

Rehabilitation Medicine

Specialty Specific Guidance

This guidance is to help doctors who are applying for entry onto the Specialist Register with a CESR in Rehabilitation Medicine. You will also need to read the [Rehabilitation Medicine CCT curriculum](#).

This is the specialty specific guidance for Rehabilitation Medicine updated April 2021

Please make sure you are reading the latest version. You can find all the guidance you need at www.gmc-uk.org.

Introduction

This document is designed to provide helpful information and guidance to enable you to make an application for a Certificate of Eligibility for Specialist Registration (CESR) in Rehabilitation Medicine. This is not a standalone document and should be read in conjunction with the [Rehabilitation Medicine curriculum](#) – please see the [Rehabilitation Medicine page](#) on the Joint Royal Colleges of Physicians Training Board (JRCPTB) website for more details. You can [contact us](#) and ask to speak to the GMC Specialist Applications team for advice before you apply.

What is the indicative period of training for a Certificate of Completion of Training (CCT) in Rehabilitation Medicine?

The indicative period of training for a CCT in Rehabilitation Medicine is six years and it is unlikely that you would achieve all the learning outcomes required for a CCT in a shorter period of time.

The structure of the training programme (in indicative timescales) is as follows:

- Two years of Internal Medicine (stage 1) or three years of Acute Care Common Stem – Internal Medicine (ACCS-IM) including MRCP (UK) or one of the following alternative pathways:
 - Three years of General Practice (including MRCPGP)
 - Two years of Core Surgical Training (including MRCS)
 - Two years of Core Psychiatry training (including MRCPsych)
 - Three years of Level 1 Paediatrics training (including MRCPCH)

- Four years of Rehabilitation Medicine specialty training

Applicants need to demonstrate that they have achieved the learning outcomes required for all stages of the Rehabilitation Medicine curriculum.

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Curriculum Framework

The Rehabilitation Medicine curriculum is structured into 14 high-level learning outcomes, known as Capabilities in Practice (CiPs). The CiPs are split into generic and specialty specific capabilities, as outlined below. Acquiring a CESR depends upon you providing evidence that you're working at the level of being entrusted to perform safely and independently for each CiP.

The first six CiPs are generic and shared across all physician specialties, covering the universal requirements of [Good Medical Practice](#) and the [Generic Professional Capabilities \(GPC\) framework](#).

The remaining eight CiPs describe the clinical tasks or activities which are essential to the practice of Rehabilitation Medicine. The CiPs have been mapped to the GPC domains to reflect the professional generic capabilities required to undertake the clinical tasks.

The range of experience needed to achieve the CiPs is outlined in the curriculum – this covers different settings, contexts, clinical problems, conditions and stages of a person's life and illness.

Generic CiPs

1. Able to function successfully within NHS organisational and management systems
2. Able to deal with ethical and legal issues related to clinical practice
3. Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement
4. Is focussed on patient safety and delivers effective quality improvement in patient care
5. Carries out research and manages data appropriately
6. Acts as a clinical teacher and clinical supervisor

Specialty Specific CiPs

1. Able to formulate a full rehabilitation analysis of any clinical problem presented, to include both disease-related and disability-related factors

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|---|
| 2. Able to set out a rehabilitation plan for any new patient seen with any disability, this plan extending beyond the consultant's own specific service |
| 3. Able to work as a full and equal member of any multi-disciplinary rehabilitation team |
| 4. Able to identify and set priorities within a rehabilitation plan |
| 5. Able to diagnose and manage existing and new medical problems in a rehabilitation context |
| 6. Able to recognise need for and to deliver successfully specific medical rehabilitation treatments |
| 7. Able to work in any setting, across organisational boundaries and in close collaboration with other specialist teams |
| 8. Able to make and justify decisions in the face of the many clinical, socio-cultural, prognostic, ethical, and legal uncertainties and influences that arise in complex cases |

Submitting your evidence

Please keep the following in mind when gathering your evidence:

- The evaluators want to see quality, relevant evidence to demonstrate the required CiPs. It's more important to carefully select your evidence and present it in an organised way, than provide large volumes of minimally relevant evidence
- Triangulated evidence will make a stronger application
- Evidence of your recent practice (i.e. less than 5 years old) will be given more weight, as it reflects current capabilities
- Your evidence must be legible

All your evidence, other than qualifications you're getting authenticated, **must** be accompanied by a proforma signed by the person who is attesting to the validity and accuracy of your evidence (your verifier). It's very important that you read an explanation of how to do this in our [important notice about evidence](#).

You will also need to submit translations of any documents that are not in English. Please ensure the translations you submit meet our [translation requirements](#).

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Your evidence **must** be accurate and may be verified at source should we have any queries or justifiable doubts about the accuracy of your evidence. All evidence submitted will be cross checked against the rest of your application and documents.

Anonymising your evidence

It is important that you anonymise your evidence before you submit it to us. You **must** remove:

- All patient identifying details
- Details of patients' relatives
- Details of colleagues that you have assessed, written a reference for, or who have been involved in a complaint you have submitted

This includes:

- Names (first and last)
- Addresses
- Contact details such as phone numbers or email addresses
- NHS numbers
- Other individual patient numbers
- GMC numbers

The following details **don't** need to be anonymised:

- Gender
- Date of birth

It is your responsibility to make sure that your evidence has been anonymised. Evidence which has not been anonymised will be returned to you. More information can be found on our [website](#).

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How much evidence to submit

As a general guide, most applications are expected to include around 100 electronically uploaded documents. You must ensure that you follow our guidance on how to present and group your evidence in the online application.

The total number of documents and assessments presented is less important than the quality of the documents, and the breadth of cases covered. This allows the evaluators to form reliable judgements of performance and capabilities.

This guidance on documents to supply is not exhaustive and you may have alternative evidence. You do not necessarily have to supply every type of evidence listed, but you must submit sufficient evidence to address each of the required learning outcomes and the associated capabilities. We recognise that you may not have all the evidence that is required but it will help us process your application more quickly if you ensure that you only submit evidence that is directly relevant. Triangulation of evidence will strengthen an application, and we recommend that you delay submitting an application until you have achieved this.

Your evidence **must** cover the knowledge, skills and experience to demonstrate the required CiPs in all areas of the curriculum. You should focus on providing **good quality** evidence, rather than quantity. You are advised to review the curriculum and ARCP decision aid to see what is expected from doctors in training in Rehabilitation Medicine in the UK.

You should bear in mind the following points:

- Evidence should show that you are able to assess and offer a first opinion in any setting and for any age
- Don't duplicate evidence that is relevant to more than one CiP – you should include one copy and list it under each relevant CiP (cross referencing)
- Evidence should only be cross referenced where it adds significant support to a CiP
- Evidence should be provided from a variety of clinical settings.

Our guidance on compiling your evidence will help you to decide what is relevant and what is not. We recommend that you read it carefully.

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Organising your evidence

Your evidence will need to be organised to reflect the structure of the online application. You need to gather your evidence by CiP and then attach this under the relevant section in your online application.

Please refer to our [user guide](#) for information on grouping and uploading your evidence.

Your evidence must be mapped to the curriculum by providing primary evidence for knowledge, skills and qualifications to demonstrate the required CiPs for all areas of the [Rehabilitation Medicine curriculum](#). If evidence is missing from any area of the curriculum, your application may be unsuccessful.

You will not be able to compensate for shortfalls in your evidence of training and experience in a particular area, by providing extra evidence in other areas.

Tips for a successful application

In our experience, CESR applications fail because they provide inadequate or poor evidence of current capability covering the entire curriculum. Below are some tips for you to consider when making an application:

- Before submitting an application, you should review the current CCT curriculum in conjunction with this document. A strong CESR application will provide evidence to demonstrate that knowledge, skills and experience are equivalent in both the breadth and level of capability, to that set out in the curriculum
- Provide evidence of your **current capability** in all areas of the curriculum. This includes the maintenance of CiPs and key skills over the last five years – all evidence should be clearly linked to the CiPs
- Ensure you have evidence demonstrating core medical knowledge and application of this knowledge in practice to the level of two years of Internal Medicine stage 1 training. To demonstrate core internal medical capabilities, applicants need to provide MRCP (UK) or equivalent test of knowledge and evidence showing the application of core skills including outpatient capability. This evidence

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could include supervised learning events (SLEs) and workplace based assessments (WPBAs) including multisource feedback (MSF). Evidence for alternative core medical knowledge and training can be provided – e.g. MRCPCH, MRCPGP, MRCS or MRCPsych.

- Present your evidence in a clear, logical manner. You should refer to our user guide for advice on how to group, title and upload your evidence
- Ensure your referees can provide detailed support for your key skills across all (or most) areas of the curriculum and understand the requirements for specialist training and registration in Rehabilitation Medicine in the UK
- Provide evidence of managing a broad range of patients, as seen daily by Rehabilitation Medicine doctors in the UK
- Provide evidence of your clinical capability across the range of experience, ages and settings
- Ensure your evidence demonstrates you are entrusted to act at consultant level across all of the specialty CiPs

We strongly recommend that you closely match your experiences against the current curriculum and provide evidence of equivalence across all areas.

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How your evidence can be used to demonstrate key capabilities in different CiPs

You will notice that some of the suggested evidence is listed more than once. This is because these documents are relevant to more than one CiP. For example, MSF can be used to demonstrate competence in most CiPs – therefore, you can use the same MSF to demonstrate the required capability across several CiPs

If you have a document that is relevant to more than one CiP, don't include multiple copies of it. Instead, provide one copy and list it in your application under each relevant CiP, stating that the document is located elsewhere, and you'd like to cross reference it.

Below is a list of evidence that are relevant to most CiPs – it is by no means exhaustive, and you are encouraged to submit a variety of evidence.

A description of the assessments below, together with template forms, can be found on the [JRCPTB website](#)

Evidence / requirement	About	Minimum expectation
Supervised Learning Events (SLEs)		
Case-based discussion and/or mini-clinical evaluation exercise (mini-CEX)	These should have been undertaken with a consultant. CbDs and Mini CEXs should cover different aspects of Rehabilitation Medicine – differing in disease, main impairments, disability, context or the main problem	4 CbDs and 4 Mini-CEXs, plus an additional 4 of either type At least 1 CbD/ Mini-CEX from each period of 4 or more weeks working in a service

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Case Conference Assessment Tool (cCAT)	These should cover different settings including; being chair/leader and participating member of a meeting and cover different contexts.	4 - At least 2 from any service worked in for a period of 4 months or longer.
Workplace Based Assessments (WPBAs)		
Direct Observation of Procedural Skills (DOPS)	Evidence of independent practice at straightforward botulinum toxin injections acquired in the last 5 years. Additional evidence of other procedure relevant to rehabilitation may be provided to demonstrate the achievement of independent safe practice.	1
Quality Improvement Project Assessment Tool (QIPAT)	Can be used to demonstrate active involvement in service audit or development projects.	1
Patient Survey (PS)	Formal patient feedback is strong evidence as it's an anonymous feedback exercise. It should include approximately 15 patients. The JRCPTB has a template available on their website. A reflective entry reflecting on the survey must be made. Alternative evidence could include: <ul style="list-style-type: none"> ▪ Thank you letters/cards from patients ▪ Statements from referees ▪ Testimonial letters from colleagues 	1 completed in last 12 months

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	<ul style="list-style-type: none"> Feedback from patients/colleagues 	
Teaching observation (TO)	At least 1 should be completed by a consultant in Rehabilitation Medicine.	3 completed in the last 12 months
Multi Source Feedback (MSF)	<p>MSF is a strong piece of evidence as it is an anonymous feedback exercise.</p> <p>Minimum of 1 in the year before the application has been submitted – any available from the last 5 years should also be submitted.</p> <p>MSF should include approximately 15 colleagues, and not more than 4 should be doctors.</p>	1 completed in the last 12 months
Other evidence		
To be included in the portfolio of evidence	<ul style="list-style-type: none"> Appraisal is good evidence of engaging with systems, processes and mandatory requirements and demonstrates performance (clinical and non-clinical) Reflective diaries/ evidence of self-reflection Supervisor report reports from trainers and supervisors are important evidence to affirm and support capabilities and performance in both clinical and non-clinical activities. JRCPTB provides a Multiple Consultant Report (MCR) template for the purpose of these reports of which there should be 4 in the last 12 months. Logbooks must cover the last 5 years and show the type of procedures you performed and your role in the procedure Training events (courses, study days, meetings) over the last five years Evidence of seeing patients over the last five years covering a range of settings, referral contexts, conditions, stages of illness, ages 	4 completed in the last 12 months (e.g. MCRs)

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- Academic activities
- Management activities
- Structured reports

Continuing Professional Development (CPD)

CPD represents the acquisition and maintenance of knowledge, skills and key skills.

Courses you may want to provide evidence of include:

- Life support
- Teaching
- Simulation
- Management
- Research methodology
- Business
- Communication
- Education

Examples of evidence could include a personal, reflective diary of learning achievements, in addition to detailed evidence of courses attended.

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Evidence of training and qualifications

Substantial primary evidence for any previous training towards a medical qualification should **only** be submitted if the training is directly relevant to your CESR capabilities **and** dates from the past five years. Otherwise, certificates of completion are sufficient evidence of training.

Primary medical qualification (PMQ)

If you hold full registration with us, you do not need to submit your PMQ as we saw it when we assessed your application for registration.

If you do not hold registration, you will need to have your PMQ independently verified by ECFMG before we can grant you full registration with a licence to practise.

You can find out more about [primary source verification](#) on our website.

You only need to get your PMQ verified by ECFMG. The rest of your evidence should be verified in line with [our guidance](#).

Specialist medical qualification(s)

Please provide an **authenticated copy** of any specialist medical qualifications you hold.

Evidence of completion of full **MRCP(UK)** or equivalent test of knowledge. Alternative tests of knowledge are acceptable for applicants demonstrating alternative core capabilities in paediatrics, surgery, psychiatry or general practice - **MRCPCH, MRCS, MRCPsych or MRCGP**.

There are no qualifications from outside Europe that enable automatic entry to the Specialist Register in any specialty. An evaluation is made based on an applicant's whole career and therefore two applicants with the same qualifications but different training and/or experience may not receive the same decision.

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	<p>If your specialist medical qualification is from outside the UK, please ensure that you provide the following evidence in addition to your qualification:</p> <ul style="list-style-type: none"> ○ Training curriculum or examination syllabus ○ Formal period assessments completed during training (these may be older than 5 years)
<p>Recent specialist training</p>	<p>If you have worked in posts approved for a specialist training programme for a relevant qualification outside the UK in the past five years, please provide an authenticated copy of the curriculum or syllabus that was in place when you undertook your training.</p> <p>If a formal curriculum or syllabus (including assessment methods) is not available please provide a letter from the awarding body outlining the content of the training programme or examination.</p> <p>You must provide evidence of formal periodic assessment during your training. This evidence must have been completed at the time the training was undertaken (if it is completed retrospectively less weight will be given to the information provided). If you do not supply formal assessment documents, the curriculum must demonstrate how you were assessed. A detailed letter of verification from an educational supervisor would satisfy this requirement.</p> <p>If areas for development were highlighted, please provide evidence to demonstrate that you have subsequently addressed them.</p> <p>If you have undertaken approved specialty training towards a CCT or CESR(CP) in Rehabilitation Medicine in the UK in the past five years, you should provide a copy of your ARCPs.</p>
<p>Specialist registration outside the UK</p>	<p>Please provide an authenticated copy of details of the registration requirements of that authority.</p>

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Other relevant qualifications and certificates

You may include postgraduate qualifications if they are relevant to associated capabilities e.g. teaching, management, research methodology. Please provide **copies** of certificates.

Evidence of employment in posts and duties (including training posts)

Employment letters and contracts of employment

The information in these letters and contracts **must** match your CV. They will confirm the following:

- dates you were in post
- post title, grade, training
- type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent)

Job descriptions

These **must** match the information in your CV. They will confirm the following:

- your position within the structure of your department
- your post title
- your clinical and non-clinical commitment
- your involvement in teaching or training.

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Rotas	You must provide samples of your rotas from the last three years. These should demonstrate your weekly clinical and non-clinical activities. For example, if you worked a 1:8 rota, you should submit eight consecutive weeks' rota to represent that placement.
Departmental/ Unit annual caseload statistics	You should provide departmental and unit caseload statistics, activity data, range and scope of work undertaken in a placement from the last three years.
Appraisal	<p>Those working in an NHS or managed environment should submit evidence of annual appraisals. A revalidation or appraisal portfolio would be appropriate (if it is completed retrospectively less weight will be given to the information provided).</p> <p>For non-training posts you should provide evidence of ongoing evaluation of your performance. This may take the format of formal appraisals by the department head or line manager (clinical director, medical director, professor).</p> <p>For those applicants working in independent practice it is recommended that at least one employer. Appraisal is undertaken and summary documentation of this submitted with the application.</p> <p>Where an applicant is not based in the UK alternative forms of appraisal are strongly advised. Alternative evidence may include letters (written at the time) commenting on your performance. In addition, where no formal appraisal or assessment forms are available you must provide information on the method of career review or progression.</p>

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Generic CiPs

The suggested documentation is given below each CiP and the overall numbers expected are given on pages 10-13. Each piece of evidence can support more than one CiP and you should cross reference

CiP 1: Able to function successfully within NHS organisational and management systems

Key skills:

- Aware of, and adheres to, the GMC professional requirements
- Aware of public health issues including population health, social determinants of health and global health perspectives
- Demonstrates effective clinical leadership
- Demonstrates promotion of an open and transparent culture
- Keeps up to date through learning and teaching
- Demonstrates engagement in career planning
- Demonstrates capabilities in dealing with complexity and uncertainty
- Aware of the role and processes for commissioning
- Aware of the need to use resources wisely

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR)
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Evidence of taking an active role in governance structures, including service development. This may, for example, include the minutes of meetings for governance and unit management in which the applicant has been involved, MDT meetings, and any documented service development initiatives such as QIPAT.

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- Evidence of attendance at an NHS / health service management course

CiP 2: Able to deal with ethical and legal issues related to clinical practice

Key skills:

- Aware of national legislation and legal responsibilities, including safeguarding vulnerable groups
- Behaves in accordance with ethical and legal requirements
- Demonstrates ability to offer apology or explanation when appropriate
- Demonstrate ability to lead the clinical team in ensuring that ethical and legal factors are considered openly and consistently

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Evidence of ability to assess the mental capacity of patients to make healthcare decisions. Evidence could include:
 - Reflections on cases where you had to assess a patient's mental capacity
- Evidence of involvement in making best interests' decisions, such as:
 - Notes
 - Letters
 - Meeting minutes

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- Awareness of relevant legislation, including mental capacity legislation by completion of an online training course, for example:
 - eLfh Mental Capacity Act: <https://www.e-afh.org.uk/programmes/mental-capacity-act/>
 - CPD Online Mental Capacity Act: <https://cpdonline.co.uk/course/mental-capacity-act/>
 - SCIE Mental Capacity Act: <https://www.scie.org.uk/e-learning/mca>

CiP 3: Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement

Key skills:

- Communicates clearly with patients and carers in a variety of settings
- Communicates effectively with clinical and other professional colleagues
- Identifies and manages barriers to communication (e.g. cognitive impairment, speech and hearing problems, capacity issues)
- Demonstrates effective consultation skills including effective verbal and non-verbal interpersonal skills
- Shares decision making by informing the patient, prioritising the patient's goals and wishes, and respecting the patient's beliefs, concerns and expectations
- Shares decision making with children and young people
- Applies management and team working skills appropriately, including influencing, negotiating, re-assessing priorities and effectively managing complex, dynamic situations

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports

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<ul style="list-style-type: none"> ▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
<ul style="list-style-type: none"> ▪ Evidence of your ability to analyse a patient's communication difficulties: <ul style="list-style-type: none"> • Reflective diaries
<ul style="list-style-type: none"> ▪ Feedback from patients, such as a patient survey
<ul style="list-style-type: none"> ▪ Reflective practice entries about patients or families who posed difficulties
<ul style="list-style-type: none"> ▪ Supervised learning event: <ul style="list-style-type: none"> • cCAT

CiP 4: Is focused on patient safety and delivers effective quality improvement in patient care

Key skills:

- Makes patient safety a priority in clinical practice
- Raises and escalates concerns where there is an issue with patient safety or quality of care
- Demonstrates commitment to learning from patient safety investigations and complaints
- Shares good practice appropriately
- Contributes to and delivers quality improvement
- Understands basic Human Factors principles and practice at individual, team, organisational and system levels
- Understands the importance of non-technical skills and crisis resource management
- Recognises and works within limit of personal competence
- Avoids organising unnecessary investigations or prescribing poorly evidenced treatments

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Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Reflective practice entries about patients or families who posed difficulties
- Evidence that you have arranged and attended meetings about a patient with Social Services or other non-health organisations. For example:
 - Meeting minutes, demonstrating your attendance and participation
 - Invites sent from you demonstrating arranging meetings
- Supervised learning event:
 - cCAT
- Documented evidence of development of procedures to improve inter-service and inter-agency communication, you will need to demonstrate your involvement in the new procedure and its effectiveness
- Specific quality improvement activity, such as a QIPAT
- Copies of letters you have written to NHS and non-NHS services involved with patients

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CiP 5: Carries out research and manages data appropriately

Key skills:

- Manages clinical information / data appropriately
- Understands principles of research and academic writing
- Demonstrates ability to carry out critical appraisal of the literature
- Understands the role of evidence in clinical practice and demonstrates shared decision making with patients
- Demonstrates appropriate knowledge of research methods, including qualitative and quantitative approaches in scientific enquiry
- Demonstrates appropriate knowledge of research principles and concepts and the translation of research into practice
- Follows guidelines on ethical conduct in research and consent for research
- Understands public health epidemiology and global health patterns
- Recognises potential of applied informatics, genomics, stratified risk and personalised medicine and seeks advice for patient benefit when appropriate

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Evidence of completion of Good Clinical Practice (GCP) training:
 - www.nihr.ac.uk/health-and-care-professionals/learning-and-support/good-clinical-practice

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- Documented evidence of research activity. This may include evidence of:
 - Helping in a project
 - Reviewing research papers / grants
 - Writing and co-authoring research papers
 - Contributing to research projects
- Written critical appraisal of at least **two** published Rehabilitation randomised trials. You must use the biopsychosocial model within the appraisal
- Presentations – either lectures (podium presentations) or poster presentations
- Publications

CiP 6: Acts as a clinical teacher and clinical supervisor

Key skills:

- Delivers effective teaching and training to medical students, junior doctors and other healthcare professionals
- Delivers effective feedback with action plan
- Able to supervise less experienced trainees in their clinical assessment and management of patients
- Able to supervise less experienced trainees in carrying out appropriate practical procedures
- Able to act as a clinical supervisor to doctors in earlier stages of training

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- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Completion of relevant training course(s), such as management or leadership courses
- Feedback from formal teaching sessions to medical and non-medical staff:
 - Teaching Observation SLE (TO)

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Specialty Specific CiPs

Applicants must demonstrate that they are currently practising at the level of 'entrusted to act independently' in all specialty CiPs. Further detail regarding the descriptors for the key skills in each specialty specific CiP can be found in the [curriculum](#).

Specialty CiP 1: Able to formulate a full rehabilitation analysis of any clinical problem presented, to include both disease-related and disability-related factors

Key skills:

- Uses holistic biopsychosocial model of illness for all areas of professional practice:
 - Uses the framework to structure letters and reports
 - Uses the model when discussing patient problems with other team members
 - Teaches the model to other doctors and to other professions
 - Uses the model when explaining a situation to a patient and/or family
 - Shows familiarity with the concepts and can explain concepts and uses to others
- Identifies the patient's disease(s) and which losses are attributable to the disease(s), and which may have other explanations:
 - Can confirm that the given diagnosis is correct, and/or able to suggest alternative/additional diagnoses
 - Knows what impairments are likely for the patient's disease(s) and looks for them
 - Knows what disabilities are usual for the patient's disease(s) and looks for them
- Identifies factors outside the disease that may be causing / exacerbating disabilities:
 - Is able to look for and recognise any emotional / psychological processes that are influencing the person's disabilities
 - Considers what physical, social or personal factors may be influencing the nature and/or extent of disabilities

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Suggested documentation:

- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Minimum of **one of each** of the below supervised learning events (SLEs):
 - CbDs
 - Mini CEXs
 - cCATs
- Minimum of **two** case reports and referral letters
- Feedback from formal teaching sessions to medical and non-medical staff:
 - Teaching Observation SLE (TO)
- Reflective practice
- Quality improvement activity, such as a QIPAT
this evidence can be cross referenced with Generic CiP 4

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Specialty CiP 2: Able to set out a rehabilitation plan for any new patient seen with any disability, this plan extending beyond the consultant's own specific service

Key skills:

- Considers and shows awareness of reasons for referral and expectations of all interested parties, not just the referring person/organisation
- Always undertakes a full assessment and provides a clear, reasoned analysis (formulation) of the case in the letter or report
- Shows awareness of all other relevant and potentially appropriate services
- Always offers a plan for future management when asked for advice, even if rehabilitation in the service is approached is not the appropriate solution
- Explains clearly if a patient is considered unlikely to benefit from the rehabilitation service:
 - documents the reasoning behind not offering the person the requested rehabilitation
 - explains clearly the alternative plans suggested
 - when appropriate, initiates contact with or referral to the alternative service(s) suggested
- Outlines processes and actions required if a patient is accepted into the rehabilitation service:
 - outlines the expected processes and timescales
 - specifies any actions required of the referrer in association with acceptance
 - takes responsibility for ensuring that all processes internal to the rehabilitation occur in a timely manner.

Suggested documentation:

- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Reports from consultants who have worked with you such as the multiple consultant report (MCR), end of placement and appraisal reports

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<ul style="list-style-type: none"> ▪ Minimum of one of each of the below supervised learning events (SLE): <ul style="list-style-type: none"> • CbDs • Mini-CEXs • cCATs
<ul style="list-style-type: none"> ▪ Minimum of two case reports and referral letters
<ul style="list-style-type: none"> ▪ Reflective practice
<ul style="list-style-type: none"> ▪ Minimum of two letters produced by you setting out rehabilitation plans or ▪ Minimum of two documents arising from a rehabilitation planning meeting (evidencing your input)

Specialty CiP 3: Able to work as a full and equal member of any multi-disciplinary rehabilitation team

Key skills:

- Communicates well with all team members verbally and in any other appropriate way
- Documents significant meetings with conclusions and actions specified
- Acts as leader (chair) of a meeting:
 - ensures all people are heard and listened
 - treats all comments and contributors with respect
 - ensures that all jargon is explained
- curtails contributions which repeat material, are unrelated, disrespectful, disruptive, time wasting or inappropriate
- Contributes information, advice and analysis when not acting as a leader of a meeting and gives constructive feedback if appropriate
- In team meetings where goals are considered and set:
 - ensures the team considers all aspects of a situation

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- ensures that patient values/expectations are central to the process
- ensures that long-term social goals are discussed and set
- ensures that plans for transfer of care, including discharge are always considered
- Respects and learns from the knowledge and skills of all team members
- Asks a team member for explanation of or detail about an aspect of their assessment or treatment without implying criticism or doubt
- Educates team members routinely during normal clinical work; explains or refers to evidence about some topic
- Liaises with appropriate team members about any specific medical problems or treatments
- Participates in team and service management and educational activities

Suggested documentation:

▪ Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
▪ Reports from consultants who have worked with you such as the multiple consultant report (MCR), end of placement or appraisal reports
▪ Minimum of one of each of the below supervised (SLE): <ul style="list-style-type: none"> • CbDs • Mini-CEXs • cCATs
▪ Minimum of two minutes from multi-disciplinary and other team meetings – these must demonstrate your involvement / contribution
▪ Reflective practice

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Specialty CiP 4: Able to identify and set priorities within a rehabilitation plan

Key skills:

- In team rehabilitation planning meetings ensures long-term outcome goals and discharge from/transfer to services are considered
- Recognises when a discussion is focused on immediate and achievable actions without thought of long-term matters
- Able to open out a discussion without causing distress
- Can identify, articulate and negotiate priorities
- Introduces new goals, previously overlooked, and/or reduces or removes goals that are unnecessary or of low importance

Suggested documentation:

- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Reports from consultants who have worked with you such as the multiple consultant report (MCR), end of placement or appraisal reports
- Minimum of **one of each** of the below supervised learning events (SLE):
 - CbDs
 - Mini-CEXs
 - cCATs
- Minimum of **two** minutes from multi-disciplinary and other team meetings – these must demonstrate your involvement / contribution

This evidence can be cross referenced with Specialty CiP 3

- Reflective practice

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Specialty CiP 5: Able to diagnose and manage existing and new medical problems in a rehabilitation context

Key skills:

- Recognises when a patient has been referred with an incorrect disease diagnosis and/or has developed a new disease
- Recognises when a patient, usually an in-patient, is acutely unwell and needs urgent attention
- Initiates urgent investigations, treatment and other management needed to establish the cause, stabilise the patient's state to maintain life, reduce and control any pain or distress
- Recognises when assistance is needed from other specialist services, makes a referral with appropriate urgency; ensures smooth transfer of responsibility with full handover of all information
- In situations when a patient lacks capacity considers what is in the patient's best interests
 - specifically involves relatives and friends of the patient
 - considers whether a formal meeting is needed (for a major decision where time is available)
- Communicates clearly with patient and/or family covering diagnosis, investigations, and treatment and/or prognosis and/or transfer to other services

Suggested documentation:

- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Reports from consultants who have worked with you such as the multiple consultant report (MCR), end of placement and appraisal reports

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- Minimum of **one of each** of the below supervised learning events (SLE):
 - CbDs
 - Mini-CEXs
 - cCATs
- Evidence of patients you have seen in the past five years and the assessment you have made
 - Logbooks
 - Clinical notes - please provide a minimum of **two** covering a range of ages and settings
 - Letters - please provide a minimum of **two** covering a range of ages and settings

May be cross-referenced with other specialty CiPs

- Reflective practice

Specialty CiP 6: Able to recognise need for and to deliver successfully specific medical rehabilitation treatments

Key skills:

- Correctly identifies patients who may benefit from specific rehabilitation medical treatments documenting:
 - the treatment considered, its benefits and risks
 - current evidence or guidance, researched as necessary
 - discussion of risks or benefits with patient and/or family
 - discussion of treatment with other professionals
- reasoning behind final decision
- informed consent/ what is in patient's best interests
- Does not offer to undertake a specific rehabilitation medical treatment to patients who will not have a net benefit; explain and document reasoning clearly; offer to seek a second opinion, if appropriate

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Suggested documentation:

- Minimum of **one of each** of the below supervised learning events (SLE):
 - CbDs
 - Mini-CEXs
 - cCATs
 - DOPS
- Reports from consultants who have worked with you such as the multiple consultant report (MCR), end of placement and appraisal reports
- Feedback from patients, such as patient surveys
- Evidence of patients you have seen in the past five years and the assessment you have made
 - Logbooks
 - Clinical notes - please provide a minimum of **two** covering a range of ages and settings
 - Letters - please provide a minimum of **two** covering a range of ages and settings

May be cross-referenced with other specialty CiPs

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Specialty CiP 7: Able to work in any setting, across organisational boundaries and in close collaboration with other specialist teams

Key skills:

- Knows, sufficiently to engage constructively, how all other relevant organisations function (e.g. social services, housing, department for work and pensions, etc)
 - understands how such services are financed
 - understands responsibilities, limits and regulations
 - knows which professions work within such organisations and their expertise
- Considers possible involvement of other organisations in rehabilitation plans for all patients with complex needs:
 - suggests their involvement in rehabilitation planning meetings
- initiates/undertakes referral to other services
- investigates suitability of making a referral by direct contact and/or research
- Demonstrates engagement working with other services within NHS and partner organisations, both outside the NHS and outside healthcare attending meetings called by other services, contributing to/leading any meeting organised by other services and ensuring relevant documentation is copied to services/organisation involved with a patient in compliance with any relevant legislation

Suggested documentation:

- Minimum of **one of each** of the below supervised learning events (SLE):
 - CbDs
 - Mini-CEXs
 - cCATs
 - DOPS
- Reports from consultants who have worked with you such as the multiple consultant report (MCR), end of placement and appraisal reports

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- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Reflection
- Minimum of **two** letters to people in other organisations about patients, requesting help, and/or answering their questions and/or informing them of your plans

Specialty CiP 8: Able to make and justify decisions in the face of the many clinical, socio-cultural, prognostic, ethical, and legal uncertainties and influences that arise in complex cases

Key skills:

- Accepts personal responsibility for resolving complex problems in people with disability which involve health services, even if admission to, or major involvement of, the rehabilitation service is not the solution
- Identifies the many factors that need to be considered in a complex case: clinical, cultural, organisational, political legal, ethical
- Able to get necessary information on the relevant factors inviting people to attend a meeting and/or researching and documenting the relevant information
- Able to negotiate and mediate between conflicting or competing parties in a meeting and/or individually
- Reaches an agreed decision with a plan, and/or an agreed way forward to achieve an agreed solution later
- Documents the process to ensure that others understand the facts, influences and reasoning behind the resolution

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Suggested documentation:

- Minimum of **one of each** of the below supervised learning events (SLE):
 - CbDs
 - Mini-CEXs
 - cCATs
- Reports from consultants who have worked with you such as the multiple consultant report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Evidence of patients you have seen in the past five years and the assessment you have made
 - Logbooks
 - Clinical notes - *Please provide a minimum of **two** covering a range of ages and settings*
 - Letters - *Please provide a minimum of **two** covering a range of ages and settings*

May be cross-referenced with other specialty CiPs

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