Rehabilitation Medicine Training Programme,
Specialist Accreditation Committee (SAC), Malta:

A Physical & Rehabilitation Medicine (PRM) Framework

September 2025

This Training Programme is based on the European Training Requirements for the Specialty of Physical and Rehabilitation Medicine - European Standards of Postgraduate Medical Specialist Training 2022, endorsed by the UEMS-PRM Board, as well as the 2021 Rehabilitation Medicine Curriculum endorsed by the British Society of Physical and Rehabilitation Medicine (BSPRM)

Introduction

Physical and Rehabilitation Medicine (PRM) - currently registered as 'Rehabilitation Medicine' in Malta - is a unique specialty centered around the pursuit of attainment and maintenance of the optimal functional level for all. While around 16% of the population experiences significant disability worldwide, it is estimated that at least one in every three people in the world will need rehabilitation at some point in their lives, emphasising the broad scope of rehabilitation as an essential cog in the healthcare system. This is further affirmed by the landmark resolution signed by the WHO in 2023, proposing a commitment by all member states to heighten awareness and solidify investment in rehabilitation services worldwide.

Physical and Rehabilitation Medicine Specialists, or physiatrists, are trained to approach clinical situations in a holistic approach, focusing on a web of inter- and intra-personal variables that affect the patient's functional status at any point in time. This is guided by the International Classification of Function, Disability and Health (or ICF), which is an essential tool for rehabilitation assessment and management planning. Through the rehabilitation cycle paradigm, physiatrists follow up their assessment with tailor-made goal planning and then assign interventions necessary for optimisation of function, whether this is medical, physical or an allied health intervention that is aimed at improving any aspect of the patient's functioning, be it cognitive, communicative, psychological or otherwise. This is concluded with re-evaluation and consideration for further management strategies.

Rehabilitation Specialists also have the essential role of being advocates for optimal patient care across the board, aimed at improving functional

outcomes and quality of life in any patient suffering from significant illness or disability. This is only possible through strong inter-specialty liaison and close multiprofessional collaboration on a day-to-day basis. While physiatrists can offer valuable direct intervention (such as infiltrations, spasticity management and musculoskeletal ultrasonography) the rehabilitation prescription that they formulate for patients is often fully accomplished by the interdisciplinary interventions performed by other allied health professionals and healthcare workers. As rehabilitation specialists, physiatrists are responsible for overseeing the rehabilitation programs holistically and making sure that measurable and sustainable outcomes are achieved. This is often combined with the important responsibility of doctors to keep up to date with new literature, involve themselves in research and ensure patients receive a comprehensive rehabilitation experience – which may include non-medical aspects like leisure, sports, and vocational areas – in order to give the best chance for sustainable gains in independence and self-determination.

Aim

The aim of this document is to act as both a manifesto for standards of excellence in physical and rehabilitation medicine, currently registered as 'Rehabilitation Medicine' in Malta, as well as a guide for trainees in order to attain the necessary qualities and requirements that make them both eligible to become Specialists in said speciality, as per the Maltese Specialist Accreditation Committee) and also competent enough to practice clinically both locally and on a European level.

Entry Requirements

The eligibility criteria for Higher Specialist Trainee (HST) posts within Malta's Physical and Rehabilitation Medicine Training Programme (currently under the register "Rehabilitation Medicine" as per the Maltese Specialist Accreditation Committee) include:

1. An Undergraduate Medical degree recognized by the Malta Medical Council.
2. Registration on the Principal list of the Malta Medical Council.
3. A License to practice medicine in Malta
4. Completion of Foundation Programme or equivalent experience as per MAM agreement May 2017 section 5.3.
5. Sufficient linguistic capabilities to communicate with patients and colleagues
6. In possession of a certificate of completion of Basic Specialist Training (CCBST) in Medicine, Surgery, Emergency Medicine, Paediatrics, Psychiatry or Anaesthesia and Intensive Care, as well as CCST in Family Medicine.

Prospective candidates should seek to attend an observational taster week in the specialty during their Foundation Years or at Basic Specialist Trainee level. Candidates need to be advanced life support providers.

The prospective candidates will be chosen after a competitive interview by a selection board.

Core Competencies

Physical and Rehabilitation Medicine (PRM) is a unique specialty focusing on the functional status of a patient from a biopsychosocial point of view. The work of PRM physicians, or physiatrists, needs to go through a complete cycle of assessment and diagnosis, management through multi-modal intervention, and re-assessment in order to optimise physical impairments and reduce disability burden. The word “functioning” is central to the whole physiatric approach, keeping the focus on maximisation of independence and quality of life, particularly in patients with complex disabilities, no matter the age. While by no means comprehensive, the 4 main categories* of patients actively treated by physiatrists, from acute to chronic phases, include:

1. Neurological conditions (inc. stroke, neurodegenerative illness etc)
2. Orthopaedics and Trauma (from elective procedures to simple MSK trauma or polytrauma with multiple fractures)
3. Amputees (inc. upper and lower limb amputations)
4. Spinal cord injury (inc. traumatic and non-traumatic)

*Acronym NOTAS for ease of recollection

Physical and Rehabilitation Medicine specialists need to be fluent in the diagnosis, prognosis, complication risks and various management strategies involved in optimising recovery of function in all of the common conditions within each category above.

Physiatrists should also be fluent in basic interventional procedures aimed at addressing common problems in patients listed above. These fall into four main domains -

1. **Spasticity**:
    - Good knowledge of spasticity management, including ultrasound-guided botulinum toxin injection (essential)
    - Knowledge of the indications, adjustments and refilling techniques involved in intrathecal baclofen pump would be beneficial for trainees to acquire during their training as well.
2. **Pain**:
    - Good knowledge of joint infiltration techniques, particularly of shoulder and knee joints (essential)
    - Knowledge on basic ultrasonography techniques related to the major joints, as well as nerve blocks, would be beneficial for trainees to acquire during their training as well.
3. **Resuscitation**:
    - Good knowledge of advanced life support and resuscitation techniques needed in common emergencies such as sepsis, shock and autonomic dysreflexia (essential)

4. **Specialist devices and technology:**
    - Good knowledge of basic handling techniques related to tracheostomy tubes, RIG/PEGs and suprapubic catheters in order to ensure safe handling of patients in the hyper-acute rehabilitation settings (essential)
    - Knowledge on basic workings of functional electrical stimulation (FES), shockwave, TECAR, Robotics and other specialist rehabilitation devices.

Physiatric knowledge and skills can be applied to a more diverse group of patients needing rehabilitation such as critical illness polyneuropathy, cancer-related disabilities and congenital disabilities. Sub-specialisation in such fields (and many more) is possible should the specialist choose to do so, after his basic specialization is complete.

Below is a list of core competencies highlighted by the UEMS-PRM curriculum as mandatory fields of knowledge and skills, expected from anyone completing a specialisation program in physical and rehabilitation medicine.

A. Topics of General Interest in PRM

- A.1. Field of Competence of PRM
- A.2. PRM and WHO-ICF (International Classification of Functioning, Disability and Health)
- A.3. PRM Assessment
- A.4. PRM Diagnostics
- A.5. Main health interventions in PRM 1 (information, education, medical treatments, PRM programmes)
- A.6. Main health interventions in PRM 2 (including therapeutic exercise and physical modalities)
- A.7. Outcome Measurement in PRM
- A.8. Quality of Life (QOL) Assessment in PRM
- A.9. PRM and Electrodiagnosis
- A.10. Neuromuscular Functional Electrical Stimulation; Biofeedback
- A.11. Kinesiology; Gait Analysis; Motion Analysis; Posturography
- A.12. Orthotics and Prosthetics

- A.13. Wheelchairs and assistive technology
- A.14. Augmentative Devices for the Disabled
- A.15. Advanced Assistive Technologies in PRM
- A.16. Ergonomic Considerations in House, Workplace and other conditions of Disabled Persons
- A.17. PRM and Sports; PRM and Sports for the Disabled
- A.18. Role of Complementary/Alternative-Medicine in Rehabilitation (balneology, manual medicine, pain management, etc.)
- A.19. Research in PRM
- A.20. Ethical Considerations in PRM
- A.21. Other in Biosciences in Rehabilitation, Biomedical Rehabilitation Sciences and Engineering, and Human Functioning Sciences

B. PRM and Disorders of Nervous System

- B.1. PRM and people with Stroke
- B.2. PRM and people with Acquired Brain Injury
- B.3. PRM and people with other Diseases of the Brain
- B.4. PRM and people with Diseases and Trauma of the Spinal Cord
- B.5. PRM and people with Autoimmune and inflammatory neurological conditions (e.g. Multiple Sclerosis)
- B.6. PRM and people with Movement disorders, including Spasticity and Neurodegenerative diseases (e.g. Parkinson's disease)
- B.7 PRM and people with Neuropathies, Myopathies, and Peripheral Nerve Lesions
- B.8. PRM and people with Disorders of Cognition & Behaviour (including neuropsychological assessment)
- B.9. PRM and people with Language, Speech and Swallowing disorders

- B.10. PRM and Children and Adults with Cerebral palsy
- B.11. PRM and Children and Adults with congenital deficits, including neuromuscular disease
- B.12. Other

C. PRM and Orthopaedic and Musculoskeletal Disorders

- C.1. PRM and people with Musculoskeletal Disorders, including soft tissue problems (e.g. fibromyalgia, chronic fatigue syndrome, etc) and work-related musculoskeletal disorders
- C.2. PRM and people with Spinal Disorders (including back pain)
- C.3. PRM and people with Osteoarthritis, crystal arthritis and degenerative musculoskeletal conditions
- C.4. PRM and people with inflammatory and autoimmune conditions (e.g. Rheumatoid Arthritis and SLE, etc.)
- C.5. PRM and people with Osteoporosis
- C.6. PRM and people with Hand Injury
- C.7. PRM and people with Trauma due to trunk and limb injuries (other than C.9) and Fractures
- C.8. PRM and people after Reconstructive Orthopaedics
- C.9. PRM and people with Limb loss (including congenital causes) and Amputations
- C.10. PRM and people with Complex Regional Pain Syndromes
- C.11. PRM and people with Temporomandibular joint Disorders
- C.12. Other

D. PRM in Other Specific Disabling Conditions

- D.1. PRM and people with Cardiac and Vascular diseases
- D.2. PRM and people with Respiratory Diseases
- D.3. PRM and people with Cancer
- D.4. PRM and people with Chronic Pain (see also C.11)
- D.5. PRM and the Elderly patient (including the immobile patient)
- D.6. PRM and Children with disability (other than B.11 and B.12)
- D.7. PRM and people with Postural Instability and Recurrent Falls
- D.8. PRM and people needing Wound Care (promotion of tissue viability, prevention and treatment of Pressure Sores)
- D.9. PRM and people with Bladder and Bowel Disorders
- D.10. PRM, disability and sexuality
- D.11. PRM and people with Organ Transplantation
- D.12. Other (i.e. rehabilitation in major burns, metabolic disorders, psychiatric disorders, hearing & visual disorders, etc.)

E. Integrative and Clinical Rehabilitation Sciences

- E.1. PRM Services Research
- E.2. Comprehensive PRM Intervention Research
- E.3. PRM Administration and Management
- E.4. Short clinical research on best care including guidelines, organization, coordination, and education
- E.5. Standards and guidelines for the provision of best care (including Evidence-Based Medicine) in PRM
- E.6. PRM quality management
- E.7. Scientific education and training of professionals in PRM

- E.8. Development and evaluation of the PRM team and multidisciplinary care
- E. 9. Community-based rehabilitation issues
- E.10. Networks and pathways in PRM
- E.11. Other

Training Programme

Training in physical and rehabilitation medicine in Malta needs to span over at least **50 months** and comprises the following benchmarks:

1. Monthly Trainee Reports in Logbook

- Filled in by trainees and signed at the end of the rotation/attachment and submitted to the training committee at the end of each year (see Annex 1)

2. Annual review of competence progression

- Filled in by the trainees in the presence of a member of the training committee (see Annex 2)

3. Research

- A minimum of one presentation in a conference, audit, quality improvement project or published article will be required to be presented at the ARCP each year. Publication of such work is recommended, either locally or preferably in peer-reviewed journals, with support from educational/clinical supervisors.

4. Teaching

- Trainees are expected to be actively involved in teaching at a number of levels, from peers to allied health professionals and other healthcare professionals in different sectors of the health system. A new module has also been introduced at the undergraduate level which will expose medical students to salient topics related to PRM and heighten awareness around the crucial role of rehabilitation in any health system. Trainees are expected to participate in such teaching (by delivering tutorials or lectures to medical students or other healthcare professionals) in order to both solidify their knowledge base and help improve the reach of the specialty.

5. Logbook

- Trainees are required to compile monthly and yearly assessments, along with any published or unpublished research work, in one logbook at the end of their training. This is also required to apply for the exit exam organised by the UEMS-PRM Section and Board (Annex 3). Trainees are also strongly advised to keep a logbook of all interventions performed (such as US-guided botulinum toxin injections, joint infiltrations and diagnostic ultrasonography) during their training, ensuring patient data is anonymised.

6. Rotations and Local Work Attachments

- **Twenty (20) months** of interspecialty rotation locally will be required in the first and second year of PRM training in Malta, to be organised after case-by-case discussion between trainees and the training committee. Selection of rotations and specific programme will depend on the trainees' previous experience and rotations in their previous Basic Specialist Training. All PRM Higher Specialist Trainees must include the following **core rotations** during their local interspecialty placements at higher specialist trainee level:

- Orthopaedics including Spinal (4 months)
- Neurology (4 months)
- Neurosurgery (3 months)

- Vascular Surgery (3 months)

In addition to the core rotations above, the following **secondary rotations** are required based on the trainee's previous work exposure and clinical experience.

- Anaesthesia including Intensive care and Pain Clinic (3 months)
- Geriatric Medicine (3 months)
- General Medicine (3 months)

Further to the above recommendations, trainees with a certificate of completion of Basic Specialist Training in General Surgery are allowed to reduce the duration of core surgical rotations (*Neurosurgery, Ortho*pedic and *Vascular Surgery* rotations) by half, provided they have had these rotations for at least 4 months, in their previous training at basic specialist trainee level. These trainees are subsequently required to undergo the full rotations in *Geriatric Medicine*, *General Medicine* and *Anaesthesia* if these were not experienced at basic specialist trainee level.

Similarly, trainees with a certificate of completion of Basic Specialist Training in General Medicine are allowed to reduce the duration of the *Neurology* rotation by half if they worked in this placement for at least 4 months in their previous training at basic specialist trainee level. *Geriatric Medicine* and *General Medicine* rotations may also be reduced or substituted with another relevant rotation, as recommended in the training programme, provided they have had these two rotations for at least 4 months, in their previous training at the basic specialist trainee level. These

trainees are naturally required to undergo the full rotations in *Vascular, Orthopedics* and *Neurosurgery* if they were not experienced at the basic specialist trainee level.

- Other rotations to be considered may include baromedicine, rheumatology, oncology, radiology, paediatrics, psychiatry and general practice, depending on trainees' aspirations and previous exposure.

- During the rest of their local work experience *(and at any point deemed necessary by the local physical and rehabilitation medicine team, according to current necessities or exceptional circumstances)* trainees will be expected to work within a **multidisciplinary rehabilitation team led by physiatrists** recognised by the Maltese Physical and Rehabilitation Medicine training committee, which will include both in-patient, consultation and outpatient services. This will span over a **minimum duration of 6 months** and may be extended or divided according to necessity.

During all rotations and local work attachments, trainees will be expected to work over-night duties at the discretion of the training committee and according to current departmental needs.

7. Training Abroad

- A duration of at least 18 months abroad, is mandatory from Higher Specialist Trainees specialising in Rehabilitation Medicine in Malta. These are to be organised in their final 2 years of training, within specialised, training centres overseas, recognised by the SAC.

- It is strongly recommended that at least 12 months of the above training abroad is spent in an EU country

- Any proposed changes to rotations or work experience abroad will require prior approval from the Training Committee and the SAC, to ensure they appropriately balance departmental requirements with the trainee's circumstances.

8. Exit Examination

- After 3 years of HST training, trainees are eligible to sit for the European Board Exam organised yearly by the UEMS-PRM, awarding the trainee with a European Diploma. This will act as an exit exam for the local training program as well.

9. Training Completion

- Progression through the higher specialist training (HST1 through to HST4) is dependent on the following criteria:

- Satisfactory appraisals at monthly and yearly evaluations, along with satisfactory logbook material
- Completion of competencies specified in the “Training Matrix” table (Annex 4)
- Completion of all mandatory rotations as detailed in this programme and other rotations agreed upon between the trainee and the training coordinator at the start of their higher specialist training
- Attainment of the European Diploma in Rehabilitation Medicine issued by the European Board of Physical & Rehabilitation Medicine
- Completion of all training abroad requirements agreed upon between the trainee and the training coordinator at the start of their higher specialization training.

- Satisfactory completion of these criteria will confirm the eligibility of the trainee to receive the certificate of completion of specialist training (CCST) and be recommended to the SAC to register as a Specialist in Rehabilitation Medicine in Malta.

References

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