A career in rehabilitation medicine

Morag Sime ST6 registrar in rehabilitation medicine

University Hospitals of Derby and Burton NHS Foundation Trust-Rehabilitation Medicine, London Road Community Hospital, Derby, UK

Have you ever wondered what happens after the initial “life saving” aspect of medicine? What happens to those who lose limbs from sepsis, have a spinal cord injury from trauma, or have a neurodegenerative condition? How do those people get out of hospital and back to living a good life? That’s where the specialty of rehabilitation medicine comes in.

What is rehabilitation medicine?

Rehabilitation medicine does not focus on one organ or body system—but involves individuals with cognitive or physical impairments, or both. Those impairments may be secondary to a variety of congenital or acquired conditions, including spinal cord injury, limb loss, brain injury, neurological and musculoskeletal conditions. Health professionals working in rehabilitation medicine deal with a patient’s physical, psychological, and social needs to ensure the best recovery and improvement in quality of life. They support patients and their families through life changing, and sometimes life limiting times. Rehabilitation medicine offers care in outpatient clinics, inpatient neurorehabilitation wards, intensive care, and the community. Doctors who work in rehabilitation medicine coordinate care, work with therapy teams, use technologies, and perform procedures such as botulinum toxin injections for spasticity.

The miracle recovery story everyone likes to hear about is not always the case. Rehabilitation medicine can be challenging emotionally and ethically—for example, caring for people with prolonged disorders of consciousness, such as vegetative and minimally conscious states.

Where did it come from?

Ludwig Guttmann, a doctor who worked with soldiers with spinal cord injuries during the second world war, is considered a pioneer of rehabilitation medicine. He challenged people’s perceptions of disability and established the Paralympic Games. Rehabilitation medicine evolved under the umbrella of rheumatology and rehabilitation, and in the 1980s it was recognised in the United Kingdom as a specialty within its own right.

Who do you work with?

Doctors are part of a large rehabilitation team that includes physiotherapists, occupational therapists, speech and language therapists, psychologists, nurses, healthcare assistants, prosthetists, orthotists, and, sometimes, therapy dogs. Doctors work closely with colleagues in both inpatient and outpatient settings. For example, prosthetists create artificial limbs for those with limb loss—this will be done with the patient’s wishes, needs, progress, and medical status taken into account.

You will work closely with and help coordinate care from many other specialties, commonly neurology, neurosurgery, stroke, orthopaedics, geriatrics, oncology, palliative medicine, general practice, psychiatry, and sports and exercise medicine.

What is the training pathway in the UK?

Registrar training in rehabilitation medicine spans four years—from specialist training year 3 to year 6 (ST3- ST6). It requires a broad set of skills and experience, which may be achieved through core training (fig 1). Applicants must be a
member of the Royal College of Physicians, Royal College of Surgeons, Royal College of Psychiatrists, or Royal College of General Practitioners.

Training covers many areas including neurorehabilitation, limb loss, spinal cord injuries, and musculoskeletal and trauma rehabilitation. There are also opportunities to do academic work such as research and teaching.

Currently, opportunities to undertake a rotation in rehabilitation medicine in the foundation programme are minimal. Instead, try a taster week to get a feel for rehabilitation medicine. The British Society of Rehabilitation Medicine is a good source of further information and will help to locate your closest rehabilitation medicine consultant. The society also advertises conferences and courses.

How do I apply?

Recruitment is done nationally—information is available on the ST3 website. In 2018 there were 39 applicants to the 33 training posts advertised nationally; a competition ratio of 1.18. Rehabilitation medicine requires people who can work well in a team but also lead when necessary. Excellent communication skills are important, as well as the ability to problem solve. At interview it will be important to show your understanding of what rehabilitation medicine is and that you have a good grounding in ethics.

How is the work-life balance?

Work-life balance in rehabilitation medicine is particularly favourable. On-call commitments in rehabilitation medicine are often minimal compared with other specialties, and usually restricted to your own rehabilitation patients. Some posts (both trainee and consultant) have weekday working hours 9 am to 5 pm. Currently, around 20% of specialty trainees are working less than full time.

What is a typical week like?

A week in rehabilitation medicine varies greatly depending on subspecialty, location, grade, and other non-clinical commitments such as teaching, research, and managerial roles. As a consultant you can look for a job that mirrors your interests. For example, you may review patients on an acute ward in the morning and then in the afternoon inject patients with botulinum toxin for spasticity in the clinic. Another day you might do a round on the rehabilitation ward, have a teaching session with the multidisciplinary team during lunchtime, and then later round on the rehabilitation ward, have a teaching session with

Further Resources:

• British Society of Rehabilitation Medicine (www.bsrm.org.uk) gives further information on the specialty, resources, and how to get involved
• ST3 recruitment website (www.st3recruitment.org.uk/specialties/rehabilitation-medicine) gives information on application process and timeline
• Joint Royal Colleges of Physicians Training Board (www.jrctb.org.uk/specialties/rehabilitation-medicine)

What is the future in rehabilitation medicine?

As healthcare services improve and more lives are saved, rehabilitation medicine will require expansion to meet the needs of the growing population. Technological developments such as computerised prosthetics are helping to improve outcomes, and research into nerve regeneration continues. It is an exciting time to be part of rehabilitation medicine and make your mark on the future.

Personal view

During my medical training I sometimes became disheartened about the lack of time and resources available to create anything more than what seemed short term fixes to problems, and not really getting to know patients and their families. Rehabilitation medicine sparked my interest and my love for the specialty was confirmed after I completed my taster weeks. This commitment has continued since starting specialty training. Challenges include lack of resources and sometimes unrealistic expectations, but I enjoy the feeling that we are making a difference to families, not just treating disease. When I ask other rehabilitation registrars what they love about the specialty, common answers are “time” and “holistic care”; time to really get to know the ins and outs of a person and their life so that their priorities can be addressed in a custom fit manner. Another common answer is the complex nature of patients—because as doctors we all love a challenge and being forced to think outside the box.

Competing interests: none.

Provenance and peer review: Commissioned, based on an idea from the author; not externally peer reviewed.


Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to http://group.bmj.com/group/rights-licensing/permissions
Figure

Fig 1 Possible routes to becoming a consultant in rehabilitation medicine (RM)