

Establishing Common Standards for Continuing Professional Development, Assessment and Appraisal Guidelines for Medical Associate Professionals



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1. Introduction

Context

Health Education England (HEE) have worked with partners to develop this Continuing Professional Development (CPD) framework for trained and qualified Medical Associate Practitioners (MAPs)¹. The key drivers for developing the MAP CPD framework include the need to:

- provide standardised and quality assured professional development for trained and qualified MAPs to support high-quality, safe care for patients;
- reduce the reliance on recruiting other regulated healthcare professions into MAP roles i.e. nurses, physiotherapists. The NHS has to find a different way of recruiting, training and developing MAPs and;
- attract new, direct entrants to MAP roles (including biomedical and other scientists) and clarify for them how they are able to progress as a MAP.

The Secretary of State for Health announced the plan to introduce statutory regulation for Physician Associates (PAs) and Anaesthesia Associates² (AAs) on 12 October 2018. Given that the Government has signalled it is favourable to hearing the case for regulating new groups, the Medical Royal Colleges/Faculties³ consider Surgical Care Practitioners (SCPs) and Advanced Critical Care Practitioners (ACCPs) are integral to being regulated under the MAP umbrella. This form of assurance will standardise quality and fitness to practice, enable postgraduate direct entry into the roles and career development aligned to the medical model.

More recently, on 7 February 2019 the government (spanning the 4 UK health departments) published the response to the consultation on the Regulation of Medical Associate Professionals in the UK⁴, which is summarised below.

Summary

- The majority of respondents supported the initial DH proposal that statutory regulation is proportionate for PAs and were persuaded that statutory regulation is also proportionate for AAs.
- The 4 UK Health Departments (*the Government*) plan to introduce statutory regulation for PAs and AAs.
- The process to extend prescribing responsibilities to regulated professions is subject to separate consideration and consultation.
- The consultation responses showed clear support for the introduction of statutory regulation for SCPs and ACCPs however the Government maintains the view

¹ Advanced Critical Care Practitioners; Physician Associates; Physicians' Anaesthesia Associates; Surgical Care Practitioners (as of February 2019)

² The Association of Physicians' Assistants Anaesthesia announced, from the 1st of July 2019 the profession will be changing its title to 'Anaesthesia Associate'

³ Royal College of Physicians, Faculty of Physician Associates, Royal College of Anaesthetists, Royal College of Surgeons and Royal College of Surgeons of Edinburgh, Faculty of Intensive Care Medicine

⁴ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/777130/maps-consultation-report.pdf (accessed 27/02/19)

that further statutory regulation is not proportionate for SCPs and ACCPs whilst training is only open to regulated healthcare professionals.

- The Government has said it would consider reviewing the appropriate level of regulatory oversight if direct entry to SCP and ACCP training was to be introduced.

The Government set out the next steps including:

- In conjunction with relevant stakeholders, will confirm which healthcare regulator is best placed and draft the required legislation which will introduce statutory regulation for PAs and AAs.
- As part of this process, the government will look to develop a framework to which other MAP roles could be added at a later date as the case arises.
- Section 60 Order (which is made under Section 60 of the Health Act 1999) will amend existing legislation relevant to the chosen regulator to bring the professional group under its responsibility.
- A public consultation on the draft legislation will be required and the legislation will be subject to the agreement of the health ministers across the UK in advance of it going before Parliament.
- The appropriate level of regulatory oversight for different professional groups remains a key issue for the Government.

However, it is likely that statutory regulation of PAs and AAs will take time to be established (circa: 2020). It is therefore important that HEE, working with medical royal colleges, faculties, professional bodies, employers and patient representatives provides guidance and strategic direction on a range of areas in preparation for statutory regulation to support and quality assure the education, training, on-going assessment, appraisal and CPD for the trained and qualified MAP NHS workforce.

Purpose

The purpose of this document is to provide clear guidance for the trained and qualified MAP NHS workforce. This guidance sets out common standards for ongoing CPD, assessment and appraisal. This guidance should be used to enable MAPs, with the support of employers, to plan, institute, maintain and evidence their ongoing clinical, academic, and professional learning to common standards via their commitment to their professional development.⁵

The aims of CPD, assessment and appraisal are to ensure the trained and qualified MAP NHS workforce:

- maintain and improve the quality of care given to patients and the public;
- maintain and improve the standards of the teams and the services in which they work, and;
- keep up to date and competent in all areas of their work, affirming what is done well, address areas requiring improvement and exploring new knowledge, skills and behaviours.

⁵ <https://www.ficm.ac.uk/accps/cpd-and-appraisal> (accessed 270219)

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This guidance promotes flexibility to support statutory and (currently) voluntary regulated MAPs to meet the requirements of their regulator and professional bodies and should be used to guide medical royal colleges and faculties and professional bodies setting CPD, assessment, appraisal and revalidation requirements for each MAP role.

Scope

This guidance has been written for use in England but should be transferrable to the devolved administrations and is intended for use by:

- **Medical Associate Professionals (MAPs)** to explain what MAPs must do to maintain and improve their practice through CPD, assessment and appraisal.
- **Medical Royal Colleges, Faculties and Professional Bodies** to explain the national common standards for MAPs.
- **Employers/Organisations** to enable everyone involved in employing and developing the practice of individual MAPs to understand what is expected of their MAP workforce so they can support MAPs in meeting the required CPD, assessment and appraisal standards.
- **Patients and the Public** to help patients and the public understand the role of MAPs and what they are expected to do to stay up to date and maintain and improve the safety and quality of care they provide.
- **Higher Education Institutions** to ensure undergraduate programmes support MAPs in training and post qualification to develop the required skills for assessment, appraisal and CPD including reflective practice and the academic literature underpinning CPD.
- **Experts** involved in the quality assurance of MAP education and training e.g. external examiners, accreditation panel members to ensure they are aware of the CPD, assessment and appraisal requirements for MAPs.
- **Supervisors, Appraisers and Assessors** of MAP education, training and development to ensure they are aware of the management and supervisory arrangements for MAPS.
- Members of **multi-professional healthcare teams** who work with MAPs to ensure they understand the professional accountability of each MAP role and are aware of the CPD, assessment and appraisal requirements for MAPs.

In addition to the people and organisations listed above the guidance should be read by:

- Human Resource (HR) managers
- Training Managers
- Education Commissioning Organisations/Managers

Current Responsibilities

- **MAPs** are personally responsible for identifying their on-going CPD, assessment and appraisal needs, planning how those needs should be addressed and undertaking activities that will support their professional development and practice. These activities should be in line with the requirements of their employers and aim to maintain and improve the standards

of a MAPs own practice and also those of any teams in which a MAP works. Activities should be shaped by assessments of both the needs of MAPs, the multi-professional teams within which they work and the needs of the service and the people who use it.⁶

- **Employing authorities** are responsible for ensuring that their MAP workforce is competent, up to date and able to meet the needs of the service. Employers will need to ensure there are opportunities for CPD, assessment and appraisal to assure patient safety, the appropriate ongoing development and maintenance of competence and capability. Employers should provide financial support and study leave for external activity e.g. education and training led by Medical Royal Colleges, Faculties etc., agreed via the appraisal process and personal development planning (PDP).
- Regulated MAPs must remain competent and up to date in all areas of their practice. The **Regulator** is responsible for setting out what they expect and require of registrants with respect to CPD and appraisal.⁷ If a registrant cannot prove they have kept their CPD up to date and are fit to practise, they may be removed from the register.
- **Nursing and Midwifery Council (NMC) revalidation and Health and Care Professions Council (HCPC) CPD Standards:** This guidance will support those MAPs who are statutory regulated by either the NMC or HCPC currently working in extended roles to meet the CPD and revalidation requirements of the regulator.

The responsibilities of the Medical Royal Colleges and Faculties are described below:

Faculty of Intensive Care Medicine (FICM)/Advanced Critical Care Practitioners (ACCPs)

The FICM maintains a register of all ACCP Associate Members who have applied for and met the qualification criteria. Currently all ACCPs are regulated by NMC or HCPC for their original, non-extended roles and must meet the CPD, assessment and appraisal requirements of the relevant regulator. However, the FICM have published guidance that provides a clear pathway by which trained and qualified ACCPs can plan, institute, maintain and evidence their ongoing clinical, academic, and professional learning.⁸

Royal College of Anaesthetists (RCoA)

The RCoA and Association of Anaesthetists of Great Britain and Ireland (AAGBI), in collaboration with the Association of Anaesthesia Associates (AAA) hold a voluntary register of AAs, define the AA scope of practice which applies to AAs on qualification (2016), and provide guidance for employers planning to introduce AAs into anaesthetic departments.⁹ Some AAs hold statutory regulation with the NMC or HCPC, for their

⁶General Medical Council: <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/continuing-professional-development> (2012) (accessed 270219)

⁷ Health and Care Professions Council: <https://www.hcpc-uk.org/standards/standards-of-continuing-professional-development/> (accessed 040119)

⁸https://www.ficm.ac.uk/sites/default/files/accp_cpd_appraisal_pathway_-_version_2_-_september_2017.pdf

⁹ Planning the introduction and training for Physicians' Assistants (Anaesthesia) Considerations for your Anaesthetic Department. <https://www.rcoa.ac.uk/document-store/planning-the-introduction-and-training-physicians%E2%80%99assistants-anaesthesia>. 2016 (accessed 270219)

original, non-extended roles e.g. Operating Department Practitioner and also have to meet the CPD requirements of their regulator.

The Royal College of Anaesthetists and Association of Anaesthetists of Great Britain and Ireland have published a Scope of Practice document which applies to AAs on qualification.¹⁰ The College takes the view that training beyond what is addressed in the document already occurs with individual trusts devising their own training schemes for additional competencies and having oversight for the governance arrangements. In this way the workforce can be trained to meet the specific requirements of individual organisations. Many Trusts have devised such training packages. Although individually based, they cover several the areas that are set out in the anaesthetic training curriculum. Such training utilises a combination of theoretical teaching, direct supervision and assessment of competence using a combination of Directly Observed Procedures and Clinical Examination, leading to a signoff and recognition of competence at Trust level. Continuing maintenance of competence should also be assessed at Trust level, through maintenance of a logbook, demonstration of reflective practice and incident reporting, which should be reviewed at appraisal.

Royal College of Physicians (RCP), Faculty of Physician Associates (FPA)¹¹

The FPA hold a voluntary register for PAs which was established in 2011 by the Board of Directors of UKAPA (United Kingdom Association of Physician Associates) and UKIUBPAE (United Kingdom and Ireland Board of Physician Associate Education). The FPA offer an on-line CPD diary to record professional development as part of membership.

Surgical Royal Colleges^{12,13}

RCSEng and RCSEd maintain a list of Surgical Care Practitioners (SCPs). SCPs are eligible for associate membership of RCSEng whereas RCSEd has established a Faculty of Perioperative Care (FPC) which trainee and established SCPs are eligible to join at one of three levels - Affiliate, Member and Fellow. Fellowship is currently by invitation only. Full Faculty members can use the post nominals MFPCed. Currently all SCPs are statutory for their original non-extended roles but also have to meet the CPD requirements of their relevant regulator. RCSEng has set a standard for postgraduate programmes which includes accreditation of MSc in Surgical Care Practice for SCPs. At RCSEd, the FPC has developed a portfolio of bespoke courses for CPD and supports the progression of SCPs in a specialised area of practice to include a clinical exit examination. The first examination to be introduced is in cardiothoracic surgery.¹⁴

Future Responsibilities

When statutory regulation for PAs and AAs is in place the new regulator will set the requirements for CPD and the responsibilities of the Medical Royal Colleges/Faculties

¹⁰ <https://www.rcoa.ac.uk/system/files/Scope-of-Practice-PAA-2016.pdf>

¹¹ The FPA is a faculty of the Royal College of Physicians of London. <https://www.rcplondon.ac.uk/news/faculty-physician-associates> (accessed 290119)

¹² [fpc.rcsed.ac.uk](https://www.rcsed.ac.uk) (Accessed 080219)

¹³ <https://www.rcseng.ac.uk/about-the-rcs/membership/how-to-join/eligibility-associate-membership/> (accessed 080219)

¹⁴ file:///C:/Users/owner/Downloads/postgraduate%20programme%20accreditation%20standards_2015.pdf (accessed 270219)

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and Professional bodies will be agreed. This HEE guidance for CPD, Assessment and Appraisal will support the setting of standards as part of this process.

Summary

The guidance in this document is aligned to the standards and processes of both the GMC and HCPC. It has been developed in collaboration with AA, ACCP, PA and SCP professional's and professional bodies, medical royal colleges and faculties, NHS Employers, the British Medical Association and patient representatives. The following sections set out guidance for Assessment, Appraisal and CPD.

2. Continuing Professional Development

Context

Following graduation as a MAP, CPD is the process by which a MAP builds on and develops their knowledge, skills, behaviours and attitudes and keeps up to date. A life-long commitment to CPD is vital to assure fitness to practise as a condition of regulation. The focus of CPD must be on the outcome.

The process outlined in this guidance highlights opportunities to recognise what is done well, identify gaps in competence and capability and address any gaps via a PDP. CPD can also support changes in practice as working roles change and/or develop and new technological and scientific advances are made i.e. genomic medicine; personalised care and the use of artificial intelligence. CPD can also support specific changes in practice, which may enhance career opportunities and work satisfaction.¹⁵ It is important that patient/carer/public feedback informs practice to ensure MAPs meet the needs of patients and the service within which they work. If MAPs do not care for patients directly, they should always consider how their work contributes to and impacts on patients and patient care.

As the career of a MAP progresses, they may change specialist areas of practice, take on teaching, management or leadership roles or move into academia. CPD is important to plan for and support personal and professional development.

CPD Standards

To quality assure the competence and capability to a national standard it is important that the CPD of each MAP role meets the same standard. The CPD requirements described in this guidance for MAPs also provide the flexibility to enable those MAPs who hold statutory regulation with the NMC or HCPC and are working in extended roles as MAPs to meet the requirements of their regulator.

CPD must:

- be planned through a PDP and CPD activities should be recorded and linked to appraisal;
- include a mixture of learning activities relevant to current or future practice, balanced across internal and external (to the employing institution) activities;
- demonstrate a balance of CPD activity to reflect both the clinical and non-clinical aspects of the role across three domains namely Clinical, Academic and Professional practice aligned to the PDP;
- be accurately and continuously recorded and evidenced in a structured portfolio (on-line or paper based) that is available for inspection/audit on request;
- demonstrate how the outcome from the CPD has led to changes in practice and contributed to the quality of their practice and service delivery;
- demonstrate how their CPD benefits the patients, carers and/or the public;
- include prescribing activity if a MAP is a non-medical prescriber;

¹⁵ https://www.gmc-uk.org/-/media/documents/cpd-guidance-for-all-doctors-0316_pdf-56438625.pdf (accessed 270219)

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- be planned and evaluated throughout the year and not solely at the time of the annual appraisal.

Diagram 1 depicts the MAP CPD cycle and the relationship with assessment, personal development plans and appraisal.¹⁶

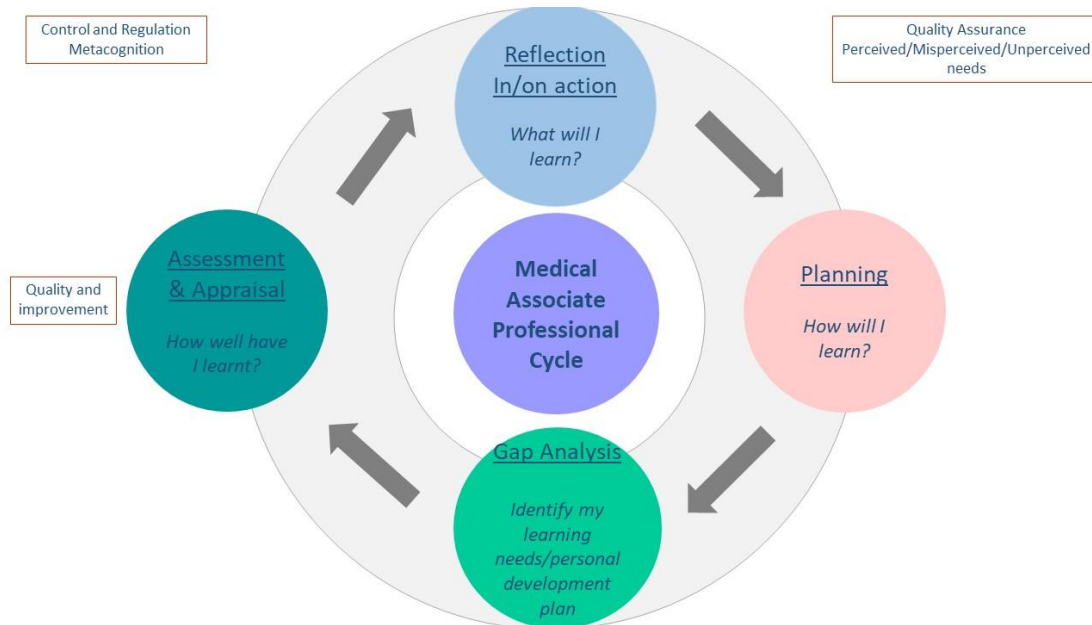


Diagram 1: The MAP CPD cycle and its relationship with assessment, appraisal and personal development planning

Planning CPD

On appointment following graduation, the CPD requirements of the MAP, linked to a PDP, should be agreed by the MAP and clinical supervisor. This should be reviewed regularly in the first year in post. Thereafter CPD will be linked to the assessment programme, appraisal process and PDP, with flexibility should the role of the MAP change between appraisals. An individual also has the flexibility to undertake additional CPD activities that may not have been recognised during annual appraisal such as (i) opportunistic learning events that can arise at any time, often linked directly to everyday work and/or (ii) development needs that may change during a 12-month period.

Undertaking CPD

CPD should be tailored to the scope of practice of each MAP and it is the responsibility of each MAP to do enough appropriate CPD and document the CPD undertaken to

¹⁶ Adapted from https://www.researchgate.net/figure/The-relationship-between-continuing-professional-development-performed-according-to-an-fig2_318723522 (accessed 270219)

remain up to date and fit to practise. This applies whether a MAP is in full-time or less than full-time practice.

Current statutory and voluntary regulators of MAPs including medical royal colleges and faculties have developed CPD schemes or guidance to support MAPs in maintaining and developing their professional standards in their specialty. MAPs participating in these schemes are required to obtain a specified number of CPD credits over a specified time period.^{17,18,19,20,21}

Any educational activity that supports professional learning or development can be considered eligible for CPD and not all CPD opportunities will be planned. Opportunities for informal learning and reflection about performance will arise spontaneously in day-to-day practice.^{22,23} CPD should involve carrying a range of different kinds of learning activities and reflecting on how CPD should improve practice and benefit patients and service users.

Appendix 1 illustrates the current CPD requirements for healthcare professionals employed as AAs, ACCPs, PAs or SCPs set by the statutory regulator and/or Medical Royal College/Faculty. Appendix 2 describes the range of educational activities that can be used to demonstrate CPD for the overarching MAP role.

Reflection

Reflection has been defined by the Association for Medical Educators in Europe (AMEE) as a metacognitive process that creates greater understanding of self and situations to inform future action.²⁴ The process of reflecting on practise has been embedded in healthcare professional development for many years but it is important that individuals understand the academic literature underpinning both the process and value of theoretical and practical aspects of reflection.

There are many different methods of undertaking and recording reflection; it is recommended that this should include guided reflection, which provides opportunities for supportive challenge from a supervisor. This process enables any underlying assumptions to be challenged and new perspectives considered. Feedback also has an important role to enhance reflection.

Recording CPD

A written/electronic record of CPD must be maintained that is available for inspection on request which should be in the form of a portfolio.

¹⁷ <https://www.fparcp.co.uk/employers/pamvr> (accessed 080219)

¹⁸ <https://www.ficm.ac.uk/standards-research-revalidation/revalidation-and-cpd> (accessed 080219)

¹⁹ https://www.ficm.ac.uk/sites/default/files/accp_cpd_appraisal_pathway_-_version_2_-_september_2017.pdf (accessed 080219)

²⁰ <https://www.fparcp.co.uk/your-career/cpd> (accessed 080219)

²¹ file:///C:/Users/owner/Downloads/RCS%20Surgical%20Care%20Team%20Guidance%20Framework.PDF (accessed 080219)

²² https://www.gmc-uk.org/-/media/documents/cpd-guidance-for-all-doctors-0316_pdf-56438625.pdf (accessed 270219)

²³ Health and Care Professions Council: <https://www.hcpc-uk.org/standards/standards-of-continuing-professional-development/> (accessed 040119)

²⁴ Sandars J. AMEE GUIDE. The use of reflection in medical education: AMEE Guide No. 44. Medical Teacher. 2009; 31: 685–695. <https://www.ncbi.nlm.nih.gov/pubmed/19811204> (accessed 270219)

Evaluation and Demonstration of Impact

CPD should focus on outcomes or outputs and what has been learnt and understood from the activity, its potential impact on practise and/or the performance of the team/s in which a MAP works with/within and/or patients and services they contribute to. Evaluation and evidence of impact may come from activities such as self, peer or student review of teaching, quantitative changes resulting from an improvement or innovation you have introduced, patient/patient group feedback, research publications etc.

3. Assessment of competence and capability

Introduction

It is vital that qualified and trained MAPs are both competent and capable within their role, specialist area of practice, sector and setting and that competency and capability develop as their career develops and changes. MAPs must be able to recognise what level of competence is required within any given situation and apply this, successfully, recognising the limits of their competence. Capability also requires the MAP to have the ability to extend these limits when required and flexibly adapt to unfamiliar professional environments. Career progression needs to enable MAPs to develop and demonstrate their competence and capability, recognising that this can be achieved in multiple ways.

Assessment is a continuous process which occurs throughout the initial training period of the MAP but should also carry on following qualification and in their established practice. Assessment provides assurance to the trainee practitioner, their supervisor, employer and the public that a satisfactory level of competence and capability has been achieved. Assessment also delivers important feedback to the MAP to help them identify potential areas where further training and development may be needed.

Work-Based Assessment

Work-based assessments (WBA) provide a method of obtaining a series of snapshots of aspects of clinical practice which are used to assess progress and particularly assessment of competence and capability in the clinical situation. WBA are commonly used to measure and monitor trainee MAPs and can also be used for trained and qualified MAPs. WBA should be utilised to assess on-going competence and capability as part of the appraisal process for the established MAP.

Underpinning principles

The principles that underpin work-based assessment for MAPs includes:

- Work-based assessment must be consistent, valid, reliable and feasible and be undertaken to agreed standards.
- Assessment of MAPs must involve expert professional judgement by appropriately trained and experienced clinicians i.e. a clinical supervisor in the clinical setting, who could be a consultant, senior medical trainee, an experienced MAP in that specialist area of practice or a member of the multi-professional team.
- An educational supervisor report should also be made available for the annual appraisal in addition to the clinical supervisor's assessments throughout the year.
- The stipulation that an area of professional practice which the MAP can do unsupervised can only occur once they have demonstrated the required level of competence. Tables for level of supervision (1-1VB) and competency (1-4) should be utilised in the assessment of appropriate skills for both trainee and established MAP as shown below:

Competency (DOPS)

1. Unable to perform the procedure
2. Competent to perform the procedure under direct supervision.
3. Competent to perform the procedure under minimal or indirect supervision
4. Competent to perform the procedure unsupervised.

Supervision

Supervision level 1	Able to observe only
Supervision level 11a	Able and trusted to act with direct supervision with the supervisor present throughout the entire activity.
Supervision level 11b	Able and trusted to act with direct supervision but the guidance from the supervisor may not need to be physically present for whole activity.
Supervision level 111	Able and trusted to act with indirect supervision i.e. supervisor in another setting.
Supervision level 1V	Able to act unsupervised, i.e. autonomous activity.

Although the GMC do not stipulate minimum numbers of procedures or cases, it is recognised that some MAP professional bodies do, and in these instances this may continue, see Table 1 for details of current work-based assessment guidance for AAs, ACCPs, PAs and SCPs in training.

Table 1: Current assessment of AAs, ACCPs, PAs and SCPs in training

MAP Role	Information from curricula (PGDip/MSc)	Minimum no of WBA per academic year				
		DOP	CBD	Mini-CEX	MSF	ACAT
Advanced Critical Care Practitioners ²⁵	An integrated set of WBAs are used throughout the programme	8	2	1	1	4
Anaesthesia Associates ²⁶	A combination of formative and summative assessments are used. No specific curricula reference to type or frequency of WBA. Examples of A-CEX, DOPS and CBD used in the competence certificate are available on the RCoA website					
Physician Associates ²⁷	Set by individual HEIs but often includes DOPs, CBD, MSF					
Surgical Care Practitioners ²⁸	Suggested frequency of formative WBA to assess progress in the ISCP domains of knowledge, judgement, technique and professionalism	12	6	6		6

²⁵ [https://www.ficm.ac.uk/sites/default/files/ACCP%20Curriculum%20v1.0%20\(2015\)%20COMPLETE_0.pdf](https://www.ficm.ac.uk/sites/default/files/ACCP%20Curriculum%20v1.0%20(2015)%20COMPLETE_0.pdf)

²⁶ <https://www.rcoa.ac.uk/training-programme/wpba>

²⁷ Kennedy EK. Medical Associate Professions Curriculum Mapping. HEE Commissioned Report. Dec 2016

²⁸ <https://accreditation.rcseng.ac.uk/pdf/SCP%20Curriculum%20Framework%202014.pdf>

The value of WBA

A brief summary of the commonly used assessment tools is given below.

Case Based Discussion (CBD). This tests the clinical judgement, decision making and the application of medical knowledge and should cover a range of clinical encounters. CBD is relevant to all MAPs as the cases to be discussed should cover a range of clinical problems encountered by the MAP in their chosen specialist area of practice. Essentially, the medical records will form the basis for a structured discussion to explore the MAPs knowledge, judgement and clinical reasoning in the management of the case. Although the focus may be on the history, examination, preliminary investigations and treatment plan for the trainee MAP, the assessment of the established practitioner is likely to involve more challenging cases and concentrate on the investigation options and management plan taking into account the patient's comorbidity in making a final decision. CBDs are a useful adjunct to ensure that a high quality of care is maintained and should be part of the appraisal process. It is acknowledged that there may be variability between the 4 practitioner groups as to how prescriptive this should be, but this should be regarded as good practice and an important tool which can be a measure of the MAP progress in the clinical environment.

mini Clinical Evaluation Exercise (miniCEX). This is a structured assessment of an observed clinical scenario enabling the assessment of areas such as communication skills, clinical ability and judgement, behavioural skills and the relationship between the MAP and the patient. The assessment may involve areas such as the ability to gain informed consent, gather the patient's details, examine the patient, and communicate and discuss the proposed investigative and treatment pathway to the patient. Modification of the standard miniCEX process has been used for AAs using a Anaesthesia Clinical Evaluation exercise (A-CEX) to assess clinical practice in different settings e.g. theatre, ICU, pain clinic etc.

Acute Care Assessment Tool (ACAT). Usually carried out over a time period whereby the assessor oversees the different areas of practice to include clinical reasoning, time keeping, leadership and team working. Although ACAT was originally described as an assessment method during the acute medical take for medical trainees, this is a useful assessment of clinical ability and can be applicable to MAPs particularly to those working in acute medicine (e.g. PAs) and critical care (ACCPs). This involves assessment of the clinical aspects of the patient, together with the keeping of accurate records, time keeping and contribution to team working.

Direct Observation of Procedural Skills (DOPS). An assessment of skills appropriate for the tasks performed by a MAP. This could include short uncomplicated operative, diagnostic and interventional procedures.

DOPS is an assessment of the practical skills undertaken by the MAP and applicable to all 4 MAP roles. DOPS is appropriate for established MAPs both as an ongoing assessment of core skills and the assessment of a new practical or operative procedure. The level of supervision required, and the level of competence achieved,

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should be recorded until deemed level 4 competent. Although there is currently variability between the MAP groups in relation to the recommended number of procedures per year being performed, the current lack of statutory regulation, for PAs and AAs, is a concern in relation to supervision and ultimate responsibility for these practical/ operative procedures. Nevertheless, assessment must be robust and carried out by clinical supervisors who are experienced in the procedure and all procedures including complications should be documented in a logbook/CPD diary portfolio.

Multi Clinician Report (MCR). A multi clinician report brings together information from a range of different sources on the clinical knowledge, skills and overall performance of a MAP.

Multi-Source Feedback (MSF). An assessment of generic skills such as communication, team working and professional behaviour rated by a number of professionals working with the practitioner to assess competence in the workplace which is fed back to the practitioner.

Multisource feedback (MSF) comprises a self-assessment by the MAP as well as collating ratings from a range of co-workers and possibly patients/carers. MSF can provide the appraiser(s) and the MAP with information on a range of areas including patient care, professionalism, communications skills and team working in the clinical environment. Currently the requirement to undergo MSF varies from annually for SCPs and medical trainees to every 3 years for ACCPs and PAs. For appraisal purposes, this should be made available for the first year of a new post and a minimum of every 3 years in established position. MSF is confidential, individual assessments are anonymised and the feedback to the MAP is delivered by the appraiser comprising of the collated ratings compared to the practitioner's self-assessment. Examples of MSF forms used are available for all MAPs from the respective College/ Faculty as well as the Essex C/T centre for SCPs. It is recommended that the MSF is undertaken in the 3 months leading up to the date of appraisal and that during appraisal sufficient time is allocated for the practitioner to see the result of the collated ratings and be left to reflect upon prior to discussion.

Summary

The range of available WBAs provide the assessment tools to develop a consolidated plan for the ongoing assessment of the established MAP to assess:

- Clinical experience and ability e.g. CBD, miniCEX, ACAT
- Operative competence in practical/ operative procedures e.g. DOPS, PBA
- Teamwork and professionalism e.g. MSF, MCR.

The above WBAs are an evaluation exercise assessing the practitioner in the clinical environment either through discussion about a case or through observation of how the practitioner works in practice. A combination of these assessment methods would be appropriate for all established MAPs throughout the year and form part of the appraisal

process. Some examples of the forms currently used for assessment of work-based learning by MAPs are referenced below.^{29,30,31,32}

Clinical Supervision

Clinical supervisors of MAPs must understand the education, training, role and CPD requirement of the MAP. Clinical supervision must be consistent and should include the ability to facilitate high-quality formative feedback throughout the period of supervision, including support to self-assess. It is essential that supervisors are appropriately supported, trained in clinical supervision, and given adequate time in their job plans to fulfil the role.

Selection and Training of Assessors of work-based competence and capability

Work-based assessment must happen within the work setting undertaken by experienced clinicians aware of the benchmark level of capability required for this level of practice, especially where a variety of professions are undertaking advanced practice skills.

Work-based assessment outside of university programmes of study need to be valid and reliable which will require that:

- assessors are occupationally competent, recognised as such by employers and education providers, and be familiar with the chosen assessment tool;
- a range of assessors, trained in the relevant assessments, are used, including educators with appropriate clinical and academic experience and competent health and care professionals at the required level;
- healthcare providers must invest in and support staff to undertake assessment(s) in practice and;
- work based assessment must happen within the work setting undertaken by experienced clinicians aware of the benchmark level of capability required for this level of practice, especially where a variety of professions are undertaking advanced practice skills.

Assessors of MAPs should be suitably registered professionals who are experts in the required area of MAP practice relevant to the role of the MAP within the multi-professional team. They should be appropriately trained to assess work-based learning at the required level, and trained to facilitate reflective feedback and/or appraisal. Local arrangements are recommended that should be resourced locally, enabling local partnerships with experienced and trained clinicians, postgraduate educators and Higher Education Institute (HEI) staff, and, where appropriate, service directors.

²⁹ Demonstrating professional development for PAs in the UK KSS school of PAs 2018, personal communication

³⁰ The Essex Cardiothoracic Centre procedures. Basildon and Thurrock Personal Communication

³¹ <https://www.fparcp.co.uk/your-career/cpd> (accessed 270219)

³² https://www.ficm.ac.uk/sites/default/files/accp_cpd_appraisal_pathway_-_version_2_-_september_2017.pdf (accessed 270219)

Postgraduate Speciality Training

The Royal College of Surgeons (Ed) introduced a syllabus and national examination for Cardiothoracic SCPs in 2014.³³ The purpose of the training programme is to enable SCPs to develop their generalist and specialist skills in a surgical speciality and be able to deliver more specialised services to a defined level. SCPs will continue to follow the RCS professional standards of ethical practice for registered practitioners working in advanced surgical roles.³⁴

The examination held at the RCSEd regional centre in Birmingham has recently been updated. It consists of a multiple-choice paper (150 single best answer questions) and an 8 station structured viva to ensure it is a fair and comprehensive test of knowledge. Candidates are expected to have completed a minimum of 18-months in the speciality of Cardiothoracic Surgery. Successful completion of the examination provides will contribute towards to the award of full membership of the Faculty of Perioperative Care (MFPCEd).

Revalidation/Recertification

Revalidation or recertification is the process by which a regulator confirms the continuation of a health professional's registration. The purpose of revalidation is to improve public protection by making sure that health professionals demonstrate their continued ability to practise safely and effectively throughout their career. Any MAP who is on a statutory or voluntary (accredited or managed) register will have to meet the revalidation/recertification requirements of their regulator. The processes and evidence may differ between regulators, see below for further information.

Since 2016 all MAPs on the NMC register are required to revalidate every 3-years to maintain their registration with the NMC.³⁵ All MAPs on the HCPC register are required to renew their registration every 2-years.³⁶ In order to remain on the PAMR PAs have to undertake a recertification knowledge examination every 6-years. The first opportunity to sit the examination is at the beginning of the fifth year of practice after qualification as a PA and the examination must be passed before the end of their first six years post-qualification and the end of every six-years thereafter.³⁷ If a PA fails the recertification exam on three occasions in each six year cycle or does not pass the examination within the required timeframe they will be removed from the PAMVR and their employer will be notified.

³³ This examination was originally introduced by the Society of Cardiothoracic Surgery (SCTS) in 1997.

³⁴ <https://www.rcseng.ac.uk/careers-in-surgery/surgical-care-team/surgical-care-practitioner/>

³⁵ <http://revalidation.nmc.org.uk/welcome-to-revalidation.1.html>

³⁶ <http://aape.org.uk/wp-content/uploads/2015/02/HCPC-how-to-reregister.pdf>

³⁷ <https://www.fparcp.co.uk/examinations/recertification>

4. Appraisal

The Purpose of Appraisal

An annual appraisal and supporting evidence are key to demonstrating the continuing fitness to practise of a MAP. Appraisal is a key opportunity to focus on professional development needs.^{38,39,40,41} The term appraisal is used in this section; some employers/organisations may use different terminology including Personal Development Review (PDR).

The purpose of revalidation is to provide greater assurance to patients and the public, employers and other healthcare professionals that regulated MAPs are up-to-date and fit to practise. It is a key component of a range of measures designed to improve the quality of care for patients.⁴²

Definitions

Appraisal is an annual process of facilitated self-review supported by information gathered from the full scope of the work of a MAP. Appraisal is a requirement of the employer.

Revalidation is the process by which a regulator confirms the continuation of a health professional's licence to practise in the UK. All MAPs who wish to retain their licence to practise are expected to need to participate in revalidation, potentially every 5-years.¹⁰ Revalidation is a requirement of the regulator.

Context of Appraisal for MAPS

The appraisal process for a MAP following graduation must reflect the role they perform as an established member of the extended multi-professional team. Although most MAPs are currently statutory regulated by the NMC or the HCPC, or on a voluntary register held by the Royal College of Physicians FPA for PAs or Royal College of Anaesthetists for AAs, the recent announcement by DHSC will change this. In addition to annual appraisal, the appointed regulatory body is likely to implement a revalidation process which is in keeping with the MAP scope of practice. Irrespective of the regulatory body appointed to undertake this role, it is important to recognise that MAPs working across the specialities in secondary care are practising to a medical model of care under supervision of a consultant as they have a clinical practice not dissimilar to a trainee medical practitioner. It is therefore entirely appropriate that the annual appraisal process for MAPs should reflect this and at least incorporate the principles produced by the GMC in the Good Medical Practice framework⁴³ covering the same 4 domains.

³⁸ Adapted from: <https://www.bma.org.uk/advice/employment/appraisals/what-is-a-medical-appraisal>. August 2018 (accessed 270219)

³⁹ https://www.gmc-uk.org/-/media/documents/RT_Supporting_information_for_appraisal_and_revalidation_DC5485.pdf_55024594.pdf (2018) (accessed 270219)

⁴⁰ Appraisal guidelines, the Essex Cardiothoracic Centre. C Woodard (personal communication)

⁴¹ Local policy for Governance of the Physician Associate, Surrey and Sussex Healthcare NHS Trust (2018)

⁴² <https://www.england.nhs.uk/medical-revalidation/about-us/what-is-revalidation/> (accessed 130119)

⁴³ https://www.gmc-uk.org/-/media/documents/The_Good_medical_practice_framework_for_appraisal_and_revalidation_DC5707.pdf_56235089.pdf (accessed 010319)

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- Domain 1: Knowledge, Skills and Performance
- Domain 2: Safety and Quality
- Domain 3: Communication, Partnership and Teamwork
- Domain 4: Maintaining Trust

Given the diverse roles of MAPs, and the range of settings and employers, this guidance document sets out the key principles that are relevant to all MAPs. This approach will provide a useful guide and a reference to develop a consistent standard for appraisal across the current 4 MAP roles

Key Principles of Appraisal

Appraisal is a process of facilitated self-review supported by information gathered from the full scope of the work of a MAP. It is a protected time, once a year, for each MAP to focus, with a trained colleague/s, on their scope of work. This includes:

- critically reflecting on achievements, challenges and lessons learnt, including reviewing the previous year's personal development plan objectives and:
- looking forwards to set out aspirations, identify learning needs and record new personal development plan objectives.

Appraisal should:

- collect information about both clinical duties and how the quality of work is maintained and, where appropriate, extended and improved;
- evaluate and assess the competence and capability of each MAP including:
 - feedback from other members of the multidisciplinary team and, where possible patients, carers and the public to support each MAP to continue to progress and maintain a safe, high standard of patient care;
 - assessment of fitness to practice by assessment of competence, capability and conduct using a combination of work-based assessments (WBAs);
 - assess clinical experience and ability; operative or procedural competence can be undertaken using tools such as:
 - Case Based Discussion (CBD);
 - mini Clinical Evaluation Exercise (miniCEX);
 - Acute Care Assessment Tool (ACAT) and
 - Direct Observation of Procedural Skills (DOPs).
- a logbook/portfolio should provide a record of operative or procedural activity including complications.

These assessment processes have been documented in more detail earlier in the Section 3.

The Appraisee is responsible for:

- ensuring they undergo annual appraisal using a mechanism that adheres to the requirements of the employer and statutory or voluntary regulator;
- collecting information to enable the appraiser(s) to review the quality of the MAPs work activity, facilitate discussion to identify where changes can be

made, and to reflect on whether changes which have been made have improved their practice.

Appraiser(s)

The number of appraisers will be driven by the role of each MAP but will usually be facilitated by two appraisers to adequately represent all aspects of the role. It is expected that one appraiser would be the line-manager and at least one appraiser should be an experienced MAP registered on the relevant statutory or voluntary register or a qualified and registered senior doctor (e.g. year 6 medical trainee and above).

Appraisal Process

- all documentation must be presented to the appraiser(s) 5-working days prior to the appraisal meeting;
- finalised versions of the submitted appraisal documentation should be signed off by the appraiser(s) and appraisee;
- the appraisal meeting should usually last 60 – 90 minutes

Supporting Documentation

The appraisal process will usually be documented using the appraisal forms of the employing organisation. However, information specific to the MAP role must also be included as detailed below. Each MAP should maintain a structured logbook/portfolio of activity which should include the evidence relevant to their role as detailed in Section 3.⁴⁴

Supporting Evidence

Continuing Professional Development

Learning and development from CPD activities should be provided as detailed in Section 2).

Work-based assessment

The outcome of work-based assessments should be provided as detailed in Section 3).

Patient Feedback

It is recommended that formal feedback from patients, carers, the public or organisations representing patients and their families' i.e. patient support groups and evidence of how this has been used is provided and reviewed.

A review of patient complaints should be included as part of the appraisal process as the practitioner can learn and reflect on this feedback, but equally complimentary correspondence should also be presented. Reflection is a major part of the appraisal process and the benefit of obtaining feedback from colleagues and patients helps the MAP to identify changes which are required to improve their practice.

Significant Event Analysis

⁴⁴ <https://www.fparcp.co.uk/your-career/cpd> (accessed 270219)

Significant event analysis should also be part of the appraisal for MAPs. Although working under consultant supervision, adverse incidents will occur either to the individual practitioner or the team which he/she is working under. This may involve a missed diagnosis, unexpected mortality or medication error but again lessons can be learned from this situation. Such events need to be discussed during appraisal as there will be a process of reporting the incident in addition to the potential adverse effect on the practitioner which may need considerable support if this has resulted in a loss of confidence.

Quality Improvement

MAPs participating or leading external inspections agency reports should include this activity including reports/feedback, action planning and evidence of impact. Evidence of contributing to departmental or organisation quality improvement programmes should also be included.

Evaluation of Teaching, Learning and Assessment

Many MAPs will be involved in teaching from an early stage in their careers. This may initially involve teaching technical or clinical skills and may develop into teaching and assessing in the clinical or academic setting. MAPs involved in teaching, learning and assessment at any level would be expected to include evidence of planning, delivering and evaluating their teaching using self-reflection, peer review and student review. This should include the response to the feedback and evidence of learning from feedback.

Academic Activity

Many MAPS will be involved in research and audit which may include leading research, innovation or audit. Activities could include contributing/leading a research project, an author of an abstract accepted for a scientific meeting, presenting work at a departmental, local, national or international meeting, being named as an author of a research paper (or having their contribution acknowledged), contributing to or leading a quality improvement project etc. MAPs may also be involved in reviewing scientific articles for journals, contributing to books etc.

Feedback from the appraiser(s) to peer supervisors within the organisation can be extremely helpful to the practitioner as this should be reflected in the job plan for subsequent years. The check list shown in Table 2 summarises the mandatory appraisal requirement for MAPs.

Table 2: Summary of appraisal requirements for MAPs

Activity Area	Evidence and Feedback (where appropriate)
Personal details	
Review of previous years personal development plan (PDP)	
Review of CPD	
Assessment of Clinical and Operative Activity	

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Activity Area	Evidence and Feedback (where appropriate)
Logbook of operative / procedural Procedures	
Multisource Feedback (minimum every 3 years)	
Critical event analysis	
Patient Feedback	
Teaching, Learning and Assessment	
Research/Audit/Quality Improvement Activity	
PDP for the following year	

Summary

The NHS requires staff to be well-trained not only at the start of their NHS careers, but throughout their working lives as they take on new responsibilities and practice evolves. The workforce is expected to continually evaluate clinical practice and models of care, embrace new technologies and ways of working, and innovate to improve patient care. It should also embrace research and development. With respect to the provision of quality healthcare the NHS needs competent, up-to-date staff that actively seek to ensure and improve quality through their everyday work and actions. CPD, assessment and appraisal are integral to this requirement.

Standardisation of the methods and processes that underpin CPD, assessment and appraisal for MAPs is important to assure the validity, reliability and relevance across all MAP roles. This document sets out common standards for ongoing CPD, assessment and appraisal for the trained and qualified MAP NHS workforce. This guidance should be used to enable MAPs, with the support of employers, to plan, institute, maintain and evidence their ongoing clinical, academic, and professional learning to common standards via their commitment to their professional development.

Glossary

Appraisal

Appraisal is a continuous process of facilitated self-review supported by information gathered from the full scope of the work of a MAP. It provides a formal opportunity to reflect on an individual's practice and performance with their appraiser in order to demonstrate that they remain up to date and fit to practise. Appraisal helps MAPs plan their professional development; identify learning needs and ensure MAPs are working in line with the organisational priorities.⁴⁵

Continuing Professional Development

The method by which a MAP demonstrates that they remain up to date and fit to practise by continuing to learn and develop throughout their careers in order to keep their knowledge, skills and attitudes up to date to support safe and effective practise.^{46,47}

Formal Learning Activity⁴⁸

A formal learning activity involves participating in organised activities, e.g. courses, seminars, workshops, conferences and panel/group meetings, with appropriate content and where attendance can be evidenced. Courses can be undertaken face to face, online or via other electronic delivery.

Informal/Individual/Self-Directed Learning Activity

Informal CPD involves activities undertaken by the individual for example reading/critical review of journal articles, critical reflection.

Job Role

A description of what a MAP does and where they fit into the MAP career framework.

Participatory Learning Activity⁴⁹

A learning activity undertaken with one or more professionals, patients or the public where you personally interact with other people. The learning activity does not always need to be in a shared physical environment, it could be in a virtual environment, such as an online discussion group or a professional Twitter discussion. The professionals you engage with through participatory learning do not have to be health care professionals.

Personal Development Plan (PDP)

A PDP is a formal document that sets out the learning and development needs of the appraisee for the subsequent year. It is a key output of the appraisal interview, and

⁴⁵ Adapted from: <https://www.bma.org.uk/advice/employment/appraisals/what-is-a-medical-appraisal> (2012)

⁴⁶ Adapted from: <https://www.england.nhs.uk/medical-revalidation/appraisers/med-app-guide/> (2013)

⁴⁷ Adapted from HCPC definition: <https://www.hcpc-uk.org/cpd/> accessed 040119

⁴⁸ <https://www.icsa.org.uk/professional-development/cpd/formal-and-informal-cpd>

⁴⁹ Adapted from the RCN: <https://www.rcn.org.uk/professional-development/revalidation/continuing-professional-development> accessed 040119

must be drawn up and agreed between the MAP and appraiser every year to meet the CPD requirements of the MAP and employer⁵⁰

Quality⁵¹

The quality of something can be determined by comparing a set of inherent characteristics with a set of requirements. If those inherent characteristics meet all requirements, high or excellent quality is achieved. If those characteristics do not meet all requirements, a low or poor level of quality is achieved. Quality is, therefore, a question of degree. As a result, the central quality question is: How well does this set of inherent characteristics comply with this set of requirements? In short, the quality of something depends on a set of inherent characteristics and a set of requirements and how well the former complies with the latter. According to this definition, quality is a relative concept. By linking quality to requirements, ISO 9000 argues that the quality of something cannot be established in a vacuum. Quality is always relative to a set of requirements.

Quality management⁵

Quality management includes all the activities that organisations use to direct, control, and coordinate quality. These activities include formulating a quality policy and setting quality objectives. They also include quality planning, quality control, quality assurance, and quality improvement.

Reflection⁵²

Reflection is a metacognitive process that occurs before, during and after situations with the purpose of developing greater understanding of both the self and the situation so that future encounters with the situation are informed from previous encounters.

Reflective Practice

Using reflection to improve learning in the context of working.

⁵⁰Adapted from: <file:///C:/Users/owner/Downloads/RCGP-Revalidation-Toolkit-PDP-Guidance.pdf> (2013)

⁵¹ Source: ISO 9000 <http://www.praxiom.com/iso-definition.htm#Quality%20assurance>

⁵² Sandars J. AMEE GUIDE. The use of reflection in medical education: AMEE Guide No. 44. Medical Teacher. 2009; 31: 685–695

Abbreviations

AA	Anaesthesia Associate
AAGBI	Association of Anaesthetists of Great Britain & Ireland
ACAT	Acute Care Assessment Tool
ACCP	Advanced Critical Care Practitioners
AMEE	Association for Medical Educators in Europe
CBD	Case Based Discussion
CEX	Clinical Evaluation Exercise
CPD	Continuing Professional Development
DOP	Direct Observation of Procedure
FICM	Faculty of Intensive Care Medicine
FPA	Faculty of Physician Associates
FPC	Faculty of Perioperative Care
HCPC	Health and Care Professions Council
HR	Human Resources
ISCP	Intercollegiate Surgical Curriculum Programme
MAP	Medical Associate Professional
MCR	Multi Clinician Report
M&M	Mortality and Morbidity
NMC	Nursing and Midwifery Council
PA	Physician Associates
PAMR	Physician Associate Managed Voluntary Register
PDP	Personal Development Plan
SCP	Surgical Care Practitioner
UK	United Kingdom
UKAPA	United Kingdom Association of Physician Associates
UKIUBPA	United Kingdom and Ireland Board of Physician Associate Education

Acknowledgements

This guidance has been produced by the CPD, Assessment and Appraisal Task and Finish Group of the HEE Medical Associate Profession Career Framework and Quality Management Group chaired by Mr Charles Auld, Royal College of Surgeons of Edinburgh including:

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Carole Boulanger	The Faculty of Intensive Care Medicine
Michelle Chapman	Faculty of Physician Associates, Royal College of Physicians
Sharon Harrison	Health Education England
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Emma Vaux	Royal College of Physicians
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Appendix 1 – Current CPD Requirements for AAs, ACCPs, PAs and SCPs

Statutory Regulator (A) Medical Royal College/Faculty (B)	No of hrs	Time Period	Current CPD Requirements for AAs, ACCPs, PAs and SCPs stipulated by either a Statutory Regulator or Medical Royal College or Faculty
HCPC (A)	Not specified	Not specified	Registrants asked to identify their development needs and choose appropriate activities to help them meet them. HCPC are more interested in the outcomes of learning and how this has benefited practice and the service users you work with.
GMC (A)	Not specified	Not specified	The GMC do not tell registrants what CPD, or how much CPD, is right for them. Registrants are asked to judge how best to apply the principles of the guidance to their own practice and professional development.
NMC (A)	35	Within each 3-year revalidation cycle	20 hours of participatory learning.
FICM (B) for ACCP	100	Within each 3-year revalidation cycle	50 hours of which need to be participatory. A record minimum of 5 pieces of formal written reflection explaining how the CPD and/or Quality Improvement activity demonstrates meeting the CPD standards.
RCP FPA (B) for PA	50	Each year	CPD activity in both a generalised and specialised field. CPD that is divided equally between type 1 (external) and type 2 (internal) activities.
RCoA and APPA (B) for AAs	25	Each year	10 credits should be obtained externally. Advice given as to the areas that should be included.
RCS Eng and RCS Ed (B) for SCP	50	Each year	

A. Physician Associates

The Faculty of Physicians Associates state that once qualified, they must maintain 50 hours CPD each year. Furthermore, the Faculty is keen to ensure that although PAs may work in a specialised area (e.g. Surgery) there is a requirement that they undertake CPD activity in both a generalised and specialised field. There is also a recommendation that this activity should be divided equally between type 1 (external) and type 2 (internal) activities. PAs who are members of the FPA use the RCP CPD diary which undergoes yearly audit of a percentage for quality assurance purposes.

B. Advanced Critical Care Practitioners

The CPD and appraisal pathway for ACCPs developed by the Faculty of Intensive Care Medicine (FICM) state that this should cover a wide range of activity covering the entire scope of practice within critical care. A list of the type of CPD activity is given as examples of activity which is acceptable. FICM recommendation is that ACCPs should undertake 100 hours CPD, 50 hours of which should be participatory within each 3-year revalidation cycle.

C. Anaesthesia Associates

The Association of Anaesthesia Associates and the Royal College of Anaesthetists (RCoA) recommend AAs to keep a CPD portfolio and they should achieve a minimum of 25 CPD credits per annum and that 10 credits should be obtained externally. Examples of CPD activity with appropriate CPD credits are outlined, but they should cover the wide range of activity encompassing preoperative assessment, intra-operative environment including regional anaesthesia, sedation and recovery from both general and regional anaesthesia.

D. Surgical Care Practitioners

SCPs carry out pre and post-operative care as well as undertaking surgical procedures but tend to be specialty based. In Orthopaedic Surgery, for example, SCPs will use power tools and undertake major components of joint replacement surgery in addition to operative procedures e.g. carpal tunnel decompression, independently. It is entirely reasonable that SCPs, often working to the level of an ST3 trainee, will have to undertake similar CPD activity (i.e. 50 hours per annum) as a surgeon in training, and a balance across all the clinical, academic and professional categories should be achievable. Currently there is a lack of direction for SCPs with respect to specific examples within these 3 categories and recommendations relating to internal and external CPD activity but appendix 2 provides some guidance.

Appendix 2: Proposed Educational Activities Qualifying for CPD for Overarching MAP role

Domain A: Clinical

Learning Activity	Typical Activities could include:	Typical evidence of learning, implementation of learning and impact could include:
Self-directed learning	Critical review of journal articles	Reflection including analysis of learning and action planning and evidence of impact
	Critical review of guidelines	
Mandatory Training	Successful completion of mandatory training relevant to role/scope of practice	Certificate of attendance/ completion plus reflection including analysis of learning and action planning
Practical Skills Development	Becoming competent in a new or specialist skill/s	Assessment Outcome (DOPs etc.) Self, peer, patient review
Formal short courses/ workshops	Successful completion of short course/ workshop	CPD credit certificate if appropriate Reflection including analysis of learning and action planning
	Development, Delivery and Evaluation of short courses	Peer Review, Participant Evaluation, Self-Evaluation
Formal scientific meetings	Attendance and/or participation (presenter, panel member, session chair)	CPD credit certificate if appropriate Review of feedback, reflection including analysis of learning and action planning
Formal HEI programmes or modules	Completing a module or course to extend knowledge, skills or behaviours	Successful completion as a student. Certificate of attendance, programme aims/outcomes; plus, reflection including analysis of learning and action planning
	Programme contributor as a teacher, assessor, module leader etc.	Review of feedback, reflection including analysis of learning and action planning
Clinical outcomes review	Morbidity and mortality statistics, case reviews, complication rates	Data collection and analysis methods, results, conclusions, limitations, dissemination and clinical impact data
Quality	External inspections agency reports e.g. CQC, patient feedback	Reports/feedback, action planning and evidence of impact
	Feedback via complaints reviews, team	

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Learning Activity	Typical Activities could include:	Typical evidence of learning, implementation of learning and impact could include:
	performance reports and serious event reviews	

Domain B: Academic

Learning Activity	Typical Activities could include:	Typical evidence of learning, implementation of learning and impact could include:
Quality improvement audit	Participation in and/or leadership of local and/or national audit projects	Audit proposal, approval, audit outcome, evidence of dissemination and impact
Quality improvement project	Participation in and/or leadership of local and/or national quality improvement projects	Project proposal, approval, outcome, evidence of dissemination and impact
Contribution/s to local, nation, international scientific/clinical meetings	Oral, poster presentations	Copy of presentation, meeting agenda, review of feedback, reflection including analysis of learning and action planning
	Panel member, session chair	
	Presentations to patient support group meetings	
	Organisation of meetings	
Attendance & participation at meetings e.g. management, health & safety, board, charity organisation	Committee member, chair, trustee, officer	Meeting agenda & minutes with written commentary and reflection with evidence of personal impact
Research activity	Author of research publications, books/book chapters, peer review for journals,	Copies of publication/s, impact factor, impact in practice
	Contributor to research projects	Copies of research protocol highlight role and output

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Domain C: Professional

Learning Activity	Typical Activities could include:	Typical evidence of learning, implementation of learning and impact could include:
Professionalism in practice	Multi-source Feedback, self-assessment, appraisal	MSF, peer and/or patient feedback, complaints. Data analysis, action planning and personal impact
Patient-centred care	Patient review/feedback	
Teaching / Assessment / Development of educational material	Planning, delivery and evaluation of teaching sessions/course development e.g. lectures, small group teaching, facilitation, development of an e-learning programme and/or app	Session plan, visual aids, self, peer, student evaluation. e-learning programme/app with peer and student feedback and evidence of development to address feedback
	Completing a formal teaching qualification or short course	Successful completion of a programme/course. Peer, self, student review of teaching
	Undertaking the role of assessor in the workplace and/or nationally	Reflection including analysis of learning and action planning and evidence of impact. Peer review. Assessment outcome as part of a formal qualification.
Peer Review	Undertake peer review of teaching	Completed peer review forms, reflection with evidence of personal impact
Supervision of others	Attending formal study day/s or courses; Informal observation and/or shadowing	MSF, feedback, reflection including analysis of learning and action planning and evidence of impact
Mentoring (as a mentor or mentee)	Participating in a formal mentoring scheme or informally securing a mentor/s. Training to become a mentor.	Mentee feedback, Reflection including analysis of learning and action planning and evidence of impact
Coaching (as a coach or	Training to become a coach and experience as a coach or experience of being coached	Learning from coaching and evidence of impact on personal or colleague
Management	Attending study day/s, completing courses/programmes, leading activities in	Personal learning, reflection, peer feedback, evidence of impact

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	department, organisation, nationally or internationally	
Learning Activity	Typical Activities could include:	Typical evidence of learning, implementation of learning and impact could include:
Leadership	Attending study day/s, completing courses/programmes, leading activities in department, organisation, nationally or internationally	Personal learning, reflection, peer feedback, evidence of impact
Team Working	Working within a team/teams. Experience of resolving conflict, meeting challenges posed by the team	Personal learning, reflection, peer feedback, evidence of impact
Multiprofessional Working	Attendance and active participation in MDT meetings	Reflection and evidence of analysis and impact