Fellowship Training in Physical Medicine and Rehabilitation

WHY FELLOWSHIPS?

There are four major reasons justifying the development of fellowships in PM&R: (1) fostering research in our field; (2) providing training for physicians desiring certificates of Added or Special Qualifications being planned by the American Board of Physical Medicine and Rehabilitation (ABPMR); (3) supplemental training after residency; (4) creating a pathway for resident or practicing physiatrists to pursue academics.

PRESENT STATUS

Interest in fellowship training has increased in recent years and most of this interest has been in one-year clinically oriented experiences. Funding for fellowships has expanded, especially for research-oriented ones. Despite increases in interest and funding, many fellowships remain unfilled. The reasons for this are complex but probably include economic disincentives, lack of special certificates and accreditation for fellowship training, and ease with which one may enter academics without postresidency training.

Presently no certificates of special or added qualifications are offered by the ABPMR, but the board has committed itself to the development of such certification. Based on the preferences of residents and potential collaboration with other boards, the duration of training in fellowships to obtain special or added qualifications is likely to be at least a single year. Such training duration, while potentially sufficient for clinical training, has not been as successful as two-year programs in preparing people for research careers.

RESEARCH AND FELLOWSHIPS

Fellowships have been a traditional training ground for researchers in medicine, yet many people who complete fellowships do not go on to become significant researchers or academicians. In family practice, careful study of existing fellowships has shown that development of successful researchers requires a minimum duration of two years, with at least 50 percent research time, a curriculum organized around explicit research-directed goals and objectives and conducted in an environment that properly socializes potential researchers. Some fellowships follow these guidelines, especially those funded by the National Center for Medical Rehabilitation Research (NCMRR) and a portion of those funded by the National Institute for Disability Related Research (NIDRR), but many existing PM&R fellowships do not conform to these characteristics and hence may not be useful in the training of researchers.

CONCERNS IN CLINICAL FELLOWSHIP
TRAINING

Clinically oriented fellowships present two threats that must be avoided as they are developed. (1) Fellowships have been noted to have a risk of harming residency training by siphoning off important clinical experiences. (2) Physiatrists interested in research might be persuaded to enter these clinical fellowships and then may not develop the skills required for a successful research career despite having subspecialty board certification.

CONCLUSIONS AND RECOMMENDATIONS

Fellowships should be accredited by the PM&R Residency Review Committee (RRC). Special rules for fellowships in nonresidency situations should be promulgated. The Accreditation Council for Graduate Medical Education (ACGME) supports the RRC need to increase the specificity of existing special requirements, especially in the areas where fellowships develop. Where there is potential competition (e.g., patient access, faculty teaching and time) explicit plans should be made by the residency/fellowship director(s) to assure a positive impact on training. Specification of minimal requirements in both quality and quantity is likely to be needed in the areas of electrodiagnosis, musculoskeletal medicine, pediatrics, brain injury and spinal cord injury. Accreditation evaluations should specifically consider the relationship between the fellowship and residency programs.

ACGME accreditation standards for fellowship training include: (1) minimum length of 1 year; (2) written curriculum and educational objectives; (3) sufficient faculty with special interests in the fellowship area; (4) a designated fellowship director. These general standards should be promulgated by the RRC. Both internal medicine and pediatrics have general guidelines for all of their fellowships, as well as specific requirements in each individual subspecialty area.

Research fellowships should be created in clinical areas that are developing special or added qualifications, wherever possible, so that trainees become eligible for subspecialty certification as a result of their training.

Approaches to special or added qualifications that acknowledge research training within fellowships of two or more years should be considered. Because the development of research capabilities is of such importance to our field’s academic future, the ABPMR should be encouraged to investigate such possibilities. It should be noted that such two-tiered special or added qualifications do not appear to exist in other subspecialty areas, so the board will have to be creative in addressing this important issue. Similarly, the ABPMR will be challenged to develop methods or acknowledging special research training (such as that funded by NCMRR) that is not in one of the proposed areas for subspecialization.

SUMMARY

The AAP supports the development of fellowships, especially those areas that enhance research in areas relevant to PM&R. If possible, research training within fellowship programs should be acknowledged. As accredited fellowships develop, the AAP acknowledges potential risks to
residency training and supports accreditation standards that consider the importance of coexisting fellowships and residency programs.*

REFERENCES