Rehabilitation medicine

Specialists in rehabilitation medicine (RM) work closely with many other medical specialties, healthcare professionals and other agencies to assess and provide interventions to individuals with complex disabling conditions. The aim is to optimise recovery after severe injuries in the acute phase and improve function and promote participation in society in the longer term for all people with conditions which give rise to disability.

Nature of the work

Neurorehabilitation encompasses patients with traumatic brain injury, stroke [1] and progressive neurological conditions such as multiple sclerosis and spinal cord injury rehabilitation for patients with acute or progressive spinal cord injuries.

Musculoskeletal medicine includes a wide range of chronic conditions. Limb loss medicine includes a large proportion of patients with widespread vascular disease, or who have congenital limb abnormalities. Some conditions such as cerebral palsy have a combination of neurological and musculoskeletal problems.

Working with such a varied group of patients demands highly developed diagnostic abilities. Skills in managing both acute and chronic complications are essential. Rehabilitation physicians have the advantage...
of developing the "long view?, managing patients for months or even years from soon after an acute event, through to discharge and ongoing rehabilitation in the community.

This gives the opportunity to get to know the patient and their family and so deliver holistic care.

Current trends in rehabilitation medicine include interfacing with acute services and other specialties such as:

- hyper-acute rehabilitation ?taking patients directly from critical care services
- major trauma rehabilitation and rehabilitation along the acute care pathway
- working in the assessment and management of patients with disorders of consciousness (PDoC)
- closer working relationships between neurological rehabilitation and other services including spinal cord injuries centres, clinical neurosciences, stroke medicine etc
- developing skills in the management of chronic pain
- working with palliative care teams to support end of life care in patients with complex disability
- interactions with the courts for medico-legal issues including litigation and mental capacity -best interests decision-making, deprivation of liberty etc
- further differentiation of specific fields of interest within the specialty including further development of musculoskeletal rehabilitation and increased focus on vocational rehabilitation
- further development of community-based specialist services

**Common procedures/interventions**

These include:

- specialist rehabilitation prescriptions for patients in the acute care pathways
- practical procedures to reduce pain, spasticity, and other impairments
- assessing patients for complex assistive technologies such as specialist wheelchair seating

**Areas of specialist interest**

Many doctors in rehabilitation medicine develop areas of specialist interest such as:

- neurological rehabilitation
- spinal cord injury rehabilitation
- limb loss or deficiency rehabilitation and prosthetics
- musculoskeletal rehabilitation
- assistive technology, including environmental control equipment, wheelchairs and orthotics
- stroke medicine (CCT subspecialty)
- vocational rehabilitation

**Want to learn more?**

Find out about:

- the working life [2] of a doctor in rehabilitation medicine
- ?the entry requirements [3]?and also about training and development [4]?needed

- Pay and conditions

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  This?section provides useful information about the pay for junior doctors (doctors in training), SAS
doctors (specialty doctors and associate specialists) and consultants.

Find out more about the current pay scales for doctors [5], and there's more information on the BMA website [6].

NHS Employers [7] provides useful advice and guidance on all NHS pay, contracts terms and conditions.

Medical staff working in private sector hospitals, the armed services or abroad will be paid on different scales.

- Where the role can lead

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Read about consultant and non-consultant roles in rehabilitation medicine, flexible working and about wider opportunities.

**Consultant roles**

You can apply for consultant roles six months prior to achieving your Certificate of Completion of Training [8] (CCT [9]). You will receive your CCT [9] at the end of your rehabilitation medicine training.

Managerial opportunities for consultants include:

- clinical lead - lead NHS consultant for the team
- clinical director - lead NHS consultant for the department
- medical director - lead NHS consultant for the Trust

Most NHS consultants will be involved with clinical and educational supervision of junior doctors.

Here are some examples of education and training opportunities:

- director of medical education - the NHS consultant appointed to the hospital board who is responsible for the postgraduate medical training in a hospital. They work with the postgraduate dean to make sure training meets GMC standards.
- training programme director - the NHS consultant overseeing the education of the local cohort of trainee doctors eg foundation training [10] programme director. This role will be working within the LETB/deanery
- associate dean - the NHS consultant responsible for management of the entirety of a training programme. This role will be also be working within the LETB/deanery

**SAS doctor roles**

SAS doctors (Staff, Associate Specialists and Specialty Doctors) work as career grade specialty doctors who are not in training or in consultant posts. You will need at least four postgraduate years training (two of those being in a relevant specialty) before you can apply for SAS roles.

See our information about being an SAS doctor [11].

**Other non-training grade roles**

These roles include:
Trust grade
Of clinical fellows

Academic pathways

If you have trained on an academic rehabilitation medicine pathway or are interested in research there are opportunities in academic medicine.

For those with a particular interest in research, you may wish to consider an academic career in rehabilitation medicine. Whilst not essential, some doctors start their career with an Academic Foundation post. This enables them to develop skills in research and teaching alongside the basic competences in the foundation curriculum.

Entry into an academic career would usually start with an Academic Clinical Fellowship (ACF) and may progress to a Clinical Lectureship (CL). Alternatively some trainees that begin with an ACF post then continue as an ST trainee on the clinical programme post-ST4.

Applications for entry into Academic Clinical Fellow posts are coordinated by the National Institute for Health Research Trainees Coordinating Centre (NIHRTCC). [12]

There are also numerous opportunities for trainees to undertake research outside of the ACF/CL route, as part of planned time out of their training programme. Find out more about academic medicine. [13]

The Clinical Research Network (CRN) actively encourages all doctors to take part in clinical research.

Other opportunities

There are opportunities to be employed by the NHS, academic institutions, private sector, universities, the armed forces, organisations and national governing bodies.

Job market and vacancies

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This page provides useful information about the availability of jobs, finding vacancies and where to find out more.

Job market information

Rehabilitation medicine including spinal paralysis had 123 consultants and 77 medical registrars in England (NHS Digital, 2016 [15]).

Women make up 31% of the consultant workforce, and 43% of higher specialty trainees in the UK (2014/15 RCP census, 2016 [16]).

In 2016 the competition ratio for Core Medical Training (CT1), the first stage in the training (post-foundation), was 1.53 and for ST3 rehabilitation medicine it was 1.58 (NHS Specialty Training, 2016 [17]) [17].

For information regarding Scotland, Wales and Northern Ireland please click on the links below.
Where to look for vacancies

All trainees apply through the online application system Oriel [20]. You will be able to register for training, view all vacancies, apply, book interviews and assessment centres, and manage offers made to you.

Local education and training boards HEE local offices/deaneries will have details of training vacancies. Not all local education and training boards/HEE local offices will offer new training posts in all specialties in all years.

All jobs will be advertised on the NHS Jobs website [21].

The BMJ Careers website [22] also advertises vacancies.

Northern Ireland has its own recruitment process. For further details please visit the Northern Ireland Medical and Dental Training Agency [23] website.

- Further information

Organisations

Royal College of Physicians [24]

Royal College of Physicians of Edinburgh [25]

Royal College of Physicians and Surgeons of Glasgow [26]

The British Society of Rehabilitation Medicine [27]

The Society for Research in Rehabilitation [28]

Real-life stories

A career in rehabilitation medicine (BMJ) [29]

General practice or rehabilitation medicine: why not both? (BMJ) [30]

Dr Alyson Nelson? ST6, rehabilitation medicine (RCPE) [31]

Other roles that may interest you

- Geriatric medicine [32]
- Neurology [33]
- Acute internal medicine [34]
- General practice (GP) [35]