



## REVALIDATION for PHYSICIANS

A resource guide for physician specialties

Acute Internal Medicine (AIM)

### INTRODUCTION

The purpose of revalidation is to assure patients and the public, employers and other healthcare professionals that licensed doctors are up to date and fit to practise.

In order to maintain your licence to practice you will be expected to have at least one appraisal per year that is based on the General Medical Council's (GMC) core guidance for doctors, *Good Medical Practice*. You will need to maintain a portfolio of supporting information drawn from your current practice which demonstrates how you are continuing to meet the requirements set out by the GMC.

The GMC has set out its requirements for good medical practice, appraisal and revalidation for all doctors in three main documents. These are supported by specialty-specific guidance from the medical royal colleges and faculties, which gives the specialty context for the supporting information required for appraisal. You should therefore ensure that you are familiar with the following:

- [Good Medical Practice](#)
- [Good Medical Practice framework for appraisal and revalidation](#)
- [Supporting information for appraisal and revalidation](#)
- [Supporting information for appraisal and revalidation: guidance for physicians](#) (applicable across all physician specialties and approved by the Society for Acute Medicine).

Revalidation is based on a doctor's current scope of practice. It does not dictate a set number of hours in any specialty or field of practice. All doctors, regardless of their specialty need to demonstrate that they are continuing to meet the requirements set out in Good Medical Practice.

Among the many physician specialties and subspecialties it is recognised that the details of the clinical work undertaken will differ, and that there is a great diversity of medical practice. It is important that the supporting information you provide is comprehensive and relevant to your field of practice. The purpose of this guide from the Society for Acute Medicine is to signpost doctors in acute internal medicine (AIM) to informative and practical resources for collecting the supporting information required for revalidation.

In order to revalidate, you must collect supporting information as set out in the GMC's Supporting Information for appraisal and revalidation:

- general information about you and your professional work
- keeping up to date
  - CPD
- review of practice
  - quality improvement activity
  - significant events
- feedback on professional practice
  - colleague feedback
  - patient and carer feedback
  - complaints and compliments.

This guide offers signposting to information and resources which doctors in AIM will find useful as they compile their supporting information portfolio for revalidation. Involvement in any of the suggested activities does not guarantee that you will be revalidated. However, the activities are

recognised by the Society for Acute Medicine as promoting the highest standards in the field of AIM.

The Royal College of Physicians hosts a revalidation helpdesk, which we recommend that you use in the event that you need advice on appraisal or revalidation: [revalidation@rcplondon.ac.uk](mailto:revalidation@rcplondon.ac.uk). You should also familiarise yourself with the resources available from the RCP:

[www.rcplondon.ac.uk/revalidation](http://www.rcplondon.ac.uk/revalidation) .

#### THE SOCIETY FOR ACUTE MEDICINE

The Society for Acute Medicine is the specialist society for all health care professionals in acute internal medicine: [www.acutemedicine.org.uk](http://www.acutemedicine.org.uk).

#### SUB SPECIALTY INFORMATION

NICE has produced extensive guidance on the management of many acute medical conditions all of which are relevant to acute internal medicine. One that has particular importance for AIM is the guidance on Acutely Ill Patients in Hospital (CG50)

<http://www.nice.org.uk/>

Those involved in education and training in the specialty can access the curriculum through JRCPTB:

<http://www.jrcptb.org.uk/trainingandcert/ST3-SpR/Pages/acute-medicine.aspx>

AIM is at the forefront of ambulatory care. The directory of ambulatory emergency care is a useful resource that identifies conditions and clinical scenarios that have potential to be managed on an ambulatory basis.

[http://www.institute.nhs.uk/option.com\\_joomcart/Itemid,26/main\\_page,document\\_product\\_info/products\\_id,181.htm](http://www.institute.nhs.uk/option.com_joomcart/Itemid,26/main_page,document_product_info/products_id,181.htm)

#### CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

CPD should encourage and support evidence-based changes in practice and career development and be relevant to your practice. CPD is not an end in itself. All physicians should demonstrate 50 hours of CPD per year (250 hours over the five year revalidation cycle, of which 125 should be external). It is essential that you maintain a clear diary of activity; the Society for Acute Medicine recommends the on-line diary of the RCP. <http://www.rcplondon.ac.uk/cpd/revalidation/supporting-information-tools-and-templates/cpd-revalidation>.

Attendance of one Society for Acute Medicine meeting yearly would assist with achieving these CPD objectives. The Society for Acute Medicine also posts relevant courses on the website:

[www.acutemedicine.org.uk](http://www.acutemedicine.org.uk)

The Society for Acute Medicine, in conjunction with the Federation of Royal Colleges of Physicians and the Department of Health, has produced a series of acute internal medicine e-learning modules called ACUMEN: <http://www.e-lfh.org.uk/projects/acute-medicine/>

Current guidance on management of relevant acute internal medicine conditions can be found on the Society for Acute Medicine website: [www.acutemedicine.org.uk](http://www.acutemedicine.org.uk)

#### QUALITY IMPROVEMENT ACTIVITY

##### **Clinical guidelines and standards that may serve as a basis for audit**

- The Society for Acute Medicine has produced National Clinical Quality Indicators for Acute Medical Units (AMUs). All AMUs need to develop systems to ensure that these indicators are measured and reported.
- The Society for Acute Medicine in conjunction with the West Midlands Quality Review Service has produced Quality Standards for AMUs.
- The National Clinical Quality Indicators for Acute Medical Units and the Quality Standards for AMUs will be used for benchmarking purposes.
- The Society for Acute Medicine has assisted the Royal College of Physicians London to produce a

series of toolkits to assist in the delivery of acute medical care.

All of the above can be found on the SAM website: [www.acutemedicine.org.uk](http://www.acutemedicine.org.uk)

- NHS London through the Adult Emergency Services have produced commissioning standards that aim to address the clinical case for change and to provide consistently high-quality and safe acute medical and emergency general surgical care across all hospitals, seven days a week. The standards are minimum standards of care and not standards that hospitals may aspire to achieve over time. They represent the minimum quality of care that patients admitted as an emergency should expect to receive in every hospital in London that accepts patients on an emergency basis. These standards are relevant to the provision of acute care and should be used as a helpful resource: <http://www.londonhnp.nhs.uk/services/emergency-surgery-and-medicine/>

### **Clinical Audit**

Wherever possible, doctors should look to take part in relevant national audits conducted by SAM previous examples include Atrial Fibrillation, Day in the Life of the AMU, Sepsis etc:  
[www.acutemedicine.org.uk](http://www.acutemedicine.org.uk)

### **Case Review/Discussion/Audit**

Examples of Local Meetings that you might attend (attendance records should be kept) e.g.

- Relevant mortality/morbidity meetings.
- Local governance/audit meetings.

### **SIGNIFICANT EVENTS/SUIs**

In the event of clinical incidents, complications, complaints or serious incidents requiring investigation, doctors should demonstrate reflection and seek to improve practice where necessary. See the guidance for physicians for further information:  
<http://www.rcplondon.ac.uk/cpd/revalidation/guidance-physicians-supporting-information-revalidation>

### **FEEDBACK ON PRACTICE**

Physicians can use feedback tools approved/commissioned by their employing NHS Trusts. Instruments used for this element of revalidation must meet the guidelines published by the GMC:  
[http://www.gmc-uk.org/doctors/revalidation/colleague\\_patient\\_feedback.asp](http://www.gmc-uk.org/doctors/revalidation/colleague_patient_feedback.asp).

The Royal College of Physicians of London provides important information about the revalidation process and validated tools to use for patient and colleague feedback:  
(<http://www.rcplondon.ac.uk/cpd/revalidation/supporting-information-tools-and-templates>)