

CHAPTER 5

THE AUSTRALASIAN FACULTY OF REHABILITATION MEDICINE

Establishing the Faculty

Following a further period of negotiation the Australasian Faculty of Rehabilitation Medicine (AFRM) was formed on the 9th May 1991. Although the first draft of the By Laws of the Faculty proposed by the RACP were initially rejected by ACRM members in June 1991, after revisions were made a final draft was accepted in February 1992. In his final report as AFRM Honorary Secretary to the Annual General Meeting in March 1995 Joe Sandanam described the transition from the ACRM to the Faculty as a "difficult period".

The first Faculty Council meeting of the Australasian Faculty of Rehabilitation Medicine (AFRM) was held on 24 July 1992. David Burke, the first Faculty President, chaired the meeting. It was agreed that the Faculty Office would be located in the Royal Australasian College of Physicians' building, on the ground floor of 145 Macquarie Street, Sydney. The Interim Council of the Faculty was appointed by the RACP, being the same persons as the Council of the ACRM, with the addition of two nominees from the RACP Council, namely Alex Cohen and Peter Brookes. Bill Stone was the Honorary Treasurer in 1992 and 1993 during the time of financial transition from the ACRM to the AFRM. It was Bill who liaised between the RACP Accountant and the ACRM Accountant to clarify any areas of uncertainty regarding the transition of finances from the ACRM to the AFRM.

By the time of the inaugural Council meeting in July 1992, most of the functions of the ACRM had been progressively taken over by the AFRM, in particular, the Board of Censors and the Board of Continuing Education, the Branches and the representation on the Committee of Presidents of Medical Colleges. The President of the AFRM became a full member of the Council of the RACP, representing the interests of the AFRM within the RACP. The training program of the ACRM was retained in its entirety and became the responsibility of the Faculty Board of Censors. Joe Sandanam was the AFRM Honorary Secretary, with Greg Bowring as Assistant Honorary Secretary. At this time there were reportedly 213 full Fellows and 18 retired Fellows.

At the same time that the Faculty was being formed the ACRM was winding down. In November 1992 Alex Ganora was elected as the last President of the ACRM with Bob Oakeshott elected as the ACRM Vice President.

Most of the ACRM Fellows accepted the invitation to become Founding Fellows of the AFRM and about 50 took the opportunity of receiving their new testamurs from the President of the RACP at the College Ceremony held on the 28 April 1993 in the Great Hall of the University of Sydney. During the same Ceremony the Faculty was formally inducted and the RACP President, Alex Cohen presented the Faculty with a caduceus, which is a replica of the silver wand or caduceus given to the RACP by the Royal College of Physicians (London) at the first College Ceremony held in the same location in Sydney on 12 December 1938.

Dr John Caius, Founder of Conville and Caius College, Cambridge presented the original silver caduceus to the parent College in 1555. It was a herald's wand, similar to the wand or staff traditionally held by Hermes or Mercury, the messenger of the

Greek Gods and is regarded as the emblem of authority when carried by the President. The caduceus presented to the AFRM is used during formal ceremonies of the Faculty, such as during Council meetings, and in ceremonial processions.

Shortly after the convocation of the Founding Fellows of the Faculty, on 30 April 1993 a dinner was held to commemorate and salute the founders of the AAPRM, the parent body of the ACRM and grandparent of the AFRM (RACP).

The first Annual General Meeting of the Fellows of the AFRM was held in Dunedin, New Zealand on 17 August 1993. At this time the Faculty listed 231 full Fellows plus 18 retired Fellows. It was noted at the inaugural meeting of the AFRM Board of Censors, chaired by Bob Oakeshott, held on 4 June 1993, that there were 57 registered trainees.

Recognition as Consultants

Dennis Smith was elected President, succeeding David Burke at the second AFRM Annual General Meeting held in March 1994 in Adelaide, only seven months after the first AGM. It was during his term, in June 1994 that a submission was sent to NSQAC (The National Specialist Qualification Advisory Council), with the support of the RACP, requesting recognition of Fellows of the AFRM as Consultants in Rehabilitation Medicine. It wasn't until August 1995, after Joe Sandanam had stepped down as Honorary Secretary in March 1995, to be replaced by Greg Bowring, and Pesi Katrak had succeeded Dennis Smith as President, that a response was received from NSQAC. The highlight of 1995 was the recommendation by NSQAC on 16 August 1995 that Fellows of the Faculty be recognised as Consultants in Rehabilitation Medicine. In November 1995, Fellows of the Australasian Faculty of Rehabilitation Medicine were recognised by the then Department of Human Services and Health as Consultants in Rehabilitation Medicine under the Health Insurance Act for the purposes of Medicare.

The Faculty Logo

The notion to pursue ideas for a Faculty logo, crest and tie was first introduced in 1995. A competition was held and in 1996 a logo designed by Faculty Fellow, Garry Pearce was finally chosen. The burgundy and silver logo features the Southern Cross within three circles representing impairment, disability and handicap. The first Faculty ties featuring the new logo (silk with dark blue background) became available in 1996. A Presidential medal displaying the logo was forged in 1997. First worn by Pesi Katrak to the Convocation Ceremony in Perth in March 1997, it has been worn proudly by Faculty Presidents on all ceremonial occasions since that time. Smaller replicas of the Presidential Medal were also made and presented to all the ACRM and AFRM Past Presidents the following year during the Convocation Ceremony held at the Taronga Centre in Sydney on 29 May 1998. Since that date, at the end of the term of office each outgoing Faculty President is presented with an engraved Past Presidents medal during the hand-over ceremony to the newly elected President.

Continuing Education

From the beginning of 1994 under the leadership of Barry Rawicki, who was then the Chairman of the Faculty's Board of Continuing Education, a formal Maintenance of Professional Standards (MOPS) program was introduced as a recertification program for Fellows, replacing the ACRM's 100 Points Club. Point or credit accumulation was still the basis of the new self-reporting program. After seven years as Chairman of

the Board of Continuing Education, Barry Rawicki stepped down early in 1997 to be succeeded by Michael Pollack, who chaired the Board for the next four years. In late 2000 Stephen de Graaff was appointed to the position. It was during 2000 that the suggestion was first raised to join the Board of Continuing Education and Board of Censors into one education Board, to reflect the Faculty's commitment to the continuum of lifelong learning by removing the artificial barrier between trainee education and the continuing education of Fellows.

Board of Censors

At the AGM in May 1996 Bob Oakeshott's retirement from clinical practice was announced. To coincide he also chose to step down from the chairmanship of the Faculty's Board of Censors, a position he had held since before the Faculty was formed. He had been an active member of the Executive Committee of firstly the ACRM and subsequently the Faculty. Bob Oakeshott played a pivotal role with Ben Marosszeky in setting up the College in 1980. As the foundation Honorary Secretary to the ACRM Board of Censors he helped lay the foundations of the Rehabilitation Medicine training program. Following his term as College President from March 1987 to March 1989, he first took on the chairmanship of the Board of Censors.

Following Bob Oakeshott's retirement, Peter Disler was to step into the role of Chairman of the Faculty's Board of Censors, a position he held until the end of 2001. Trainee numbers continued to increase steadily over this time: from 57 in 1993, to 102 at the beginning of 2002.

Stephen Buckley, who had previously been chairing the Examinations Committee, succeeded Peter Disler to chair the Board of Censors for the next five years. Under his leadership a major restructuring of the nature of the Board of Censors took place with the development of sub-committees each responsible for different functions previously carried out by Board members.

After holding joint meetings for twelve months during which time the governance structure of the Faculty was reviewed the Board of Censors and the renamed Board of Continuing Professional Development amalgamated in early 2007 to form the Board of Education and Standards with Stephen de Graaff appointed as the Chair. This newly amalgamated Board was renamed the AFRM Education Committee by the end of that year in line with the new RACP governance structure.

Training Program Reviews and Accreditation

In February 1995 a workshop was organised by the Faculty's Board of Censors under the leadership of Bob Oakeshott to review the Faculty's Training and Assessment procedures. Neil Paget, the RACP's Director of Education at this time was the facilitator. Under his guidance one of the outcomes was the recommendation for the appointment of a Director of Fellowship Training to facilitate a full review of the training and assessment procedures to gain Fellowship of the Faculty. Philip Funnell was appointed to this part-time position and started work in January 1996. A large amount of Faculty revenue was expended on the review over the next few years and revolutionary changes were introduced.

Competencies were identified and eleven clinical syllabi written, in-training long case assessments introduced, along with formative and summative evaluations, and OSCE formats for clinical examinations. The training and examination requirements

for Fellowship were unbundled and the Part 1 Examinations were replaced with assessment modules. The culmination of Philip Funnell's work was the introduction in January 2001 of a new four-year Rehabilitation Medicine Vocational Training Program to replace the three-year advanced training program, which originated with the ACRM. This new training program has since been highly commended, including full accreditation by the Australian Medical Council in 2004, as well as gaining international recognition.

The first of the special external courses for trainees, now called External Training Modules, was in Behavioural Sciences, which began in 1995 with Michael Wood agreeing to be the first coordinator. Three other courses, in Research Methodology, Administration and Management, and Clinical Neuropsychology, soon followed. Faculty Fellow Ian Cameron, who convenes the Research Methodology course, became the Behavioural Sciences course convenor in 1998. Tony Moore, the first convenor for the Administration and Management course was later succeeded by Brett Gardiner.

The Development of Paediatric Rehabilitation Medicine

Douglas Galbraith, an Orthopaedic Surgeon, who was the first Honorary Fellow of the ACRM, was one of the pioneers in the field of paediatric rehabilitation in Australia. At one time he was the Medical Superintendent of the Orthotics Centre of the Royal Children's Hospital in Melbourne. He was also one of the founding members of the Victorian Society of Crippled Children and a life member of ACROD.

Peter Colville's work in Paediatric Rehabilitation during the 1950s is mentioned in an earlier chapter and George Burniston also worked with severely disabled children but no formal training programs specifically for Paediatric Rehabilitation Medicine were considered until the 1980s when the first formal discussions were held between the ACRM, the Royal Australasian College of Physicians and the Australian College of Paediatrics.

The ACRM formed a Paediatric Curriculum and Training Committee in 1986 with Ben Marosszky as chair. The consensus between the three Colleges was that the pre-requisite to rehabilitation training was the paediatric Fellowship of the RACP. To then gain the rehabilitation medicine specialist qualification three years of rehabilitation training was also required as for the adult program. The training program was established at the then combined children's and adult Hospital at Westmead under the leadership of Steve O'Flaherty and Jenny Ault. The first successful trainees to gain Fellowship in this way were Peter Hong in February 1994 and Kevin Lowe in January 1995, both becoming Fellows of the AFRM. It is of interest to note that the first formally trained paediatrician in Rehabilitation Medicine was Jenny Ault. In the absence of any training opportunities in the children's setting she completed her training in the adult program of Concord Hospital, becoming a Fellow of the ACRM in 1989.

The AFRM also established a Paediatric Rehabilitation Medicine Training Committee with Ben Marosszky in the chair. Progress was slow but steady and by the year 2000 all the dedicated Children's Hospitals in Australia had established departments of Paediatric Rehabilitation.

Standards and Clinical Indicators

Through the endeavours of Pesi Katrak early in his presidential term the AFRM Standards for Rehabilitation Medicine Services in Public and Private Hospitals was finalised by Faculty Council and published in March 1995. Following an extensive stakeholder consultation the document was redrafted in 2005. The document has proven to be very useful and is often referred to and quoted by other organisations.

It was also in 1995 that the Faculty teamed with ACHS (The Australian Council on Healthcare Standards) in the field-testing of Rehabilitation Medicine Clinical Indicators during May and June. Five hospitals in Victoria and four in NSW were selected to take part. Joe Sandanam chaired the working party that worked with ACHS to develop and launch the Rehabilitation Medicine Clinical Indicators in July 1996.

Establishing Special Interest Groups

Pesi Katrak also introduced the concept of Special Interest Groups to facilitate communication between Fellows with shared areas of expertise and concern, to improve the dissemination of knowledge and to provide the Faculty with a ready source of timely and expert advice on particular issues that is sought from time to time. The first Special Interest Group (SIG) formed was in Musculoskeletal Medicine. By the time Bill Stone became President in March 1997 there were still only two active Special Interest Groups, with the addition of a Rehabilitation and Older People SIG. Faculty Council continued to encourage the formation of other groups in the areas of prosthetics and orthotics, spinal cord injury, rural and remote Rehabilitation Medicine and neurorehabilitation. As more groups were formed they were all placed under the administrative umbrella of the Board of Continuing Education. From the initial six groups there are now eleven active SIGs.

Workforce Survey

During 1996 the Australian Medical Workforce Advisory Committee (AMWAC) conducted a workforce study on Rehabilitation Medicine with active participation from the Faculty. The findings published in 1997¹ indicated a lack of rehabilitation services in some areas due to a shortage of trained consultants and some infrastructure inadequacies. The report states that in 1996 the AFRM had 289 Australian-based Fellows, but of this number only 153 were known to be practising full-time in Rehabilitation Medicine. At the time the consultant to population ration was estimated at 1:108,220. One of the report's recommendations was the formation, by State/National health departments, of a National Rehabilitation Network, to increase the awareness of the specialty and its career opportunities and supporting the development of services in areas of underdevelopment - all challenges still being addressed by the Faculty.

International Collaborations

The AFRM has a commitment to maintaining the early relationships initiated by Faculty Fellows such as Bob Oakeshott and Peter Disler, who saw the benefits to be gained by forging links with rehabilitation in the USA and UK and later with various

¹ *Australian Medical Workforce Advisory Committee (1997), The Rehabilitation Medicine Workforce in Australia, AMWAC Report 1997.3, Sydney*

countries in Asia, including Thailand, Singapore, Hong Kong and mainland China. When the 12th World Congress of the International Federation of Physical Medicine and Rehabilitation (IFPMR) was held in Sydney in 1995, Bob Oakeshott was elected President of that organisation and Peter Disler was elected to the position of Secretary of the IFPMR.

During Hugh Dickson's first presidential term in 1998 the Faculty Council began to consider whether the Faculty would have the resources by which the training needs in Rehabilitation Medicine in other countries could be met. Visits have been made over the years to Saudi Arabia, Pakistan and Malaysia and interactions with Saudi Arabia and Malaysia continue to this day. In response to this increasing overseas interest in the AFRM Training Program and in obtaining Fellowship of the Faculty (Faculty President 2004-2006) Faculty Council resolved in 2006 to establish an International Affairs Committee, a Standing Committee of AFRM Council, under the leadership of John Olver, to consider the possibility of developing more formal links with different overseas countries, especially in the area of specialty training. The committee is also charged with liaising with international organisations to investigate the possibility of teaming arrangements for hosting international conferences in conjunction with future Annual Scientific Meetings.

Medals

Faculty Council established a Faculty Medal in 1997 to be awarded to a Fellow of the Faculty for outstanding contributions to the field of Rehabilitation Medicine in Australasia or overseas in the areas of patient care, research, education, literary contributions, community service or service to the Faculty. There were only two Faculty Medals ever awarded, as they were replaced by the College medals in 2004. The inaugural Faculty Medal was awarded to Ben Marosszeky on 19 March 1997 in recognition of his extensive and invaluable services to both the ACRM and the AFRM. Paul Hopkins was awarded the second Faculty Medal on 26 May 2003 in recognition of his contribution to Rehabilitation Medicine, to the Faculty and the College before it, in Queensland and Australia.

Office Staff

Rosemary Huggett, who took on the role of Administrative Officer for the Faculty when it was first formed in 1991, retired on 30 April 1996. A retirement lunch was held for her on 29 April 1996. During her five years with the Faculty the workload and scope of the office had increased markedly and the complexity of the administrative role increased accordingly. An external review of the Faculty office was carried out following her retirement and, in anticipation of the increased use of technology, recommendations were made for an Executive Officer to be appointed, with the skills and experience to enable more delegation of appropriate functions and improved support for committees. Sybil Cumming (formerly Apted) was appointed to this new position in June 1996. Other staff members at this time were the Administrative Assistants: Andrea Lakeland (full time) and Megan Shelley (part-time). Greg Bowring wrote in May 1998, when he stepped down from the position of Honorary Secretary of the Faculty, that in a short time the professionalism of the staff "revolutionised the Office", which up to this time had relied almost entirely upon the voluntary services of Faculty Fellows. The 'dedication and ability' of the Faculty Office staff became 'the foundations upon which our operation now rests.' Over the years it has become the staff in the Faculty Office that is the public face of the Faculty, who field enquiries from all comers and are at the interface of all the AFRM's policies and procedures.

In 2001 Rebecca Bermingham (now Udemans) joined the staff as an Administrative Officer. Three years later Rebecca was promoted to Senior Executive Officer to run the Faculty Office when Sybil left Sydney in 2004. This coincided with the Faculty Office being relocated to new accommodation in the College's Phillip Street premises. To this day Sybil continues to work for the Faculty remotely from a small office in Cairns. As the administration needs of the Faculty have steadily expanded the Faculty office staff numbers have increased to cope with the demand, with 4 full time staff members and two part-time staff currently employed, servicing more than 26 different committees and working parties and 11 Special Interest Groups.

Measuring Outcomes

In May 1998, through the endeavours of Garry Pearce, the Faculty's Honorary Secretary at the time, the AFRM was awarded a Federal Government grant to develop a Standard Data Set for Rehabilitation. This was considered to be essential for the development of the comparable measurement of outcomes of patient care. A project officer, Lyn Arnold was employed and with the support of more than 85% of the Fellowship who completed the survey form, an Australian Minimum Data Set for Rehabilitation Medicine was developed. As the decision was to incorporate in the data set the use of the FIM (Functional Independence Measure) a product of UDSmr (Uniform Data System for Medical Rehabilitation) of the State University of New York at Buffalo, the Faculty sought and was granted a Licence Agreement for its application in clinical services. Garry Pearce submitted another successful proposal for additional funding to assist in the establishment of a national data centre in collaboration with the Centre for Health Service Development (CHSD) of the University of Wollongong. As a result of this successful collaboration, and with further funding support, the Australasian Rehabilitation Outcomes Centre (AROC) was established. A dedicated unit managed and located by CHSD, it started its operations on 1 July 2002. By 2004 almost all public and private rehabilitation units were contributing to the AROC data bank. In return they have received half yearly reports of their own activity, compared with that of similar units and the national aggregated data.

Annual Scientific Meetings and Convocation

Following on from the ACRM initiative, a scientific meeting has been arranged by the AFRM each year for those with an interest in Rehabilitation Medicine. In 1996, for the first time, the AFRM held its Annual Scientific Meeting in conjunction with the RACP and the other two Faculties of the College: AFPHM and AFOM. The meeting took place in Canberra. The second such combined meeting was in Sydney in 2001.

In 1998 at the Annual General Meeting in May, Bill Stone announced his resignation, due to family illness, after 14 months as Faculty President. He was succeeded by Hugh Dickson. Dr Greg Bowring stepped down at the same meeting, after four years as Honorary Secretary having served on both the ACRM and the Faculty Executives since 1990. In his farewell speech to the Faculty Fellows Bill Stone described one of the major considerations during his presidential term as being his endeavours to forge a closer relationship with the RACP by seeking a greater degree of involvement in College Council business. He was keen to have the AFRM Annual Scientific Meetings become part of the College ASMs, especially the College Ceremony, but also to benefit from the broad range of content and the interaction with people from other but overlapping areas of professional practice. It was largely through these early efforts from Bill that the AFRM held their last separate Convocation Ceremony in Adelaide 1999. All new Faculty

Fellows are now inducted into Fellowship by the RACP President, as part of the impressive annual College Ceremony held at the time of the College's Annual Scientific Meeting.

Although it was suggested by Pesi Katrak as early as 1979 that a keynote address should be instituted into the program of the annual meeting of the AAP&RM, it wasn't until 1994 that an annual oration became an integral part of the program for each of the Faculty's Annual Scientific Meetings. This oration² is named in honour of George Burniston, who had left a bequest to the Faculty.

The Norington Lecture is also now an integral part of the Faculty's Annual Scientific Meeting. Using funds donated by the IAHPR (International Association of Health Professionals in Rehabilitation) when it was disbanded in 2004, the Norington Lecture was established to enhance relationships with the Allied Health professions, by featuring recent progress in Allied Health research. It is named in memory of the late Bradney Norington, the first President of the Australian College of Rehabilitation Medicine (ACRM). The first lecture was presented in Cairns in 2006.

Raising the Profile

The first female President of the Faculty was Toni Hogg, who held office from August 2000 until March 2002. This was a time when the Faculty had many demands placed upon it in terms of complexity of compliance with government regulation and involvement in planning at Federal, State and regional level. Toni took a leading role in negotiating with the Federal Department of Health and Aged Care for purposes of accreditation of rehabilitation units for the Blended Payment Model. The Department was persuaded to broaden its view of the definition of a rehabilitation unit to focus on casemix activity levels and qualifications of all staff. She was also actively involved in meetings with the National Disability Advisory Council to discuss the health care needs of people with disability. Many worthwhile discussions were held during these years between the Presidents of the three Faculties of the RACP (Rehabilitation Medicine, Public Health Medicine and Occupational Medicine) that not only forged lasting ties between the three groups but also improved the profile of all three within the College. Toni Hogg described her term in office as "an immensely challenging and rewarding experience, which has helped me to clearly see the place of our specialty in the health care delivery system."

AMC Accreditation

The Australian Medical Council's (AMC) process of accreditation aims to provide assessment for public accountability and to improve the academic quality of the medical profession. One of the major tasks of the Faculty between 2002 and 2004 was the preparation of the eighty-page submission document and a significant number of Faculty Fellows and trainees were involved in the accreditation review process through their participation in site visits, meetings and surveys. The AFRM's education, training and professional development programs were assessed and compared with similar specialties in other countries and documentation of all aspects of the Faculty's business was considered. The accreditation process was completed in the second half of 2004 as part of the survey of the RACP. When the RACP received the final report from the AMC in October 2004 the overall remarks about the Faculty were very complimentary, with the education and training processes and

² *The list of speakers who have presented the George Burniston Oration is printed at the end of this publication.*

structures to monitor and evaluate ongoing changes being identified areas of strength. The Faculty was successfully accredited by the AMC as the body responsible for providing specialty training in Rehabilitation Medicine. The work to further refine our educational processes, and improve our methods of supporting our continuing professional development activities, is a continuous process and remains a high priority.

Conclusion

The Australasian Faculty of Rehabilitation Medicine is an educational institution whose purpose is to educate, train and credential medical practitioners in Rehabilitation Medicine. Trainees who successfully complete all of the examination and training requirements of the Faculty are admitted by the RACP to Fellowship of the AFRM and carry the letters FAFRM (RACP). They are part of a body of physicians of the highest professional standing. To quote from the Faculty's first and only female President to date, Toni Hogg, in her final speech as President: Rehabilitation Medicine Physicians "are well regarded because of our demonstrable commitment to disability management and handicap reduction and (we) must make every opportunity to promote those attributes."...."We need to strive to be outward looking, communicative and concerned with the provision of high quality, safe medical practitioners throughout Australia and New Zealand."..." I wish the Fellowship a rewarding, challenging and fulfilling future."