mer, in particular with the meetings concerning themes organized for young specialists in training (advanced courses, European lesson).

Each module is held in a different university town depending on the organizing teacher for the module. The program is accessible on the Cofemer web site (www.Cofemer.fr) where the interns must be registered. The documents used for teaching can be downloaded from the Cofemer site. During the four-year course, interns must follow the entire of the cycle of teaching modules. Participation must be consigned in the booklet of the intern.

The field of activity of our speciality is vast. The majority of our current teaching methods remain traditional but the introduction of an individual electronic log book and enriched electronic supporting documents are important additions, allowing the validation of the reference frame of speciality PRM.

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International Teaching Program

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Continuing Professional Development

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After the years of initial training, the medical student enters the professional world. Then quickly comes to contact with continuing education now called Continuing Professional Development: CPD. This continuing education pathway is primarily an ethical obligation: article 11 of the code of medical ethics. On April 25, 1996 the French national health authorities set the rules for continuing medical education. Then, for 15 years a succession of laws and decrees has tried, in vain, to organize this training. Nevertheless, PRM physicians and hospital staff members did not wait for the final regulatory documents to start their continuing medical education. Our specialty is even regarded as exemplary in this process (see the audit report of the WSF at the conference SOFMER ROUEN 2006). In many regions of France a regional association organizes excellent quality PRM post-graduate training. PRM practitioners hold many meetings to help and advise general practitioners. SOFMER the ANMSR, the Analysts of Montpellier, Garches Days and many others are part of this process. Developments in recent years have focused on improving knowledge and assessment practises. The overall trend of continuing education towards a concrete and objectified improvement of professional practice is an issue that affects the evolution of CME.

Today the HPST law by article 59 established the Continuing Professional Development as a process of continuous improvement of medical practice that is statutorily substituted to both the CME and CPE.

Continuous Professional Development aims are: PPE, knowledge development, improving quality and safety of care, taking into account the priorities of public health, medical control of health spending.

SOFMER has been participating in the Federation of Medical Specialties for several years. Two decrees of application of CPD should be released in the coming weeks.


PRM programs of care: A form of continuing professional development to promote in France and in Europe

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Keywords: Continuing medical education; Professional practice; Quality of care; Continuing medical development; UEMS; SYFMER; PRM; European accreditation

Any board certified PRM doctor can participate in the accreditation of PRM programmes of care organized by the UEMS PRM Section. The participant must describe one part of his/her PRM clinical activity with respect to the following items: 1) scientific foundations and local context; 2) target population; 3) aims and goals; 4) structured content, with details about the timetable, diagnosis, assessment and, interventions; 5) human and material means; 6) discharge criteria and final report; 7) outcomes and improvement project. A peer review procedure checks the programme consistency with scientific evidence. This approach is a good starting point for the “Deming Wheel” process: Plan, Do, Check, Act. Indeed, it is similar to the “Clinical Pathway” procedure defined by the French High Authority of Health as one allowed for the “Professional Practice Assessment”, which is mandatory in France.

Further reading


Site HAS: http://www.has-sante.fr/portail/jcms/c_436520/echin-clinique.

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Generalization of quality indicators in rehabilitation care hospitals

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Keywords: Quality indicators; Healthcare organisations; Data collection; Results; Improvements

Objective.– The French national authority for health generalizes quality indicators (QIs) in healthcare organisations to improve the quality and the safety of care. Rehabilitation care hospitals have collected data on 4 mandatory QIs relating to medical record for two successive years (2009 and 2010).

Methods.– Each rehabilitation care hospital collects retrospective data on 80 random medical records for all 4 QIs. Analysed period is the first semester of the year. Rehabilitation care hospitals use standardized tools to perform the data collection. Each rehabilitation care hospital gets its results accompanied by references (national, regional, and by type of hospital) in order to compare each other. Evolution data are also available.

QI1 assesses the medical record conformity and is given by a score. The other 3 QIs are expressed as proportions. QI2 assesses the time elapsed before sending the discharge letter, QI3 the traceability of pain assessment and, QI4 the screening for nutritional disorders.

Results.– The national mean score of QI1 amounts to 64 in 2009 versus 71 in 2010. This score has increased by 7 points between the 2 collections. The national mean rate for QI2 amounts to 60% in 2009 versus 67% in 2010 (plus 7 points).

The national mean rate for QI3 amounts to 42% in 2009 versus 57% in 2010 (plus 15 points).

The national mean rate for QI4 amounts to 53% in 2009 versus 63% in 2010 (plus 10 points).

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