UEMS Section of
Physical and Rehabilitation Medicine
http://www.euro-prm.org

Compendium
of the Clinical Affairs Committee

Historical milestones 2001-2011

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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.

Experience often led us to modify our projects and our procedure, until we came up to a satisfying process. Therefore, rather than trying to amend the compendium of our previous rules, the Committee has chosen to write down a set of new rules reflecting the current way of functioning.

Of course, these rules are 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.

Dr Georges de Korvin
Chairman of the Clinical Affairs Committee

Hermina Damjan
Rapporteur

II. Creation of the Clinical Affairs Committee (Stokholm, May 2001)

The General Assembly chaired by Prof. Veronika Fialka-Moser defined the new goals of the UEMS PRM Section and decided to divide its activities up to three committees: the Committee for Education = the European Board of PRM, the Committee for Professional Practice, the Committee for Clinical Affairs.

A. THE GOALS OF THE SECTION WERE DEFINED AS:

- *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*

B. IN ORDER TO ACHIEVE THESE ITEMS TWO NEW COMMITTEES WERE CREATED WITHIN THE UEMS PRM SECTION:

The Clinical Affairs commission, it will be in charge of clinical standards, clinical issues around speciality and sub-speciality activities, links with the European Federation and the Academy of PRM.

The Professional Commission, it will be in charge of relations with the other specialities, with professions allied to medicine, of the professional activities and of manpower planning.

The section of PRM of the UEMS will be composed of three commissions; the first is the Board which has had until now the main activity. The two other ones will higher their level of activity in the next future.

III. The EAR Action Plan (Brighton, June 2002)

Bengt Sjölund (Sweden) was elected as Chairman of the Clinical Affairs Committee (CAC) and presented an Action Plan based on:

- E = Ethics
- A = Accreditation
- R = Research

Different ways were then explored in order to develop an action inside the above mentioned fields.

Bengt Sjölund was reelected in Limassol (2005), while Prof. Alain Delarque (France) was reelected as Secretary General and Dr. Georges de Korvin (France) as Deputy Secretary.

A. ETHICS

The UN Standard Rules to assure persons with disabilities full participation and equality (1993 were considered (Antalya 2003). While seeking cooperation with the European Disability Forum, contacts were established with the Health and Social Affairs Department of the Council of Europe in Strasbourg. Mr Thorsten Afflerbach, Social directorate, Council of Europe, participated as an invited guest to the General Assembly in Hannover (2005).

1. Hannover 2005

*We pointed out that modern rehabilitation does not originate from a monolithic medical model but includes social aspects and a holistic view, that it is based on a biopsychosocial model in a continuum of care and includes contextual factors. It is given by interdisciplinary teams with the user as the most important team member and provides **personal empowerment.** Mr Afflerbach acknowledged that this development was not well known to European organisations in the social field or to representatives of persons with disabilities in Europe, who often had a very traditional picture of rehabilitation as a purely hospital based medical phenomenon.*

The Council of Europe has taken several initiatives since 1959 to support the integration of people with disabilities and is currently in the process of developing a new Action Plan in this area (see www.coe.int/soc-sp). This is done in a committee consisting of governmental representatives with one observational seat for the European Disability Forum and the secretary is Mr Afflerbach.

*A very important human rights question is to provide adequate access to rehabilitation for persons with disabilities. The situation now in most European countries is **not** that services can be received regardless of type or origin of disability, of age, gender, religion, ethnic origin, domicile or financial resources. It was recommended that the UEMS PRM section sends a position paper to the abovementioned Action Plan Committee, preceded by contacts with national government representatives, with national NGOs representing persons with disabilities and with the EDF.*

Furthermore, that current development of a UN convention to replace or reinforce the Standard Rules for the Disabled was discussed. The EU presidential country has the

responsibility for these negotiations, just now Luxemburg, but there is a change every 6 months. It is not known when or if this process is complete but it will lead to a legally binding document.

The General Assembly then adopted the proposal to apply to the Council of Europe as European Federation of PRM with PRM Section, Academy and Society and to send a Position Paper to the Committee for Action Plan on Disability.

2. Limassol 2005

Bengt Sjölund address:

We have discussed the possible impacts in our field of the United Nation's Standard Rules to assure persons with disabilities full participation and equality that were adopted in 1993 by all member states. Thus, Rule 3 states that :

- *"States should ensure the provision of rehabilitation services to persons with disabilities, in order for them to reach and sustain their optimum level of independence and functioning.*
- *States should develop national rehabilitation programmes for all groups of persons with disabilities. Such programmes should be based on the actual individual needs of persons with disabilities and on the principles of full participation and equality.*
- *Such programmes should include a wide range of activities, such as basic skills training to improve or compensate for an affected function, counseling of persons with disabilities and their families, developing self-reliance and occasional services, such as assessment and guidance.*
- *All persons with disabilities, including persons with severe and/or multiple disabilities, who require rehabilitation should have access to it.*
- *Persons with disabilities and their families, should be able to participate in the design and organization of rehabilitation services concerning themselves.*
- *All rehabilitation services should be available in the local community, where the person with disabilities lives. However, in some instances, in order to attain a certain training objective, special time-limited rehabilitation courses may be organized, where appropriate, in residential form.*
- *Persons with disabilities and their families should be encouraged to involve themselves in rehabilitation, for instance as trained teachers, instructors or counselors.*
- *States should draw upon the expertise of organizations of persons with disabilities when formulating or evaluating rehabilitation programmes."*

It is advisable that our delegates spend more time to utilize this paragraph of the Standard Rules to demand better access to rehabilitation services for disabled persons throughout Europe. Furthermore, we have discussed the possible impacts in our field of the United Nation's Standard Rules to assure persons with disabilities full participation and equality that were adopted in 1993 by all member states. Thus, Rule 3 states that:

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- *States should draw upon the expertise of organizations of persons with disabilities when formulating or evaluating rehabilitation programmes."*

It is advisable that our delegates spend more time to utilize this paragraph of the Standard Rules to demand better access to rehabilitation services for disabled persons throughout Europe. Furthermore, through the contacts with the Council of Europe, Mr Thorsten Afflerbach has informed us about the work going on inside the UN to change these Rules of recommendation to an international, legally binding Convention, which means that any signing country must fulfil its obligations in this field. Furthermore, a position paper on the role of PRM in this respect would be appreciated within the Council of Europe and it is my hope that such a document can be developed during the Limassol meeting.

3. Athens, September 2006 – Position paper on access to rehabilitation, for the Council of Europe

Policy Statement on "Equity of Access to Rehabilitation Services throughout Europe" from the Physical and Rehabilitation Medicine Section and Board of the Union Européenne des Médecins Spécialistes

Prepared by Anne Chamberlain

Adopted by the General Assembly, Athens, September 16th 2006

(1) In agreement with the United Nations Standard Rules of the Equalization of Opportunities for Persons with disabilities (1993), the Malaga-Declaration of the Council of Europe (2003), the Resolution 58.23 of the World Health Assembly (2005) and the Recommendations [Rec (2006)5] of the Committee of Ministers to Member States of the Council of Europe, it is stated that people with chronic diseases and disabling medical conditions have the right of access to optimal rehabilitation.

(2) In the international work on improving equality and participation for disabled persons, notions like access and empowerment are at the core of policies and activities. Usually these notions are used in a social context, i.e. to access buildings, public areas, transportation and other services or to provide empowerment through organisations of interests, through legal, educational, vocational and other actions. Unfortunately, the possibility to gain personal empowerment through rehabilitation varies considerably between and within the European countries.

(3) Modern rehabilitation is based on a biopsychosocial model in a continuum of care. It includes contextual factors such as social, environmental and attitudinal aspects. It does not originate from a monolithic medical model but employs a holistic view. Rehabilitation is given by multiprofessional teams with the user as the most important team member. Its main objective is to provide personal empowerment to the disabled person.

(4) Physical and Rehabilitation Medicine (PRM) is the independent medical specialty concerned with the promotion of physical and cognitive functioning, activities (including behaviour), participation (including quality of life) and modifying personal and environmental factors. It is thus responsible for the prevention, diagnosis, treatment and rehabilitation management of people with disabling medical conditions and comorbidity across all ages.

(5) Equity of access to rehabilitation should be guaranteed in all European countries This must include an optimal rehabilitation care

- *improving body functions and structures, activities and participation*
- *adapting the environment to the peoples needs and*
- *aiming at empowerment of people with disabilities, a maximal independency and quality of life*
- *provided by well educated rehabilitation specialists*
- *performed by multiprofessional rehabilitation teams*

(6) The UEMS PRM Section and Board therefore urges the Council of Europe to improve the access to rehabilitation to facilitate the personal empowerment of disabled persons throughout Europe. This represents a conscious extension of the notions access and empowerment to the person level.

B. ACCREDITATION

1. Preliminary discussions

Representatives of the UEMS PRM Section and Board participated in the International Meeting on Accreditation of Quality in PRM (European Network for Quality Assurance in Higher Education) - Marseille 2003-11-17/21- gathering 21 countries.

The CAC also paid special attention to the EU Leonardo Project and to the US Committee for Accreditation of Rehabilitation Facilities (CARF). This was discussed several times in Brighton (2002), Vienna (2002), Ljubljana (2003), Antalya (2003) and Pavia (2004).

2. Decision to set up a European Accreditation

a) Pavia 2004

As a result of the committee discussions, it was proposed that ***the PRM UEMS section should work to develop medically driven European clinical standards for Accreditation of Rehabilitation*** *[…].*

It was felt that European Standards for the rehabilitation process should be developed from defined rehabilitation strategies, based on Physical and Rehabilitation Medicine, on Evidence-Based Medicine, on best practise consensus, on the ICF by WHO and on the inclusion of patient's rights for ethical and political reasons, such as the United Nations Standard Rules and e g on specially developed lists on technical aids that should be available to all EU citizens. Furthermore, the European Accreditation should not be sensitive to health care organization aspects and should therefore occur on the program level. It was also found that accreditation will soon be or is already mandatory in many European countries and that competition for resources is increasing in European health care, and therefore, resources have to be transferred from core activities to develop quality assurance.

b) Dublin 2004

It was agreed after further discussion that:

- *The PRM Section should accept that National Accreditation processes currently take priority over pan-European Processes.*

- *It is nevertheless important to ensure that an external agency is involved in accreditation in a way that assists the promotion and harmonisation of high standards and good outcomes for rehabilitation across the EU*
- *It would be strategically prudent for the PRM Section to develop a system that is effective and clinically credible and thus to avoid the risk that future Governments might impose a less well considered procedure in order to meet short term political targets*
- *A PRM Section assessment system should be introduced that is clear, brief and based upon self-report submitted electronically on a questionnaire, once it has been checked for obvious errors or inconsistencies by the national manager*
- *A pilot phase by a selected sample, perhaps of ES members' services, should be undertaken to streamline the process before it is made generally available*
- *The data should be published on the PRM Website and kept up to date there*
- *The system should be formally reviewed and a mechanism for external validation including site visits should be considered once it has been running for 2 years*

It was agreed to suggest to the Assembly that 2 small task groups *should be formed to put together a proposal on the basis of iterative E-mailed discussion for consideration by the Board at its next meeting in Hanover. The 2 groups would perform the following functions:*

(a) To specify the features that a new web-site would need to have and how these features would best be provided and organised: Georges de Korvin [chair, France], Pedro Cantista [Portugal] and Lindsay McLellan[UK].

(b) To prepare a draft set of questions to be included on the questionnaire: Bengt Sjölund[Chair, Sweden], Lajos Kullman [Hungary] and Henk Stam [Holland]

The (Section and) Board are invited to approve this action. VOTE: YES.

3. The first Internet Based Accreditation System

In Hannover (February 2005), the Committees discussed the two main aspects of the web based Accreditation system:

- The self assessment questionnaire, which had been prepared by Bengt Sjölund.
- The basical features of the accreditation procedure suggested by Georges de Korvin.

The General Assembly voted a budget frame of 5000 € for the Accreditation project.

In Limassol (September 2005), the rules of the Accreditation Procedure could be discussed in details, with special respect to the following aspects:

- Accreditation on a “yes or no” decision basis will be completed by comments for educational reasons.
- The Jury will consist of five European members, on being changed at random every year.

- Algorithm of validation :
    - 4/5 readings and 4/5 validation -> accreditation
    - 4/5 readings and 3/5 rejections -> rejection
    - Readings = 5/5 and [3/5 positive and 2/5 negative] : discussion of the Jury (automatic warning)
    - If a Jury member does not reply within 2 months, he will be replaced.
- Period of accreditation: 5 years.

A budget of 5000 € for 2006, was unanimously confirmed by the General Assembly.

In Lausanne (March 2006), the first version of the Internet based Accreditation System could be demonstrated on line. The system was then achieved according to the CAC's comments. The Committee also discussed the perspective to establish links between the UEMS PRM Accreditation and National quality insurances. Existing systems in Italy, France, Hungary and Austria were evoked.

A testing procedure was scheduled for mid 2006. The Jury consisted of A. Giustini, L. Kullmann, M. Quittan, B. Sjölund and H. Stam. A. McNamara and Th. Lejeune volunteered as deputies.

Being a Board Certified Specialist was added as a major condition to participate in the Accreditation Procedure. The whole process was unanimously approved by the General Assembly.

In Athens (September 2007), several improvements to the Accreditation System were still discussed. The following motions were voted by the General Assembly:

Keep the Accreditation procedure free until March 1rst. Synthesis in Rennes: Yes

Every one with PRM certification will be able to participate, up to 5 per country: yes

A funding of 5 000 euros for 2007 is requested for

- ✓ *Upgrading the Accreditation system*
- ✓ *Including the PRM calendar into the new system*
- ✓ *Setting out a new home page*
- ✓ *Preparing proposals for a general management on Internet*

Vote : yes

Accreditation is limited to PRM certified specialists: Yes

The number of submissions per year will be limited in order to fit our management capacity: Yes

Reasons of rejections : combination of :

- ✓ *No continuing education*
- ✓ *No follow up of outcomes*
- ✓ *No evidence basis*

If only one condition missing, the Jury will give 6 months more, to improve the programme. Yes

The person responsible for the programme needs to be a PRM Board certified specialist. Yes

In Rennes (March 2007), the CAC could discuss upon the experience provided by a first series of technical trials and real programmes submitted from Austria, France, Hungary, Italy, Slovenia and Lithuania. *An important discussion raised within the Working Group about the philosophy of this accreditation :*

- ✓ *Is it mainly aimed at a tough screening out the programmes, which don't fit some presupposed criteria of quality ?*
- ✓ *Or does it try to attract a wider range of programmes, showing the reality of PRM all over Europe ?*

The group found an agreement and decided to keep up with a framework of criteria derived from other well known accreditation systems, but to move the procedure from a "yes or no" decision to a ***dialog between the Jury and the candidates****.*

The General Assembly voted for:

- Working on the role of PRM in Community Based Rehabilitation,
- Setting up a taskforce on ICF Guidelines.
- Extending the trial phase until the end of 2007.
- Enlarging the pool of volunteers for the Jury
- Updating the rules: *There should be a third possibility of vote for the jury. Besides "yes" or "no" there will be "under consideration". This reflects the previous decision, to give the applicant a time of 6 month to improve the application if substantial criteria are missing.*

In Bucharest (September 2007), the Accreditation System had been upgraded with the addition of a "dialog corner" for the Jury, the third voting option "under consideration" and the final decision making option given to the Jury President.

C. RESEARCH

An attempt was made to harmonize PRM congresses through a web based information centre. A budget of 4000 € was voted in Antalya (2003) and a website was set up by Swedish designers. A contact was also established with the European Neuromuscular Centre -Paris (Dublin 2004).

Harmonization with the other European PRM bodies eventually led to cooperate on Ethics with the European Academy of PRM and to cooperate with European and National scientific societies in the field of Research.

Bengt Sjölund's address in Limassol (September 2005):

In the field of Research, *our committee has taken two initiatives. First, with the multitude of international and national PRM meetings, it was felt necessary to implement a common long term planning instrument for congresses and other meetings in PRM to avoid near collisions of dates and contents. This has been accomplished in the form of a web-based congress calendar that can be found on* ***www.prm-calendar.org****. Here, information about meetings can be displayed on either international or national/international levels through selecting presentation mode. One national delegate from each country received 2004 and 2005 the codes to operate the system for national use as well as for announcing European meetings arranged in a certain country. So far, there has unfortunately been limited use of this calendar.*

The second initiative is that our section should encourage the ***scientific education of young PRM colleagues.*** *This has been done firstly by proposing to offer 10 travel grants à 500€ to young PRM*

trainees giving presentations at the European PRM Congresses, starting with the 2004 Vienna Congress. This was approved at the Pavia General Assembly. Secondly, a regular support of 8-10 000€ was proposed to Scientific Summer Schools like the successful one in Marseille and this was approved at the Dublin General assembly.

IV. The Second Action Plan (2009-2011)

A. BUCHAREST (SEPTEMBER 2007)

Dr. Georges de Korvin (France) was elected as chairman of the Clinical Affairs Committee, and succeeded to Prof. Bengt Sjölund.

The draft of a new Action Plan, in the continuity of the "EAR Plan", was presented. It was focused on Quality of Care in PRM as the core issue to consider:

- ✓ *Quality of care is an ethical response to the persons with disabilities.*
- ✓ *Quality of care can be defined and assessed on the basis of scientific evidence (EBM)*
- ✓ *Quality of care involves a good organization of our professional practice.*

This draft proposal concluded that *a policy focused on the Quality of Care in PRM will obviously cover a large domain of activities and will involve a wide range of competences. Thus,* ***harmony and cooperation*** *will have to be carefully considered with all the organizations and bodies within and around the UEMS PRM Section :*

1. *the other bodies of the UEMS PRM Section (Committee for Education and European Board of PRM, Committee for Professional Practice), under the umbrella of the Enlarged Executive Committee ;*
2. *the other European PRM Bodies (Académie européene de réadaptation and ESPRM) ;*
3. *the UEMS Management Council and its Working Groups ;*
4. *the European Institutions (EU, Council of Europe, Associations of Patients…) ;*
5. *National Organizations participating, through their delegates, in the UEMS PRM Section.*

B. NAMUR (MARCH 2008)

In the Friday workshop, the CAC discussed about the feedback from the trial phase. G. de Korvin presented the technical aspects, B. Sjölund described the Jury's work et A. Juocevicius gave a first overview of the submitted programmes.

A new set of conditions completed the voting rules. With respect to the Questionnaire on line, the following rules were voted for ACCEPTANCE of a programme:

Page 1 : General presentation

- *Specific title of the programme*
- *Comprehensive description of the programme, with information related to each part of the questionnaire, enlightening the reasons for responding yes or no.*

Page 2 : Aims and goals
- *Goals are consistent and expressed in ICF categories.*

Page 3 : Location and safety
- *Safety issues are addressed*

Page 4 : Patient rights / NGO activities
- *Human rights issues are addressed*

Page 5 : PRM Specialists in the programme
- *PRM interventions are part of the programme*
- *Physician role should be rehabilitative*

Page 6 : Team management in the Programme
- *Adequate staffing (competence)*
- *Adequate continuing education for physician and staff*

Page 7 : EBM of programme – organization and records
- *Clear EBM basis*
- *Clear definition of admission/discharge criteria*
- *Organized patient records*

Page 8 : Monitoring and outcomes
- *Adequate number of patients/year*
- *Outcome measurements with audit spiral is evident*

Page 9 : Audit spiral

The group discussed on the policy about EBM and National rules.

B. Sjölund : It is necessary to clarify the importance of national consensus documents in local languages in relation to EBM (randomized controlled trials and systematic reviews in English; Cochrane database)
G. de Korvin : this question needs to be considered from different points of views:

- ***UEMS and European rules about National Languages***
  - *European Union : 23 official languages*
  - *UEMS : English and French are official languages.*
- ***Which level of the Programme of Care in PRM is addressed by EBM :***
  - *diagnosis of disease*
  - *Functionnal assessment : accuracy, relevance with respect to the rehabilitation strategy ?*
  - *Method of treatment*
  - *Organization of the treatment : hospitalisation, day hospital, community based care ?*
  - *Quality indicators…*
- ***Availability of Scientific Evidence in PRM?***

The main goals of the new action plan were unanimously approved by the General Assembly:

- *To pursue the efforts made to set up a European system of Accreditation of the PRM programmes of Care*

- *To sort out all European resources for Good Practice in PRM*
    - *New space on our webpage designated for resources of good clinical practice in PRM. There will be a responsible member of the CAC in cooperation with a responsible member of the ESPRM.*

- *To identify which kind of resources are mentioned in programmes of care submitted to UEMS Accreditation by establishing a follow up and overview process.*

- *To foster further works about PRM effectiveness within a European network for Quality of Care within sessions in international and national Congresses***RIGA (SEPTEMBER 2008)**

1. Reminder of the Action Plan

- 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 websites (www.europrm.org and www.euro-prm.org) a new space for resources promoting good clinical PRM practices. Prof. Lajos Kulmann of the CAC and Dr. Gordana Devecerski, European Society of PRM (ESPRM) will be jointly responsible for managing this space.
- To define what resources should be mentioned in the PRM care programmes submitted for UEMS Accreditation by establishing a follow up and review process. Prof. Alvydas Juocevicius
- 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 harmonise the specialty.

2. Works on the Accreditation Programme

- End of the Pilot Phase et starting of the Paying Phase - Management of pending submission from the Pilot Phase
- Advertising the European Accreditation System in each country. Participation in congresses and publishing papers.
- Compendium of the Rules of Procedures (project)
- Resources for Good Clinical Practice (Lajos Kulmann's questionnaire)

3. Voted motions

- Motion 1: In order to recognize Prof. Bengt Sjölund for his contribution, as a Past-President of the Jury he will be kept informed of the Clinical Affairs activities.
  Vote: YES unanimously
- Motion 2: Candidates to be member of the Jury should be National Delegates and PRM-Board certified who regularly participate in the

Clinical Affairs workshops.)
Vote: YES unanimously

- Motion 3: The new Jury members are: Prof. Michael Quittan (Austria, President of the Jury), Prof. Thierry Lejeune (Belgium, Vice-President of the Jury), Prof. Alvydas Juocevicius (Lithuania), Prof Jorge Lains (Portugal), Prof. Alessandro Giustini (Italy).
  Substitutes are: Dr. Jacinta McElligott (Ireland), Prof. Anthony Ward (UK), Dr. Georges de Korvin (France), Prof. Crt Marincek (Slovenia).
  Vote: YES unanimously
- Motion 4: In order to get additional income to support the Clinical Affairs Activities, we will explore sponsoring of private companies. We will ensure that the sponsors will not interact with the content of our activities, nor will they be given information, which will not be displayed on our public website. We will seek sponsorship from at least two different companies or organizations, acting in different fields. Sponsors will be mentioned on our website, but no advertisement for their products or services will be allowed on our website or on any other document issued by the UEMS PRM Section.
  Vote: YES 18, NO 3, Abstentions 1.
- Motion 5: Any action from the Clinical Affairs committee will be discussed and agreed during one of its workshops, so that the Committee will be able to submit to the General Assembly for validation before implementation and public diffusion.
  Vote: YES unanimously
- Motion 6: In accordance with the Clinical Affairs Committee Action Plan, Prof. Lajos Kullmann will survey the National Delegates regarding resources of National Guidelines in European Countries. The survey will be a brief email questionnaire requesting information on:
- National organizations involved in Quality of Care issues,
- Process of issuing national recommendations
- Open description of the situation in the country.
- The answers and a synthesis will be entered on the private UEMS PRM website.
- Vote: YES 20, NO - , Abstentions 2.

D. CAMBRIDGE (MARCH 2009)

1. CAC Chairman's address

Last General Assembly in Riga raised unexpected questions about the payment of TMS work on the Accreditation Website www.europrm.org and finally decided to postpone its decision. This put me in a rather embarrassing situation but also led me to review the history of the different websites, the past action of the Clinical Affairs Committee regarding the Accreditation of Programmes of Care and finally to formulate new suggestions to propose to the UEMS PRM Section.

Since the time when Antoine Macouin used to be the Secretary General of the Section, there has been a **series of different websites devoted to the UEMS Section and Board activities:**

- The first one had been set up by Antoine Macouin and was hosted at Wanadoo.
- In 2001, when I was elected as Deputy Secretary and Webmaster, I set up a new website, managed with Frontpage and hosted at Amen.fr. This was very cheap, but didn't allow cooperative work.
- In 2004, we had the opportunity to take benefit from a hosting platform of the University of Marseille, and of the skills of a computer engineer, who created for us a third website, allowing cooperative work for the National web pages and web links.
- In 2006, the Accreditation of Programme of Care, decided by the General Assembly in 2004, was settled on a devoted platform in Nantes and was created by Technimedia Services. Its address was named www.europrm.org , with the possible perspective to become the general website of the UEMS Section and Board.
- In 2008, thanks to Xanthi Michail, Nikos Barotsis offered his skills to create a new main website, hosted by Combell and managed with a new popular on line software called Joomla. The latter has the great advantage to be a freeware and to allow easy cooperative work and many functions without expensive programming costs. Therefore, the previous website in Marseille could be closed and only remained Nikos Barotsis' website at www.euro-prm.org and the TMS website specially devoted to Accreditation at www.europrm.org . Of course, links are established between both of them.

The history of the Accreditation procedure developed by the Clinical Affairs Committee can be retraced through the decisions noted in the General Assembly reports:

- On 27/03/2004 (Pavia), under Bengt Sjölund's chairmanship of the Clinical Affairs Committee, the following statement was reported : "the PRM UEMS section should work to develop medically driven European clinical standards for Accreditation of Rehabilitation".
- On 11/09/2004 (Dublin), the following motion was voted: "It would be strategically prudent for the PRM Section to develop a system that is effective and clinically credible and thus to avoid the risk that future". 9/42
- On 19/02/2005 (Hanover), the GA voted for the specifications of a European Accreditation System based on an Internet Website and for a budget of 5000 Euros. (One vote "no").
- On 17/09/2005 (Limassol), the Clinical Affairs Committee presented a first tentative model set up by Technimedia Services, under G. de Korvin's supervision. Additional specifications were unanimously approved and a second budget of 5000 Euros was approved for the upgrading work.
- On 01/04/2006 (Lausanne), additional requirements were expressed by the Clinical Affairs Committee, in order to fit the procedure ready for starting the Pilot Phase. This was approved by a unanimous vote of the GA.
- On 16/09/2006 (Athens), the first outcomes from the Pilot Phase could be discussed and led to a series of proposals which were all unanimously approved

by the General Assembly, together with a budget of 5000 Euros for complementary work in 2007.

- On 29/03/2007 (Rennes), the need of an interaction between the Jury and the Applicant was expressed and the GA voted for a third possibility of voting (under consideration) and for an extension of the Pilot Phase until the beginning of 2008.
- On 15/09/2007 (Bucharest), the GA approved the final procedure with the third vote "under consideration", the upgraded set of criteria and the Jury's composition. The GA voted a 8000 Euros budget, which included 3000 Euros for refunding the previous investments and 5000 Euros for further development of the Accreditation Website. These expenses had to be covered by the registration income from the Paying Phase, expected to start on January 2008. G. de Korvin was then elected as new Chairman of the Clinical Affairs Committee.
- On 07/03/2008 (Namur), the Clinical Affairs Committee still had to improve several aspects of the process (rules for Jury voting, criteria for acceptance) and set out the main goals of the Clinical Affairs Action Plan. All those proposals were approved by the GA. We also decided to take the opportunity of the European PRM Congress in Bruges, to announce the official opening of the European Accreditation of PRM Programmes of Care and we organized two UEMS sessions for this purpose. This official opening was also announced in the Baltic Congress, the French Congress and the Italian Congress.

  Unfortunately, the chairman of the Clinical Affairs Committee had remained the only paying applicant since the beginning of the Paying Phase, so that the Executive Committee couldn't make any decision at the time it had been expected to do. By this time, programming work by TMS couldn't be avoided, mainly to cope with management aspects of the Accreditation Website.
- In order to compensate for the lack of income, during the slower than expected starting of the paying phase, I proposed to the GA in Riga (06/09/2008) the perspective of asking for private sponsorship. Nevertheless, the refusal to pay for TMS work in 2008 showed that we had reached a dead end.

However, this crisis had to be analysed objectively and we had to set up constructive proposals for a new starting point. This is what we have done for the last six months, within the Clinical Affairs Committee and in close cooperation with the Executive Committee. **Accreditation of PRM Programmes of Care remains the core issue of the Clinical Affairs Committee and its general goals still are to publicize good programmes of care and to promote a Quality of Care approach based on the scheme of Programmes of Care.**

Our first approach had been to organize a light screening system using an automatic process. The latter was designed for an expected "mass management" and it was supposed to save secretarial work.

The Pilot Phase, which is definitely over now, has brought up the following statements:

- Thirteen programme could be accredited, most of them after some formal improvement requested by the Jury.

- The procedure has proved to be heavier than expected and frequent delays were due to personal unavailability of the Jury members.
- New requests were expressed in each General Assembly and this led each time to expensive programming work.
- Even though, we finally had to shortcut the automatic procedure and to manage the submitted forms in a traditional way, using MS Word documents, exchanges of documents by emails and even phone meetings.
- On the other hand, only one paying registration has been recorded despite announcements in congress and in PRM Journals, so that the personal involvement of National Delegates has to be questioned.

As a consequence, we make the following proposals, which will be discussed in details during our Friday workshop:

- To replace the "mass screening" approach by a peer review process.
- A MS Word template will be used for submissions, instead of the online questionnaire.
- The Accreditation Manager will be responsible for information exchanges between the reviewers and the applicants.
- The main website, designed by Nikos Barotsis will be used for all purposes related to this new Accreditation Procedure and the former website www.europrm.org will be frozen.
- Publications in the E-book and in European PRM Journals will be the ultimate goal of this Accreditation Procedure.

The new template will keep the previous questionnaire, which will be split in parts related to each subchapter. It will also give more space to full text description of the Programme. Furthermore, new topics will be added, especially about the general bases of the programme and about the actual content of the programme. Scientific references and guidelines will have to be cited within the full text description, so that they will be clearly related to identified considerations. Programmes titles will have to focus on specific issues, rather than on very general scopes.

Regarding the financial aspects, the TMS invoice of 5000 Euros for 2008 works should be payed. The estimate for 2009 will be:

- Income :
    - 2000 Euros from sponsorship: AXS Ingéniérie, Proteor, Jacques Chauveau, Orthofiga (French companies).
    - 1000 Euros from registration.
- Outcome:
    - 250 Euros for freezing the TMS Website, keeping the hosting platform registration and the domain name for www.europrm.org
    - 2750 Euros for refunding our previous investment.

During our Friday workshop, we will present three PRM Programmes of Care, which have proved to be very useful to negotiate the funding of Locomotor Instrumental Assessments with the French National Health Insurance. We will also present the new features devoted to Accreditation within the UEMS PRM Section and Board website www.euro-prm.org and we will discuss all details of the new template and procedure.

In conclusion, during the 2004-2009 period, our "learning by doing" approach has brought us very fruitful experience and Programmes of PRM Care have proved to be a structuring concept for our specialty. It has opened the way to a new medically driven approach, which will lead to a practical and well structured description of our daily practice activity. There is no doubt that this bring up very interesting material to our E-book and for papers to publish in European PRM Journals. Of course, the success of this exciting project will obviously linked to the commitment of every National Delegate to the UEMS PRM Section.

2. Voted motions

- Motion 1: the Clinical Affairs Committee will contribute to E-book and will take the responsibility for matters related to Quality of Care, especially on the basis of PRM Programmes of Care.
  Vote: YES unanimously
- Motion 2: the Accreditation of PRM Programmes of Care will be upgraded to a peer review process, aiming at displaying quality programmes of care on our website and submitting them to European Journals.
  Vote: YES unanimously
- Motion 3: this peer review process will rely upon a panel of experts, which will make contacts with the scientific committees of the different PRM Journals.
  Vote: YES unanimously
- Motion 4: for the first 20 submissions, the registration fees will be only 100 Euros per submission. Then, the previously defined fees will be applied.
  Vote: YES unanimously
- Motion 5: the new accreditation procedure will use the main website www.euro-prm.org as a platform for all its activities and the previous Accreditation Website www.europrm.org will be frozen.
  Vote: YES unanimously
- Motion 6: the above motions will cancel and replace the previous motions voted by the General Assembly about the accreditation of programmes of care.
  Vote: YES unanimously
- Motion 7: the pending amount of 5000 Euros will be paid to TMS for its work in 2008.
  Vote: YES unanimously.

E. VILNIUS (SEPTEMBER 2009)

1. CAC Chairman's address

Dear colleagues, During our last General Assembly in Cambridge, the Accreditation Pilot Phase was finally closed. The 13 programmes accredited through the first procedure are available on the website

www.euro-prm.org . Since this time, the European Accreditation of PRM Programmes of Care has been upgraded with a special focus on medical aspects (issues, bases, content, outcomes), more space for the open description, a peer reviewing process and a paying registration, ranging from 100 to 300 € per programme. We also decided to participate in the Ebook on Quality of PRM Care. Seeking private sponsors was approved.

Since this time, we have published two papers about our projects and current activities:

- "Action Plan of the Clinical Affairs Committee" (Eur J Phys Rehabil Med 2009.45)
- "Physical and rehabilitation medicine section and board of the European union of medical spcialists. Community context; history of European medical organizations; actions under way" (Annals of Physical and Rehabilitation Medicine, 47 1-14)

A third paper, entitled "European Accreditation of Programmes of Care in Physical and Rehabilitation Medicine, goals, pilot phase, new procedure", is being reviewed by the Annals of PRM. We have also contributed to the chapter on Quality of Care within a paper about the Field of competence in PRM, under the supervision of Ch. Gutenbrunner (in progress).

Sessions on Quality of Care have been organized by the Committee for Clinical Affairs in the ISPRM Congress – Istanbul (June 2009), in the Lithuanian Congress – Vilnius (Sept 2009) and are scheduled in the French SOFMER Congress (Lyon 15-17 Oct 2009), in the ESPRM Congress (Venice, May 2010) and in the SOFMER Marseille (13-16 Oct 2010). For the SOFMER Congress in Lyon, 13 abstracts will be published in a special issue of the Annals of PRM.

The new procedure of the European Accreditation of PRM programmes of care will be much more focused on medical issues than the previous one. An introduction page has been added for the description of the bases of the programme: aetiology, epidemiology, clinical considerations, pathway from impairment to participation restriction, principles of treatment, economic consequences. The target population and the goals of the programme need to be more precisely featured, in terms of body function, activity and participation. In the description of the environment of the programme (clinical settings, safety and patients rights, PRM specialists and team management), it is important to explain what is the actual purpose of each tool and who does what in the team organization.

The actual content of the programme has to be clearly expressed, namely the timeframe of the programme, the clinical and technical means of assessment, the usual pathway of treatment and care, but also the management of complications and variations. It is interesting to clarify the role played by each participant, with special attention paid to PRM doctors and also the patient himself.

The information management has to be considered from two complementary points of view : 1. the management of the individual patient's records (patient's file, discharge report, long term follow up) ; 2. the monitoring of the programme (number of patients, duration, overall outcomes).

The last page of the questionnaire is devoted to the improvement approach: strong and weak points of the programmes, as perceived by the author himself; action plan for a future improvement of the programme. This means that a programme doesn't need to be perfect before being submitted to the European Accreditation, which aims at becoming an active laboratory than a simple rewarding institution. In this perspective, we consider that two consecutive phases are worth being considered:

- The set up of a new programme, which includes the definition of a point of interest (necessity to reorganize an existing activity, coping with a new demand), the collection of an updated information (literature reviewing, site visits and other kinds of exchanges), the implementation of the new procedure (on the basis of a clearly expressed paper, training of staff members, information of patients, referring physicians and/or surgeons).
- The assessment of a steady programme. In this perspective, it is important to define the exact goals, the means and the cost/funding of this assessment. Keeping the balance between the assessment and the care activity may be a delicate issue. Therefore, Care Programmes Assessment offers a wide perspective, which needs to be shared between different teams.

In summary, the goal of our Committee of Clinical Affairs is to collect a series of good PRM programmes of care, helping our colleagues to express their clinical practice through a peer review organization, then fostering publications in congresses and PRM Journals. Then, we will do our best to foster a European quality improvement approach, pointing out some goals of assessment and trying to

provide methodological assistance. This will be operated in cooperation with the scientific societies, the medical journals and, if possible, with patients organizations and public health authorities.

During the Friday workshop, a first series of five programmes of care will be presented and discussed. We also have the pleasure to announce that the two first registrations to the new European Accreditation have been operated by Lithuanian colleagues.

All the information from our previous website has been moved to new pages on www.euro-prm.org. Links have been put there to our four French sponsors' websites: AXS Ingéniérie, Proteor, Orthofiga and Jacques Chauveau SA. Each of them has accepted to support our activities with a contribution of 500 Euros.

Thank you for your active support.

2. Workshop report

- Presentation and discussion of the currently submitted programmes
- European accreditation and cooperation with the National Members of the UEMS PRM Section and the National Societies of PRM
- Publications of the Clinical Affairs Committee
- National resources and guidelines. Vladislava Mikova is appointed to take up L. Kullmann's survey
- Contribution to the eBook

3. No motion to vote

F. MARSEILLE (MARCH 2010)

1. CAC Chairman's address

Dear colleagues, Since 2001, the Clinical Affairs addresses have described a slow progression from concepts to projects and models, which have been upgraded step by step till a nearly mature process of European Accreditation of PRM Programmes of Care. Now, we have the pleasure to present you a series of concrete facts and the first outcomes of our patient works.

First, I remind you that Quality of Care is the main focus of our Action Plan, published in the European Journal of Physical Rehabilitation Medicine, 2009,45. The working basis is the the Concept of PRM Programme of Care (PRM PC) and our action tool is the European Accreditation of PRM PC's.

During the Pilot Phase (2007-2008), 13 PRM PCs have been accredited. They were focused on nine different topics. Six countries were represented.

The New procedure was started in 2009, in order to input more "medical" considerations as well in the background of the programme as in its detailed content description. This brought a great difference with the previous procedure and other existing accreditations, which had appeared more "organization centred" than "medically driven".

In Vilnius, September 2009, a first series of programme drafts were orally presented to the Clinical Committee, during the Friday Workshop. This helped the Committee to better understand the local background of each programme and helped the Applicants to complete and improve the presentation of their programme before writing it down, using the Submission Template. No doubt, these oral exchanges have been very useful and will help to save a lot of time and energy for the final review of the submission. Furthermore, the Friday workshop has appeared as a good opportunity for encouraging local or national colleagues to present their team experience and to discover the UEMS Clinical Affairs Committee as friendly working group rather than an anonymous and 'more or less hostile" jury.

Despite increasing professional duties urging physicians in every country, participation in our European Accreditation is taking off. So far, we have received:

- 5 registered (paying) submissions of written programmes. Those had already been orally presented in Vilnius.
- 5 oral presentations of new PRM PCs will be given tomorrow by French PRM doctors during our Friday workshop. Another one, from the Netherlands, is already scheduled for next General Assembly in September.

We should emphasize that the European Accreditation is not an ending goal but the starting point of further actions, such as:

- The presentation of further outcomes of already accredited programme. Tomorrow, The Marseille University Hospital PRM Team will give us a first example of this.
- National recommendations derived from routine PRM PCs, either National Guidelines which may apply to PRM PCs. Dr Paul Calmels (University Hospital of Saint-Etienne, France), will present the SOFMER guidelines about PRM follow up after ACL replacement, which have taken a crucial place in our funding negotiations with the National Health Insurance.
- The survey about National Guidelines and Recommendations, initiated by L. Kullmann and V. Mikova, has to be completed.

So far, most of our energy has been put into the building up of an efficient process. Time has come to advertise our achievements and outcomes.

- We have already organized "Quality of PRM Care" sessions in six congresses (SOFMER -Saint-Malo, Mulhouse, Lyon; ESPRM Brugge ; ISPRM Istanbul ; Lithuanian Congress Vilnius) and we are preparing further sessions in the ESPRM Venice, the Austrian Congress Vienna and the SOFMER Marseille.
- Papers on the UEMS PRM Section and Board (context, history, actions), on the European Accreditation of Programmes of Care have been published in the Annals of PRM or are in progress. Other papers have already been published about accredited programmes and we hope the many others will follow them.

The Ebook of the Clinical Affairs Committee will be receptacle of all these achievements. It will also be completed with relevant documents, such as congresses abstracts, additional assessments of PRM PCs, methodological guides, scientific

recommendations, etc. The practical ways to collect and organize all this diverse material will be discussed during our Friday workshop.

Financial issues emerged as a hot topic for our Committee in Riga 2008, but was settled during the Cambridge General Assembly in March 2009. Twenty thousand euros had been invested into the development and upgrade of a specific website devoted to the Accreditation management. Since then, this costly website has been frozen and we have integrated all information about the Accreditation of PRM PCs into the main website www.euro-prm.org. All the actions of the Clinical Affairs Committee being based on free voluntary work of its members, the Committee expenses have fallen down to nearly zero. On the other hand, incomes have started to be raised:

- Three French sponsors have provided 500 Euros each, and a fourth one has agreed on bringing the same amount.
- Five first official registrations have been recorded.
- The six oral presentations of new programmes will hopefully be followed by final paying registrations.
- A total income of 3100 € is thus expected of the years 2009-2010.

In the future years, the registration fees will be 300 € (as originally decided). With 20 submission per year, we can expect an annual income of 6000 €, so that our original investment in the Accreditation system may be refunded within three years.

The active support and participation of each National Delegate will determine the success of the Clinical Affairs Action Plan.

2. Friday workshop

a) Discussion on submitted programmes

- …

There were discussions at different levels:

- the formal description of the programme and the organisation of information under each chapter of the template
- the details about the actual management of the program
- the scientific basis of some programs. We concluded that when an issue appears to be controversial we will ask the advice of different experts. Our goal is not to make a final judgment on the scientific basis. When the existing evidence still appears to be controversial, we will state this clearly in our comments.

The **summary** of the program is an important document and will be displayed directly on the website. Concise information should therefore be given with emphasis on background, content and outcome. The full text will be attached as pdf. file.

b) Presentation of new programmes

- …

c) Assessment of previously validated programmes

- T. L. BENSOUSSAN, H. COLLADO, J.M. VITON, A. DELARQUE, (Marseille – France): PRM Program in a day hospital. Assessment of patient medical file and satisfaction (pilot phase No 17).

These data will be submitted for publication and later be added on to the Ebook.

d) European Accreditation management issues

(1) Updated procedure: 3 steps

- **Oral presentation during a workshop** (if possible) Submissions of the hosting countries are welcomed
- **Formal submission of a written description** with or without assessment data
- **Outcomes from additional assessments.** Publications in PRM Journals will be encouraged.

(2) Reviewing process

Submission documents will be circulated:

- to the Clinical Affairs Committee, two reviewers per submission are needed. Potential reviewers must declare their commitment to GdK and send comments back to Georges de Korvin. Additional reviewers are most welcome.
- to all National Delegates after the first reviewing process.

(3) New payment process

With the Treasurer's and Executive Committee's agreement:

- The Paypal payment system will be closed.
- **New procedure will be implemented :**
  - Applicant downloads a registration form from the website > Accreditation manager (Georges deKorvin) > Treasurer
  - Treasurer sends an invoice to the Accreditation manager > Applicant
  - Applicant pays by bank transfer to Accreditation account
  - Treasurer informs the Accreditation manager of the payment
  - Accreditation manager gives a Registration Number to the Applicant
  - Applicant sends his full submission document to the Accreditation manager.

e) National recommendations and guidelines

f) National resources in Europe

Lajos Kullmann and Vladislava Mikova started a survey on European national resources of scientific guidelines and recommendations for PRM programmes of care. A series of answers has been gathered, but the data are still incomplete.

Since V.Mikova is unable to participate, Branka Ilic is willing to take over the task but has to clarify her status as permanent delegate. A decision will be made up in September.

g) SOFMER's recommendations about programmes of care

The PRM follow up programme after ACL reconstruction, which had been run in Nantes and Rennes since 1997, was used as a discussion basis in the negotiations with the National Health Insurance, for the funding of Isokinetic Dynamometry. The PRM Union proposals were supported by a position paper issued by the French PRM Society.

Presently, a scientific experts group, coordinated by Dr Paul Calmels (France) is achieving a recommendation document about the PRM programmes applied to patients after ACL reconstruction.

h) The Clinical Affairs eBook

The Ebook project for 2010 is based on the following documents:

- An original paper, entitled **"European Accreditation of Programmes of Care in Physical and Rehabilitation Medicine - goals, pilot phase, new procedure".** Publication in progress in the Annals of Physical and Rehabilitation Medicine.
- Documents about National Recommendations and Guidelines (to be discussed further on)
- **The accredited programmes of care, with respect to the new template and procedure.**
- **Additional documents:** abstracts and texts from UEMS PRM Sessions in congresses.

i) Quality of care sessions in scientific congresses

- ECPRM Venice, May 23rd-27th, 2010
- SOFMER congress in Marseille – October 14-16th, October
- Austrian Congress, Vienna, September 24-25th 2010
- Mediterranean Forum, Limassol, September 29th October 2nd
- Other congresses

3. No motion submitted to a vote.

G. GOTHENBURG (SEPTEMBER 2010)

1. CAC Chairman's address

The Clinical Affairs Committee was created in 2002 according to Prof. Fialka-Moser's proposal. Under Prof. Bengt Sjölund's leadership, the Committee discussed the best way to promote PRM quality of care in all European countries and concluded on the benefit of setting up an original European Accreditation of PRM Programmes of Care (PRM PC). Prof. Bengt Sjölund elaborated a first self-assessment questionnaire and I designed the tentative model of a website for the management of the accreditation procedure. Both were amended several times, but in 2007, when I took up the CAC chair, the system was ready to for a trial in real conditions.

Eleven volunteers participated in this Pilot Phase and up to this day 13 PRM PC are being processed under the new rules, which put emphasis on medical issues and local background, in order to throw light on the detailed content of the programme, as well as on its organizational aspects.

The recommended procedure for applicants is to start with an informal presentation of their PRM PC during one of our Friday workshops. As we did it in Vilnius and in Marseille, this is a nice opportunity to have personal contacts between the CAC members and our local colleagues and it helps a mutual understanding, both of the PRM PC and of the Accreditation philosophy. Through this way, it becomes much easier to submit a formal description of the PRM PC, using the submission template downloaded from our website.

Therefore, we ask each organizer of our next general assemblies, to encourage colleagues from their own country or from the neighboring countries, to contact me, in order to schedule their proposals on the Friday workshop agenda.

The reviewing process is managed in the most friendly and positive way as possible. Our goal is to advise the applicant in order to improve his/her programme description, rather than to select the "best programmes" according to arbitrary rules. When I receive a newly submitted PRM PC, I first check its consistency with the submission template mapping and I send my advices the author.

When the programme description appears complete and easy to read, I send it forward to a couple of volunteer reviewers, who make their comments on the details of the PRM PC. The corrected version is then circulated to all CAC members and, at last, to all National Delegates. The final validation of the programme is decided during our next Friday workshop and submitted to the vote of the General Assembly on Saturday morning.

This Accreditation Procedure is expected to bring up genuine information about PRM activity applied to various demands and contexts. They will take a core place in the eBook on Quality of PRM Care, which we have already settled in the website www.euro-prm.org . Additional works may be carried out with respect to these PRM PC and take place into three other chapters:

- "Outcomes of PRM" will consist of papers about the assessment of Accredited PRM PCs.
- "Methods and tools" may provide links and documents useful for the assessment of a PRM PC ,
- "Guidelines and Recommendations" may sort out the references related to the Accredited Programmes.

More perspectives will require more manpower and volunteers. Cooperation with other organizations, especially the European Society of PRM will be welcome, in a transparent and friendly spirit. Agreements with publishers on the public access of articles in our eBook are on a good way. Let us mention here our last paper about the "European Accreditation of programmes of care in Physical and Rehabilitation Medicine: goals, pilot phase, new procedure", published in May 2010 by the Annals of PRM.

The Clinical Affairs Committee's audience in PRM Congresses is steadily increasing. Our committee has organized a successful session, chaired by Thierry Lejeune, in the ESPRM Congress in Venice. Nicolas Christodoulou in the Mediterranean Forum in Limassol will represent the CAC and I will give a lecture on Quality and PRM Programmes of Care during the Austrian PRM Congress in Vienna. In

the SOFMER Congress (Marseille – France – 14-16 October 2010), Quality of Care and PRM Programmes of Care will cover four main sessions, gathering 30 papers. This reflects a growing interest in this matter throughout Europe and makes us optimistic about the future development of the CAC activities.

I would like to give my sincere thanks to all of you who have supported this ambitious and fascinating works and I hope that more and more National Delegates will find an interest in the present and future projects of the Clinical Affairs Committee.

2. Friday workshop

a) Accreditation of PRM Programmes of Care

…

(1) Procedure

The following programmes have been orally presented in our previous workshops. Then, they have been formally submitted to the European Accreditation (with registration payment). The documents have undergone the following reviewing process:

- First review by G. de Korvin, Accreditation Manager. Advices to the author, in order to match the features of a PRM Programme of Care as expected by the Clinical Affairs Committee
- Second review by two other volunteers: comments and questions on scientific and organizational issues.
- Third review by all members of the Clinical Affairs Committee

Corrections have been done by the authors between each reviewing round.

(2) European Accreditation management issues

A set of rules derived from the present procedure will be prepared by G. de Korvin and H. Damjan for the next General Assembly in Istambul.

PROPOSAL ABOUT THE FEES: since the Accreditation Process is based on voluntary participation and requires no professional support yet, and regarding that participation in this procedure still has to be fostered, we suggest to maintain the registration fees at 100 euros in 2010 and 2011.

ABOUT THE REVIEWERS: each delegate should recruit one or more colleague, in order to participate, under his/her own umbrella, in the reviewers' pool.

b) New mapping of the Clinical Affairs part of the website

Main Menu -> Clinical Affairs (news also displayed on the home page) -> **SUBMENU**

- CAC in congresses
- Ebook on Quality of PRM Care
  - Introduction

- Accredited programmes
- Outcomes of accredited programmes
- Guidelines & Recommendations related to accredited programmes

- PRM Programmes of Care: definition and philosophy + list of PRMPC from the trial phase.
- Accreditation of PRM Programmes of Care : conditions and procedure
  - Registration and submission
  - Accreditation rules and criteria
  - Frequently asked questions
  - Reviewer's area
- CAC organization
  - Action Plan
  - Sponsoring

c) PROPOSAL about the full text display of published papers in the eBook on Quality of Care:

- **The papers inserted into the eBook will have a direct relationship with the CAC's activities**, i.e.:
  - Action Plans, activity reports and position papers issued by the members of the Clinical Affairs Committee,
  - Papers about the description, the assessment and outcomes of Accredited PRM programmes of care
  - Recommendations and guidelines related to the accredited PRM Programmes of Care
- **Those papers will be displayed in the following way:**
  - The abstract will be directly displayed on a webpage, together with the full reference of the article.
  - The full text of the article in PDF format will be available for download from this page, with the publisher's permission.
  - A link back to the related publisher's website will be put on each page.
- This proposal will be submitted to the different publishers in connection with the UEMSPRM Section.

d) Follow up of Accredited Programmes

Alvydas Juocevicius will follow up the accredited programmes and gather the related congresses abstracts and published papers for the eBook.

e) Responsibility issues

The question of the Clinical Affairs Committee responsibility regarding the public display of medical information on our website and eBook has been raised.

We are going to look for advice:

- from the editors of the PRM journals and scientific websites about the juridic aspects
- and from N. Barotsis about the technical aspects.
- See also the HONcode.

This issue will be prepared for further discussion in our next workshop.

f) Guidelines and recommendations

Mauro Zampolini has volunteered to supervise a possible cooperation with the ESPRM. He will also take up the survey started by Lajos Kullmann' and Vladislava Mikova. Internet tools are available.

g) Quality of Care Sessions in scientific congresses

…

On the website, we will put links to congresses which contain sessions or presentations about PRM Programmes and/or Quality of Care and/or the European accreditation.

h) Rules of procedures

The decisions voted so far by the General Assembly about Clinical Affairs issue are going to be gathered into a compendium sent to the Secretary General.

Since 2008, Clinical Affairs activities have been developed in accordance with the Action Plan (published in the EJPRM). The Accreditation Procedure had to be adapted several time, in order to cope with our experience feed back and to new issues resulting from this experience. In order to keep some flexibility, no new definite rule was submitted to the General Assembly.

Now, the **Accreditation Procedure** seems to reach a steady level. Its rules have to be clearly synthesized and submitted to a new vote of the General Assembly.

The eBook also has raised some new issues, which need to be organized in rules, especially, the relationship with publishers and the insertion of published articles.

We propose to prepare a new set of rules to be reviewed during our next workshop in March, then to be submitted to the vote of the General Assembly, the following day.

3. Voted motions

Since the Accreditation Process is based on voluntary participation and requires no professional support yet, and regarding that participation in this procedure still has to be pushed up, we suggest to maintain the registration fees at 100 euros in 2010 and 2011. Unanimously adopted.