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The Australasian Faculty of Rehabilitation Medicine (AFRM) Bariatric Rehabilitation Survey Results

April 2021

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of physicians and trainee physicians, across Australia and Aotearoa New Zealand. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients and the community.

About The Australasian Faculty of Rehabilitation Medicine (AFRM)

The AFRM of the RACP is the peak medical body for rehabilitation medicine physicians, comprising over 800 medical specialists in Australia and Aotearoa New Zealand. AFRM provides training and continuing education for rehabilitation medicine Fellows and trainees throughout all stages of their career.

The AFRM's focus on interdisciplinary training and teamwork makes the rehabilitation medicine physician the best qualified specialist to lead teams of allied health staff, nurses and other medical practitioners (specialists or general practitioners) in providing coordinated, patient-focused, individualised programs of goal-directed rehabilitative care in order to optimise the health and wellbeing of those with short-term or long-term disability. Rehabilitation medicine is a diverse specialty whose members are trained to facilitate the best possible recovery of function over the full range of medical and surgical conditions seen in contemporary practice.

Rehabilitation medicine physicians are trained and experienced to manage all patient types who experience disability due to illness or injury affecting all body systems and are experts in appropriate assessment, treatment and management. Also, they are trained in injury prevention, conditioning, fitness and wellness. Rehabilitation medicine physicians engage in the delivery of a variety of healthcare services to provide a holistic approach, have experience in integrated care with primary care physicians and are trained in leading interdisciplinary teams.

Overview

The RACP AFRM Policy and Advocacy Committee established a working group to develop a new position statement on Bariatric Rehabilitation. There is a growing number of patients with bariatric needs being referred to inpatient rehabilitation services, particularly those with rehabilitation needs after bariatric surgery. Rehabilitation physicians are experiencing limitations with equipment, architecture, and staff expertise to support these patients. The new position statement will develop recommendations and define appropriate practice on the rehabilitation needs of patients with bariatric needs.

To inform the content of the position statement, the working group surveyed AFRM Fellows and trainees to find out more about the current situation of bariatric rehabilitation in different areas of practice, challenges of working in this area and whether there is a role for rehabilitation medicine services to complement the current services. A similar survey was also conduced of weight management clinics.

The results from the two surveys are provided below.

Survey 1: Survey of Rehabilitation Medicine Physicians: Rehabilitation of patients with morbid (Class 3) obesity

Q1. What are your areas of practice? Please select all that apply:	
Answer Choices	**Responses**
Adult rehabilitation medicine	81.42%
Paediatric rehabilitation medicine	11.50%
Neurological rehab e.g. stroke, brain injury, spinal cord injury	57.52%
General rehab e.g. orthopaedic, reconditioning, amputee	53.10%
Intellectual disability	11.50%
Pain medicine	10.62%
Obesity medicine	3.54%
Non-clinical e.g. management, admin, teaching, research	16.81%
Medicolegal	5.31%
Retired / on leave	0.88%
Q2. Over the last 12 months, on average what proportion of your patient cohort would you estimate to have morbid obesity (BMI > 40kg/m2)? Please select one:	
Answer Choices	**Responses**
Majority (greater than 50%)	1.75%
Around 50%	2.63%
25-50%	12.28%
10-25%	33.33%
Less than 10%	50.88%
Q3. Which rehab models of care does your practice currently offer to patients with morbid obesity? Please select all that apply:	
Answer Choices	**Responses**
Acute rehab or “in-reach” rehab (joint care with an acute team)	38.60%
Inpatient admission, with access to acute services	57.02%
Inpatient admission, without access to acute services e.g. standalone facility	28.07%

Day hospital program (non-admitted, reviewed by multidisciplinary team)	35.96%
Outpatient clinic (not reviewed by multidisciplinary team)	46.49%
Rehabilitation in the home	27.19%
Rehabilitation program in nursing home or transitional accommodation	5.26%
Telehealth rehab	25.44%
Other (please specify)	15.79%

Q4. How does your facility access bariatric equipment (specialised beds, scales, hoist, mobility aids etc)? Please select all that apply:

Answer Choices	Responses
Own stock	48.25%
Hires from external suppliers	57.89%
Internal organisational equipment loan pool	34.21%
Does not have access	6.14%
Not applicable	3.51%
Don't know	9.65%

Q5. Does your health service have a dedicated person, working group, committee or similar examining the needs of patients with morbid obesity? Please select one

Answer Choices	Responses
Yes	23.68%
No	50.88%
I don't know	24.56%
Not applicable	0.88%

Q6. Do you have specialist medical support and / or expertise to manage the acute needs and comorbidities of patients with morbid obesity in your practice? Please select one:

Answer Choices	Responses
Yes	37.72%
No	58.77%
Not applicable	3.51%

Q7. How would you evaluate your knowledge of best practice for managing weight loss in morbidly obese patients? E.g. Current guidelines, pharmacological intervention, dietary intervention, exercise intervention, surgical intervention, referral pathways etc. Please select one:

Answer Choices	Responses
Excellent knowledge (expert)	2.63%
Good knowledge	43.86%
Minimal knowledge	53.51%

Q8. Would you be interested in additional education and training for managing weight loss in patients with morbid obesity? Please select one:

Answer Choices	Responses
Yes	90.35%
No	7.89%
Not applicable	1.75%

Q9. In your opinion, do you think that morbid obesity should be classified as a disability?

Answer Choices	Responses
Yes	64.60%
No	15.04%
Not sure	20.35%
Please provide a comment if you wish	

Q10. What do you feel are some of the most useful measures of success in relation to managing patients with morbid obesity? Please select all those that apply:

Answer Choices	Responses
Patients achieving their identified goals	91.23%
Patients regaining their independence e.g. mobility, ADLs	88.60%
Satisfactory patient-reported evaluation of service	36.84%
Satisfactory Functional Independence Measure (FIM) change or efficiency	43.86%
Satisfactory length of stay comparable to patients without obesity and similar impairment(s)	35.96%
Good feedback from rehab staff	21.93%
None of the above	0.88%
Not applicable	0.88%
Other (please specify)	10.53%

Q11. How have institutional factors related to morbid obesity limited the potential effectiveness of your patients' rehabilitation? Please select all those that apply:

Answer Choices	Responses
No significant institutional limiting factors	7.96%
Non-acceptance of patients with morbid obesity to rehab e.g. due to limited facilities, equipment, staffing numbers	39.82%
Increased length of stay compared to non-obese patients with similar impairment	60.18%
Decreased FIM efficiency compared to non-obese patients with similar impairment	42.48%
Occupational health and safety of staff or patients	61.06%
Lack of suitable nutrition options	20.35%
Insufficient rehab staff numbers	47.79%
Inadequate rehab staff expertise managing patients with morbid obesity	46.02%
Inadequate rehab staff cultural awareness training	19.47%
Weight bias / staff attitudes to people with morbid obesity	37.17%
Inadequate facilities for patients with morbid obesity e.g. rooms, doorways	46.90%
Inadequate equipment (e.g. beds, mobility devices, hoists) for patients with morbid obesity	61.06%
Not applicable	5.31%
Other (please specify)	11.50%

Q12. How have personal/social factors related to morbid obesity interfered with your patients' rehabilitation? Please select all those that apply:

Answer Choices	Responses
No interference	6.19%
Patient's lack of readiness for change	74.34%
Insufficient carer / family support	61.06%
Patient adverse events	33.63%

Difficulty managing associated physical comorbidities e.g. sleep / respiratory disorders, diabetes, pain, infections, DVT/PE etc	56.64%
Difficulty managing associated psychological comorbidities e.g. depression, eating disorders, anxiety, PTSD etc	59.29%
Other (please specify)	10.62%

Q13. What factors do you feel would enable more effective rehabilitation of patients with morbid obesity? Please select all those that apply:

Answer Choices	Responses
None	0.89%
Improved staff expertise managing morbid obesity and comorbidities	75.00%
Improved staff cultural awareness education and training options	44.64%
Appropriate rehab staffing	67.86%
Patient advocacy and reducing weight stigma / bias	38.39%
Improved access to equipment specific for patients with morbid obesity	75.89%
Improved access to facilities specific for patients with morbid obesity	62.50%
Improved access to weight loss clinics or obesity specialists	80.36%
Improved access to specialist care to manage comorbidities e.g. respiratory physician, endocrinology	51.79%
Improved access to appropriate nutrition options	56.25%
Change in benchmarking using AROC data e.g. increased estimated length of stay for patients with morbid obesity	58.93%
Effective family and carer education sessions	61.61%
Use of assistive technology e.g. Fitbit, remote monitoring, Telerehab	46.43%
Not applicable	1.79%
Other (please specify)	10.71%

Q14. Which weight loss strategies do you routinely incorporate as part of the rehab plan for your patients with morbid obesity? Please select all those that apply:

Answer Choices	Responses
None	1.77%
Dietitian intervention	94.69%
Patient, family and carer education	76.11%
Caloric restriction / diet	53.10%
Pharmacological intervention	12.39%
Referral to obesity specialists e.g. clinic, physician, surgeon	41.59%
Referral to other specialists e.g. sleep physician, endocrinologist	48.67%
Psychological intervention	54.87%
Exercise	74.34%
Use of assistive technology e.g. Fitbit, remote monitoring, Telerehab	13.27%
Not applicable	0.88%
Other (please specify)	11.50%

Q15. It has been proposed that multidisciplinary rehabilitation services have the potential to complement existing weight management services. In your opinion in which ways could this be achieved? Please select all those that apply:

Answer Choices	Responses
Pre-hab (multidisciplinary intervention aimed at managing disability and weight loss, prior to weight loss surgery)	83.78%

Post-operative admission to inpatient rehabilitation units	53.15%
Post-operative outpatient rehabilitation services	70.27%
Joint care of patients known to rehab services e.g. spinal cord injury	58.56%
Additional resources for an understaffed weight management clinics e.g. management of pain and musculoskeletal injury, access to allied health e.g. physiotherapy, occupational therapy if not available in clinic	54.05%
Long-term maintenance rehabilitation program to reduce relapse	60.36%
Alternative service e.g. for those that are not eligible for weight loss surgery or further management in weight loss clinic	53.15%
Alternative resources for those unable to attend weight loss clinic due to distance or other reasons	45.05%
Research e.g. high quality studies to determine optimal exercise intervention (type, duration, intensity, frequency) for improved metabolism, weight loss and functional gains for patients with morbid obesity	62.16%
Other (please specify)	8.11%

Survey 2: Survey to staff in weight management clinics on the rehabilitation needs of bariatric patients

Q1. What type of clinical setting do you work in? Please select all those that apply:	
Answer Choices	**Responses**
Public adult weight management clinic	51.61%
Private adult weight management clinic	12.90%
Public paediatric weight management clinic	22.58%
Private paediatric weight management clinic	0.00%
Other (please specify)	12.90%
Q2. Please indicate the current members of your team. Select all those that apply:	
Answer Choices	**Responses**
Obesity surgeon	35.48%
Obesity physician	41.94%
Endocrinologist	48.39%
General physician	6.45%
GP	6.45%
Nurse	77.42%
Dietitian	77.42%
Occupational therapist	3.23%
Physiotherapist	41.94%
Exercise physiologist	25.81%
Psychologist	70.97%
Social worker	12.90%
Administrator	67.74%
Other (please specify)	45.16%
Q3. Ideally, which of the following members do you feel should be included in your team? Please select all those that apply:	
Answer Choices	**Responses**

Obesity surgeon	64.52%
Obesity physician	58.06%
Endocrinologist	58.06%
General physician	32.26%
GP	32.26%
Nurse	74.19%
Dietitian	74.19%
Occupational therapist	41.94%
Physiotherapist	64.52%
Exercise physiologist	61.29%
Psychologist	80.65%
Social worker	67.74%
Administrator	54.84%
Other (please specify)	38.71%

Q4. What type of weight loss surgery is available or associated with your clinic? Please select one:

Answer Choices	Responses
Primary elective weight loss surgery	32.26%
Revision weight loss surgery	0.00%
Both primary elective and revision weight loss surgery	32.26%
Weight loss surgery is not available	35.48%

Q5. What are the major challenges of working in this field? Please select all those that apply:

Answer Choices	Responses
Weight stigma (community)	64.52%
Weight stigma (clinic staff)	25.81%
Insufficient staff numbers	54.84%
Insufficient staff expertise / training about weight loss	38.71%
Insufficient staff cultural awareness training	19.35%
Inadequate equipment	16.13%
Inadequate facilities	25.81%
Long waitlist for initial clinic appointment or acceptance to program	77.42%
Long waitlist or access to weight loss surgery	45.16%
Inclusion / exclusion criteria for weight loss surgery	25.81%
Managing patient's physical comorbidities	45.16%
Managing psychosocial aspects to patient care	70.97%
Managing patient's lifestyle factors or health literacy	64.52%
Patient's / family's readiness to change	61.29%
Geographical inequity (distance for patient to travel to clinic)	51.61%
Maintenance of weight loss	77.42%
Relapse or requirement of revision surgery	16.13%
Other (please specify)	19.35%

Q6. Rehabilitation Medicine is the diagnosis, assessment and management of individuals with disability due to illness or injury. Rehabilitation approach is patient-centred and involves a multidisciplinary team across various healthcare settings, including metropolitan, regional, inpatient, outpatient

and telehealth. Do you think rehabilitation services could contribute to the management of patients in your practice? Please select one:	
Answer Choices	**Responses**
Yes	87.10%
No	3.23%
Unsure	9.68%
Q7. If yes, how could rehabilitation services complement your service? Please select all those that apply:	
Answer Choices	**Responses**
Pre-hab (multidisciplinary intervention aimed at managing disability and weight loss, prior to weight loss surgery)	50.00%
Additional resources for an understaffed clinic e.g. management of pain and musculoskeletal injury, allied health e.g. physiotherapy, occupational therapy if not available in clinic	75.00%
Post-operative rehabilitation (inpatient)	32.14%
Post-operative rehabilitation (outpatient)	46.43%
Management of concurrent disability or clinical conditions	71.43%
Long-term maintenance program	75.00%
Alternative service e.g. for those that are not eligible for weight loss surgery or further management in your clinic	64.29%
Alternative resources for those unable to attend your clinic due to distance or other reasons	64.29%
Research e.g. high quality studies to determine optimal exercise intervention (type, duration, intensity, frequency) for improved metabolism, weight loss and functional gains for patients with morbid obesity	67.86%
Other (please specify)	14.29%