A STRATEGIC AGENDA FOR EUROPEAN SOCIETY OF PHYSICAL AND REHABILITATION MEDICINE: TOWARDS CLINICALLY RELEVANT AND PATIENT-CENTRED PRIORITIES

Klemen Grabljevec, MD, MSc, FEBPRM
European Society of Physical and Rehabilitation Medicine – ESPRM
University Rehabilitation Institute – Soča Ljubljana, Slovenia

Introduction
Rehabilitation is the health strategy for the 21st century and is the answer to the challenge – how to optimize functioning in people with acute and chronic conditions, and it is also the tool to bring to realization the very popular parole: “adding life to years.”

European Society of PRM (ESPRM) acts as the umbrella organisation for 39 National PRM Societies in Europe, and individual members behind the geographical borders of Europe as well.

European Society as the cover organisation gathers regularly together the representatives of National PRM Society in aim firstly to collect ideas, knowledge, proposals and also problems from all member countries. From this purpose we do – at least we try – to build partner relationship with further aim to build efficient, strong and multidirectional cooperation among European Society and all national PRM member societies.

ESPRM as scientific Society
ESPRM is by definition but not really de facto a scientific Society. Until recently, the Society did not have Scientific Committee, as the formal body which should settle the goals and mission towards scientific activities. The formal pillars of scientific activities in ESPRM are Special interest scientific committees, organized as working bodies under the leadership of the Heads of Committees (SISC).

The Mission and action plan of the SISCs are regulated by the ESPRM Statute:
• to assess the research activities of the ESPRM in a field,
• to propose ways to improve the research activities of the ESPRM in a field, by enlarging the types of research activities in a field, or preparing the conditions for EU or international networks for grants application,

• to propose ways to increase the visibility of the research activities ESPRM in a field in all ways (PRM congresses, other scientific congresses, scientific and public medias)

• to promote and assess educational initiatives, both during ESPRM Congresses or in other educational initiatives promoted by Society

Main targets:
• ESPRM scientific involvement in the ESPRM congresses
• ESPRM communication and information in this field with regards to Authorities, public, disabled persons as individuals or their associations, medias
• Define the required basic European guidelines in their scientific field of interest (when and how), leading to a publication.

What is to be done

The philosophy behind the ESPRM activity is that central domain is Knowledge, which is generated by the Research. Education, teaching, congresses, books, and social media are tools to translate and disseminate knowledge. Finally, the Clinical Practice is the place of application of knowledge.

The idea is that ESPRM should be an intermediate between Research and Clinical Practice, with the Vision to be the leading scientific society in Physical Medicine and Rehabilitation, promoting excellence in research, education, and clinical practice to optimize the health and functioning of individuals with disabilities.

Our Agenda is to advance the science and practice of Physical and Rehabilitation Medicine by:

I. Fostering interdisciplinary research and collaboration to enhance knowledge and understanding of human functioning and disability;

II. Providing education and training opportunities for healthcare professionals, researchers, and students to promote evidence-based practice;

III. Advocating for policies and programs that support access to high-quality rehabilitation services for individuals with disabilities;

IV. Promoting the translation of research findings into clinical practice to improve patient outcomes;

V. Encouraging innovation and excellence in the field of Physical and Rehabilitation Medicine.
Discussion - What are our goals and methods to reach them

It is inevitable that Society must find focus on prioritized selected goals. The focus means to establish groups of highly effective field specialists, working as effective Special scientific Committees. The Committees should use international collaboration and big data sets to generate knowledge by performing and monitoring research and transmit generated knowledge in the fields of priorities:

Clinical fields where Physical and Rehabilitation Medicine is already traditionally involved, but with high incidence and high impact on the human health, functioning and dignity - e.g.: stroke, chronic widespread pain, degenerative neurological diseases, musculoskeletal degenerative diseases.

Clinical fields that demand holistic approach but Physical and Rehabilitation Medicine is underrepresented - e.g.: cardiovascular diseases, (neuro)oncology, sleep disorders.

Rehabilitation in clinical fields causing disabilities in special populations: neurodevelopment, diseases of childhood and adolescence, diseases in elderly population, pregnancy and motherhood, rehabilitation of persons with psychiatric illness, rehabilitation of persons in emergencies, rehabilitation of sportsmen, rehabilitation of persons with industrial diseases.

All priorities mentioned above demand a main priority: to strengthen the Physical and Rehabilitation Medicine in general health systems across the Europe.

In all the mentioned fields we are aware of the gaps between the research and clinical application and therefore, focus on producing knowledge is to be on:

Adequate and evidence based PRM interventions (treatment) across Europe (reducing “white spots”)
- Implementation and availability of advanced therapeutic approaches
- Outcome and prediction of outcome
- Prevention
- Development of guidelines and recommendations
- Education and training
Conclusion

The European Society of Physical and Rehabilitation medicine should serve as a mediator – transmitter of knowledge – for the gap between the research and high quality clinical practice. This will be achieved by international research collaboration, dissemination of knowledge, clinical implementation strategy and promoting excellence and innovations.

Sources


