



## REVALIDATION for PHYSICIANS

A resource guide for physician specialties

Rehabilitation Medicine

### 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 British Society of Rehabilitation 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 British Society of Rehabilitation Medicine is to signpost 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 Rehabilitation Medicine physicians 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 British Society of Rehabilitation Medicine as promoting the highest

standards in the field of Rehabilitation Medicine.

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).

#### BRITISH SOCIETY OF REHABILITATION MEDICINE

The British Society of Rehabilitation Medicine (<http://www.bsrm.co.uk/>) through its Research & Clinical Standards Sub-committee, provides information and guidelines about standards of care in clinical areas relevant to the practice of Rehabilitation Medicine.

#### SUB SPECIALTY INFORMATION

#### CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

CPD should encourage and support evidence-based changes in practice and career development and be relevant to your practice. All physicians should demonstrate 50 hours of CPD per year (250 hours over the five year revalidation cycle, of which 125 should be external).

##### Recommended learning opportunities

- BSRM Annual Scientific Meeting and other specialist courses and regional meetings - (<http://www.bsrm.co.uk>)
- Society for Research in Rehabilitation scientific meetings – (<http://www.srr.org.uk>)
- American Academy of Physical Medicine & Rehabilitation – (<http://www.aapmr.org>)
- World Federation for NeuroRehabilitation – (<http://wfnr.co.uk>)
- International Society for Prosthetics and Orthotics – (<http://www.ispoint.org>)

Rehabilitation Medicine physicians can also obtain important contributions to their CPD by attendance at other regional, national or international meetings not listed here.

#### QUALITY IMPROVEMENT ACTIVITY

##### Recommended guidelines and audit resources

The Royal College of Physicians London provides a personal clinical audit tool (p-CAT). The p-CAT is designed to facilitate good quality clinical audit by encouraging best practice in clinical audit. The tool guides the user through a reflective template to consider their role in and learning from the improvement activity. (<http://www.rcplondon.ac.uk/cpd/revalidation/supporting-information-tools-and-templates/quality-improvement-and-revalidation>).

The British Society of Rehabilitation Medicine website includes details of guidelines produced by the Society including collaborative guidance. (<http://www.bsrm.co.uk/Publications/Publications.htm>)

#### FEEDBACK ON PRACTICE

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

In addition physicians can also use feedback tools approved/commissioned by their employing NHS Trusts, provided that these comply with the criteria for validity set out 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 British Society of Rehabilitation Medicine recognises the difficulty in obtaining feedback from patients with impairments in verbal and written communication and can advise on additional specialist tools on request.