREDITATION: DEFINITION AND DISCLAIMER

1. Definition

The European Accreditation of PRM PC is the working method to reach this goal of improving PRM clinical practice throughout European countries.

**Two important stages should be carefully considered:**

1) Drafting out and implementation of the Programme of Care, with special attention to the qualitative and quantitative description of the local context, the reasons for creating such a programme and the choices that had to be made based on the available resources;

2) Assessment of the outcomes in a programme that is already stable organisationally. The difficulties encountered, the problems that had to be solved, and the pitfalls that should be avoided are also interesting to report. These factors can become the starting point for new programme developments, as is done in the Deming Wheel (Fig. 1).

Completing both these stages is not required before submitting a PRM-PC for European PRM Accreditation. In fact, if the process has been carefully managed, the first stage will elicit very useful information. Implementing the second stage doesn’t mean an extensive assessment of numerous parameters, which is likely to be incompatible with a normal daily practice.

**European Accreditation is a peer reviewing process.** An oral presentation of each programme is possible during our twice-a-year workshops, before submitting a written description of the programme.

Accredited PRM PC will be displayed on this website as part of the Ebook on Quality of Care. Their authors will be encouraged to give papers about their programmes during UEMS PRM Quality of Care sessions in several European and National PRM congresses and to submit papers in the European Journals of our specialty.

2. Disclaimer

The UEMS accreditation goal is to check that the description of the PRM PC is in keeping with the scientific literature and official recommendations for PRM Practice.

Site visits may be organized at random, in order to check the veracity of the PRM PC description.

However, the description remains the full responsibility of its author and not the UEMS Section’s responsibility.
C. PROCEDURE FOR THE APPLICANT

1. First requirement: being a Board Certified PRM Specialist

   Applicants must be Specialists in PRM, who have been certified by the European Board of PRM. See: Board Certification Procedures.

   Whoever is the applicant, the programme submitted must be approved by his/her Head of Department.

2. Submission Template

   Applicants must use the Submission Template, which contains a space for a full text description of the PRM Programme of Care. The main components of this template are:
   - The General Bases of the programme: pathological and impairment considerations, disability and handicap issues, social and economic consequences, main principles of the programme.
   - Aims and goals of the programme: target population, goals of the programme, targets in terms of ICF.
   - Environment of the programme: clinical setting, clinical programme, clinical approach, facility.
   - Safety and patient rights: safety, patient rights, advocacy
   - PRM Specialists in the programme and team management.
   - Content of the programme: assessment (diagnosis, impairment, activity and participation, environmental factor), intervention (timeframe of the programme, PRM specialist's intervention, team intervention), follow up and outcome, discharge planning and long term follow up.
   - Information management: patient records, management information, programme monitoring and outcome.
   - Quality improvement: strong and weak points of the programme, action plan to improve the programme.
   - References: scientific references and guidelines cited in the above description, details about national documents.

3. Registration and payment

   The registration fees will be suggested by the CAC and voted by the General Assembly.

4. Benefits of Accreditation

   The benefits of participation in the UEMS PRM Accreditation Programmes of Care include:
   - Improving of the quality of care for patients.
   - Making your PRM programme recognized by a European body (Accreditation Certificate)
   - Getting advice from a panel of experts in PRM
• Getting examples from already accredited programmes.
• Joining a quality network of accredited programmes.
• Contribution to the comprehensive description of the PRM Specialty.
• Opportunity to participate in International and National Congresses and to publish in PRM Journals.
• Visibility by the display of your programme on a public website.

D. REVIEWING PROCESS

1. Procedure

The completed Submission Form is sent to the Accreditation Manager. The reviewing process includes the Accreditation Manager and at least two reviewers. Each reviewer will give a comment and a vote about acceptance, refusal or “under consideration” of the programme. Accreditation decision will be based on a consensus of reviewers, in accordance with the criteria listed below.

Reviewers are either members of the Clinical Affairs Committee or external experts chosen by the Clinical Affairs Committee. A reviewer will be replaced if there may be a conflict of interest. A declaration of conflict of interest will be added in the Jury process.

The candidate can expect to receive comments about his submission within 2 months.

After the reviewing process, the PRM PC will be circulated by the Accreditation Manager to all the National Delegates of the UEMS PRM Section. Those will be allowed three weeks to send back any comment to the Accreditation Manager about this programme.

The final decision of accreditation will be validated by the CAC during the next General Assembly meeting (taking place twice a year). Immediately after, a Certificate of Accreditation will be signed by the CAC chairperson and the UEMS PRM Section President and awarded to the candidate.

The General Assembly has not to vote on the validation of PRM Programmes of Care and decided to leave this responsibility to the Clinical Affairs Committee. (Istanbul General Assembly minutes April 2011)

IMPORTANT: The reviewing process aims to help each author to improve his/her document, with respect to the criteria for acceptance and the most interesting points of the programme. It is neither a screening procedure nor a competition for the "best programme".

2. Approved references

The reviewers may accept, if they are relevant to the submitted programme, the following literature:
• Papers from Journals indexed on PubMed and International Guidelines
• National Guidelines and official regulations, available on governmental, scientific or professional websites.

If some references are not available in English, the candidate must provide an abstract of this reference in English language.

3. Decision criteria

a) For acceptance

FOR ACCEPTANCE, the criteria do not all have to be fulfilled, but the following points will be the most important ones taken into account by the Reviewers:

General criteria:
• Board certificated PRM doctor responsible for the programme of care. See: Board Certification Procedures
• A clear description of the programme, with information corresponding to each part of the questionnaire, explaining the reasons for responding yes or no.
• The programme demonstrates an evidence of using the ICF and the EBM concepts.

Criteria related to special sections:
• Aims and goals of the programme: 1) Quantified data about the target population, 2) Goals in terms of ICF, goals must be consistent and should be expressed in terms of ICF categories
• Environment of the programme: clearly defined
• Safety and patient rights: clearly addressed
• PRM Specialists and team management: 1) PRM Specialists participating in the programme should be listed 2) Adequate staffing (competence) 3) Adequate continuing education for physicians and staff.
• Content of the programme: assessment (diagnosis, impairment, activity and participation, environmental factor), intervention (timeframe of the programme, PRM specialist's intervention, team intervention), follow up and outcome, discharge planning and long term follow up. See general criteria above.
• Information management: 1) Clear definitions of admission/discharge criteria should be given; 2) The programme should include properly organized patient records.
• References: 1) The references are cited within the description of the programme. 2) There should be evidence that the references cited are relevant and incorporated into PRM practice.

b) For refusal

• The Programme of Care submitted is not run by a PRM Board Certified specialist
• Or there is a combination of the following negative aspects:
  o No provision is made for continuing education of the PRM health care staff;
  o No follow up is being carried out on the outcomes of the programme;
  o The scientific bases of the programme have not been specified.
V. European resources for quality of care

A. MOTION VOTED IN ISTANBUL, APRIL 2011

The CAC wishes to cooperate with the ESPRM on the following goals:

- To gather information about National guidelines and recommendations for PRM Clinical Practice;
- To make comparisons between those documents in order to seek the common points and the differences, which can be explained by local contexts.

CAC will investigate which can be the best methods to reach those goals:

- To circulate a new questionnaire to the National Delegates,
- To send a letter to the presidents of the National Societies,
- To explore the National PRM Societies websites,
- To seek contact for cooperation with GIN,
- To overview the Accredited programmes in order to extract relevant references.

Proposal to ESPRM

- To set up a close cooperation on the issue of Guidelines and Recommendations for PRM clinical practice.
- To hold joint meetings on those topics during the CAC workshops, taking place during the UEMS PRM Section and Board meetings.
- To reply positively to the invitation of the Thessaloniki Congress Organization to manage a Quality of Care Session

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This chapter will be revised according to further proposals after Belgrade meeting.