

CHAPTER 3

ESTABLISHING REHABILITATION MEDICINE AS A SPECIALTY

The Australian Association of Physical Medicine

The Australian Association of Physical Medicine was formed in 1948 with Burton Wade as its first Honorary Secretary.

John Baggott provided some background to the formation of the Australian Association of Physical Medicine in his speech delivered at the commemorative dinner for the founders of the Association, held in April 1993. He recalls: *“After the war this concept of retraining injured and chronically impaired civilians gradually became apparent and legendary figures, such as Howard Rusk of the Rehabilitation Institute of New York, Ludwig Gutman at the National Spinal Injuries unit at Stoke Mandeville in the UK, and the centralised artificial limb fitting service of UK at Roehampton, appeared and began to preach the gospel of rehabilitation of the disabled - the concept of the 'whole man' with concentration on restoration of maximal physical, mental, social and vocational functions became the philosophy of rehabilitation medicine. In Australia we were not long in implementing the growing practices in UK and USA - returning service experts like the late George Burniston, orthopaedic surgeons; like George Bedbrook who pioneered spinal injury rehabilitation in WA; the repatriation artificial limb and appliance centre; professionals in rheumatology like Selwyn Nelson, Naomi Wing and Les Koadlow; and experts in physical medicine techniques like Frank May, Leigh Wedlick and Gordon Rich and Dick Gibson in geriatrics in Newcastle - started to preach and teach these concepts. Out of their individual efforts was founded the Australian Association of Physical and Rehabilitation Medicine, and for the ensuing years they kept the flame alive in spite of comparative ignorance and skepticism by the rest of the medical profession.”*

Before the 1960s doctors interested in rehabilitation medicine were apprenticed, as no career structure or formal qualification existed. Seeing the need for a formal structure people like George Burniston, Naomi Wing, Frank May, Les Koadlow, Donald Caine and Bob Klein joined the Australian Association of Physical Medicine. Among others to join were John Baggott, Richard Jones and Bradney Norington¹, John Yeo and Suzette Blight. Their joint efforts were put to work within that organisation to try to move the emphasis to rehabilitation.

About this time Selwyn Nelson was President of the Association and on his advice the term Rehabilitation was added to the Association's title. It became the Australian Association of Physical Medicine and Rehabilitation. In 1976 this was changed to the Australian Association of Physical and Rehabilitation Medicine (AAP&RM).

During the 1970s the AAP&RM lobbied both Federal and State governments to raise the profile of Rehabilitation Medicine. In 1973 Don Caine was the President of the NSW Group of the Australian Association of Physical Medicine and Rehabilitation. In his annual report in November that year he said: *“The increasing survival rate among patients at every level of illness or injury and the cost of chronic invalidism underlines the ever increasing role of Rehabilitation Medicine in the community. Investigations by both legislative and judicial bodies have shown that the community is aware of the*

¹ See biography end of this publication

needs and this association has continued to pursue a course designed to ensure that the disabled individual is given every opportunity of achieving his maximum potential."

The future role for the AAP&RM began to be questioned following the establishment of the Australian College of Rehabilitation Medicine in 1979. On 7 May 1982 the following comment was made by Conrad Winer in his annual President's report to the NSW Group of the Australian Association of Physical and Rehabilitation Medicine: "The successful establishment of the Australian College of Rehabilitation Medicine has considerably enhanced the stature of our Specialty and thereby has put the Specialty in a stronger position to play an advisory role. However, the College itself must confine itself to academic matters. Medico-political and industrial matters have to be handled by the Association."

However, by the late 1980s the NSW Group was the only state group of the AAP&RM still in existence. The ACRM had established an External Affairs Committee that was capable of dealing with medico political activities. At the AGM of the NSW Branch in November 1986², AAP&RM members unanimously passed a motion to disband the NSW Branch, although the Federal AAP&RM continued to meet.

It wasn't until March 1987 that the Federal AAP&RM was dissolved, transferring its funds to the newly formed Australian College of Rehabilitation Medicine. At this time the AAP&RM office bearers were Peter Colville (President), David Manohar (Secretary), Conrad Winer, Graham Shepard and Bill Stone.

Diploma in Physical and Rehabilitation Medicine

Following World War II a number of diplomas in various disciplines of postgraduate medicine were established so that ex-service doctors would have the opportunity to specialise without having to travel overseas.

As a mechanism was needed to recruit young graduates to the field of rehabilitation medicine, in 1969 the Australian Association of Physical and Rehabilitation Medicine proposed the establishment of a Diploma Course in Physical and Rehabilitation Medicine, under the auspices of the Australian Postgraduate Federation in Medicine. The Federation with Selwyn Nelson being the Vice President at the time set up a committee comprising Selwyn Nelson (Chairman), Naomi Wing, George Burniston, Kevin Coorey, Brad Norington, Donald Caine (Secretary), Adrian Paul and Graham Shepherd. The proposal was accepted largely through the efforts of Selwyn Nelson and work commenced on writing the curriculum.

The Diploma in Physical and Rehabilitation Medicine (DPRM) was modelled on the existing diplomas from Sydney University. The first Diplomas, which were awarded in 1970 and conferred in 1971, were based on previous experience and appointments, without further examination. Other applicants were required to supplement their previous activities by either examination or thesis or published work, and the majority were required to have had junior and senior hospital residencies at approved institutions and pass a part one examination in general medicine before proceeding

² A copy of the final address given at this meeting by George Burniston is included at the end of this publication.

to part two. This was to cover a period of two years with approved appointments in a recognised rehabilitation unit under a supervisor, who was required to report on the applicant's work. It culminated in an examination in Medicine, Orthotics and Prosthetics and in Rehabilitation techniques. Successful candidates were then awarded the Diploma on the decision of the Federation on the basis of the report of the examiners.

The first examination was held in 1971 and Ben Marosszeky was the first to successfully complete the DPRM (Australia) course. Ben Marosszeky was one of George Burniston's early registrars. In later years, together with Richard Jones he helped to set in place the first regular clinical meetings in NSW at the Prince of Wales Hospital.

In 1974 an application was made to the Specialists Recognition Advisory Council for recognition of the DPRM as a registrable higher qualification. The Specialists Recognition Advisory Council (SRAC), whose members were drawn from councils of the various Royal medical colleges, had been created following amendments to the system of remuneration of specialists introduced by the Gorton government and it was necessary to gain the approval of this body before the Diploma could be recognised.

Unfortunately it was about this time that various specialist colleges were upgrading their requirements for fellowship and with the establishment of other new specialist medical colleges the Sydney University diplomas had now been discontinued. In consequence the SRAC accorded recognition of the DPRM up to 1972, but not in subsequent years. The regulations for the Diploma in Physical Medicine and Rehabilitation (DPRM) were now seen as inadequate and specialist recognition for those gaining the DPRM after 1972 was refused.

Notwithstanding the above, the DPRM was then the only avenue available in Australia for specialisation in Rehabilitation Medicine and it was recognised by a number of authorities for appointment purposes. As much of Rehabilitation Medicine was practised at this time in public hospitals, many did benefit from the hospital system recognising DPRM as a specialist qualification. It wasn't until 1977 that the National Specialist Qualifications Advisory Committee (NSQAC) formally recognised Rehabilitation Medicine with the status of a principal speciality and a committee was formed to look at the qualifications of doctors applying for recognition as specialists in Rehabilitation Medicine. It is worth noting that all doctors subsequently considered by NSQAC were recognised as specialists i.e. not as Consultants as had sometimes been the case prior to this date.

In 1974 the Royal Australasian College of Physicians (RACP) set up a small committee, chaired by George Burniston to consider how best Rehabilitation Medicine might be covered by fellowship of that college. This group advised on possible courses of study and examination standards. In 1975 when the RACP established advanced training in Rehabilitation Medicine there became two possible pathways for postgraduate education in Rehabilitation Medicine. One leading to Fellowship of the College, and the other through the Australian Postgraduate Federation in Medicine. Although most doctors interested in a career in Rehabilitation Medicine were choosing to undertake the DPRM, the RACP pathway provided a mechanism for gaining a qualification in Rehabilitation Medicine as well as Fellowship of the College and recognition as a Consultant Physician.