



Core Capabilities Framework for Medical Associate Professions

NHS
Health Education England



Acknowledgements

The Core Capabilities Framework was commissioned by Health Education England on behalf of the Medical Associate Professions Oversight Board.

Development of the framework was guided by a project steering group chaired by Dr Nigel Penfold (Consultant Anaesthetist and member of the Medical Associate Professions Oversight Board) and Professor Sue Carr (Consultant Nephrologist and General Medical Council Deputy Medical Director.)

Project management was provided by Andrew Lovegrove and Colin Wright, Senior Consultants at Skills for Health.

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Association of Anaesthesia Associates

Department of Health Northern Ireland

Faculty of Physician Associates

Faculty of Intensive Care Medicine

General Medical Council

Health Education England Centre for Advancing Practice

Health Education England Medical Associate Professions-Programme Project Team

Health Education & Improvement Wales

NHS Employers

NHS Scotland

Royal College of Anaesthetists

Royal College of Physicians

Royal College of Surgeons of England and of Edinburgh

Scottish Government

Surgical Care Practitioners

We wish to thank all 703 respondents who took part in the online consultation survey in summer 2021.

Further detail of how the framework was developed is presented in Appendix 1.

A special word of thanks and gratitude is also given to the late Professor Peter Kopelman who provided invaluable guidance and expertise during the commissioning and early development of this Framework.

Equality and Health Inequalities Statement

Promoting equality and addressing health inequalities are at the heart of our values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment, and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it.
- Given regard to the need to reduce inequalities between patients in access to and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

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Foreword

The NHS is faced with the urgent task of transforming its workforce in the context of a growing and ageing population, with multiple complex co morbidities and evolving healthcare needs. This in turn is coupled with increasing referral and treatment waiting times emerging from the pandemic. This challenge is one that will be delivered by changing both the mix of healthcare teams and the roles and responsibilities of members of those teams, enhancing existing roles and introducing new roles.

The growth of Medical Associate Professions (Physician Associates, Anaesthesia Associates and Surgical Care Practitioners) in the UK reflects a realisation within healthcare systems of the potential for these roles to enhance the workforce, complementing and supporting doctors and their teams in complex and busy work settings. These new ways of working together and the continuing development of multiprofessional teams in hospital and community services will ensure a workforce that is fit for the future and able to provide safe, accessible, high-quality care amid the backdrop of ever-increasing demand.

The regulation of the physician associates and anaesthesia associates by the General Medical Council will have significant importance for these professions and this framework strengthens the development of a clear professional identity in preparation for regulation. Fundamentally, this framework sets a standard and offers the opportunity for medical associate professionals to develop and evidence their knowledge and skills, enabling the highest standards of practice as well as providing a structure for career and role development across a variety of settings.

Our gratitude to all those who led on and developed this framework.

Professor Liz Hughes MBE

HEE Deputy Medical Director for undergraduate education and Foundation programmes and HEE Clinical Lead for Physician Associates

Ian Eardley

Consultant Urologist and NHS England Joint National Clinical Director Elective Care

Co-Chairs of the HEE Medical Associate Professions Oversight Board

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Statement of Support

This framework is a really important development which highlights the role and impact that medical associate professions have on people's care, as well as providing a structure to help them reach their full potential.

We know that care settings and patients benefit from the presence of multidisciplinary teams made up of professionals with different skills providing appropriate, timely and effective care based around the needs of the individual patient.

I know that medical associate professionals working across the tiers of practice defined by this framework will play a vital role in supporting the delivery of high-quality care today, but also in the way the NHS evolves in the face of growing need and workforce pressures.

This framework can be used alongside other professional frameworks, standards and guidelines and will be of value to those delivering, planning, and developing services and roles including medical associate professions at all stages of their career, service managers and those commissioning both education and clinical services.

Patrick Mitchell

HEE Senior Responsible Officer for Medical Associate Professions and HEE Director of Innovation, Digital and Transformation

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Introduction and Background

In 2015 Health Education England (HEE) commenced a programme of work to establish the Medical Associate Professions (MAP) and enable graduate/direct entry into these professions. This new professional grouping currently includes Physician Associates (PA), Anaesthesia Associates (AA), and Surgical Care Practitioners (SCP). The HEE MAPs Oversight Board provides strategic professional oversight, expertise, leadership and governance for this national work programme.

Initial work centred on a review of current education and training, career development and regulation of these professional groups. It also explored options for developing common, integrated education and training pathways. By 2019 work with the General Medical Council (GMC) had begun following the government's announcement of their intention to introduce statutory regulation for PAs and AAs.

In 2021, HEE commissioned Skills for Health to develop a Core Capabilities Framework for MAPs. This Framework, identifies and describes the skills and knowledge which MAPs need to apply to deliver safe, high quality, compassionate, personalised care. It provides a single, consistent, comprehensive, and explicit reference standard on which to base, review and develop the role of MAPs professionals working across the full range of clinical health and social care services.

The Framework articulates the core skills and knowledge that are expected of MAPs professionals in a post-registration context and therefore this document does not apply to those who are in a pre-registration environment and the existing standards for that education still apply. Furthermore, this Framework does not replace relevant regulatory frameworks/standards and their requirements; this document is not a regulatory framework

It is recognised that the grouping of these professions under the MAPs 'umbrella' is a new step. However, it is not the purpose of this Framework to standardise the different professional groups, as they have differing entry points and different regulatory requirements. For example, PAs and AAs will be regulated by the GMC whereas SCPs are currently regulated by the Nursing and Midwifery Council (NMC) or Health and Care Professions Council (HCPC).

This overarching Framework describes the core skills, knowledge and behaviours and specifies that which is common between different MAP professional roles and settings to enable greater consistency in developing and evaluating the core skills and knowledge of individual MAPs. The Framework, therefore, provides high level descriptors of the core skills and knowledge, to which further, more detailed skills and knowledge can be agreed and developed - recognising the requirements of each specific MAPs profession, specific roles, organisations, and the breadth of healthcare settings that MAPs work in, which includes acute, community and primary care settings.

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Who is this Framework for?

The Framework will be of particular interest to a range of individuals, groups, and organisations

Patients, carers, and the public

The Framework can be used by patients, carers, and the public to help them understand the role of a MAPs professional within a multi-professional healthcare team. It will also be useful for people involved in activities such as patient or lay representatives including patient participation groups, or holding positions with organisational boards, or other roles such as co-production of services, education, or system development.

Service commissioners

The Framework sets out clear expectations of the MAP roles at four levels of practice supporting commissioners of services to specify minimum standards for employment.

The core capabilities support workforce forecasting and development to meet local needs and foster a common understanding and expectation of staff working in service.

Employers

The Framework enables employers and managers to demonstrate that staff they employ/manage meet the core capabilities and that staff developmental plans are in place alongside appropriate supervision to ensure patient safety.

This Framework underpins and supports the need for continuing professional development of MAPs to ensure their practice is safe, effective, remains up-to-date and supports the process of quality assurance to ensure the safety and effectiveness of care.

The Framework can be used as part of appraisal processes and to review and recognise how capabilities are shared across teams.

Education and training providers

The Framework can inform those who design, deliver and quality assure MAP post-qualification training and development opportunities to focus on these core capabilities that learners need to develop. This in turn, will guide the content of educational activities and the use of appropriate teaching, learning and assessment strategies.

Use of this Framework also supports organisational and system wide effectiveness and efficiencies by encouraging the delivery of education and training that is focused on developing core capabilities and optimises opportunities for inter-professional learning; focussed on outcomes-based curricula which equips individuals with the attributes required to meet the needs of healthcare services.

In so doing, it will help to increase consistency in knowledge and skills development, prevent unnecessary duplication in education and training delivery and strengthen skill mix and teamworking.

This Framework does not replace regulatory requirements or existing standards, including those for education and training (for example those set by Regulators and/or Medical Royal Colleges).

Supervisors

The Framework can support supervisors by providing a clear structure and standards against which MAPs can be assessed, complementary to the professional and role supervisory requirements set by the regulator.

Current and future MAPs

The Framework sets out clear expectations for MAPs about the requirements for effective and safe practice. It provides clarity about characteristics and requirements to practice at each tier and sets out a structure of core capabilities required in practice at each tier.

It can be used as the basis for formal or informal appraisal, alongside a training needs analysis, comparing current skills and knowledge with required skills and knowledge.

The Framework can assist staff in the development of a portfolio of evidence of capability.

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Structure of the Framework and Capabilities

Capabilities

The Framework articulates **Core Capabilities** necessary for safe and effective care.

For the purposes of this Framework, we are using the following definition of capabilities:

Capabilities are the attributes (skills, knowledge, and behaviours) which individuals bring to the workplace. This includes the ability to be competent and beyond this, to:

- *Manage change*
- *Be flexible*
- *Deal with situations which may be complex or unpredictable and escalate/refer appropriately to ensure patient safety*
- *Continue to improve performance. (Skills for Health 2020)*

Therefore, 'capability' can be more than 'competence'. To be competent is to consistently perform to defined standards required in the workplace – usually focused on the outputs of work and observable performance.

Competence tends to describe practice in stable environments with familiar problems. Whereas 'capabilities' describe the ability to be competent, and beyond this, to work effectively in situations which may be complex and require flexibility and creativity.

In practice, the terms 'capability' and 'competence' are both widely used in educational and workforce development literature, and they have often been used interchangeably, with little clear distinction between the two.

Both capability and competence:

- Are about 'what people can do'
- Describe knowledge, skills, and behaviours
- Can be the outcome of education, training or experience.

For the purposes of this Framework, we are using the term 'Capabilities' as this describes the ability to be competent, and to work effectively in situations which may require flexibility and creativity.

Structure of the Framework

The capabilities are written to enable employers and others to contextualise the capabilities appropriately to suit the environment in which their services operate and the job roles they use. It is also for employers with their employees to agree a scope of practice and a job plan.

It is important to note that all MAPs professionals must be aware of their own capabilities and should escalate/refer appropriately to ensure the safety of patients.

MAPs must practice in accordance with the requirements, including supervisory requirements and defined scope of practice, as set by their respective regulator.

The context in which MAPs operate and their regulation will vary therefore, it is not possible for this Framework to prescribe/mandate the levels of supervision for each Tier of practice in detail. In all eventualities **the safety and well-being of patients must be paramount.**

Some statements have been produced to help provide context on how people working at different tiers of practice **could** operate. These are located in the table below.

The core capabilities Framework is set out under four defined Tiers as:

Tier	Definition	Level of Supervision
Tier 1.	People working at tier 1 require a comprehensive, factual, and theoretical knowledge within their field of work and an awareness of the boundaries of that knowledge. They can use knowledge to solve problems creatively, make judgements which require analysis and interpretation.	People at this tier may (appropriate to the clinical setting) provide clinical care when the supervising doctor or healthcare professional is not physically in the same immediate clinical area but is available, as required, to provide direct supervision. All patients must be presented to/reviewed by the supervisor or healthcare professional as appropriate.
Tier 2.	People working at tier 2 require a critical understanding of detailed theoretical and practical knowledge. They can demonstrate initiative and are creative in finding solutions to problems.	
Tier 3.	People working at tier 3 require a critical awareness of knowledge issues in the field and at the interface between different fields. They are innovative and have a responsibility for developing and changing practice and/or services in a complex and unpredictable environment.	People at this tier may (appropriate to the clinical setting) provide clinical care when the supervising doctor or healthcare professional is not physically in the same immediate clinical area but is available, as required, to provide necessary support and/or supervision.
Tier 4.	People working at tier 4 require highly in-depth knowledge, some of which is at the forefront of knowledge in their scope of practice, which they use as the basis for original thinking and/or research. They are leaders with considerable responsibility including clinical and/or management responsibilities.	People at this tier may (appropriate to the clinical setting) provide clinical care when the supervising doctor or healthcare professional is not physically present within the same clinical area but is available to provide advice by means of telephone and/or electronic media.

The core capabilities within this document have been grouped into five areas, these are:

1. Professional values, behaviours, and practice
2. Core clinical practice
3. Leadership
4. Education and life-long learning
5. Quality Improvement, Research & Scholarship

Whilst the capabilities are presented in five distinct areas it should be noted that, in reality, practice cuts across all the identified areas holistically.

The Framework is **incremental, building from Tier 1 to Tier 4** (i.e., Tier 3 capabilities assume and build on the preceding tier and capabilities (to minimise unnecessary repetition). **The capabilities themselves do not indicate a prescribed pathway or process.**

This Framework is **not** designed to be prescriptive and require that someone starts their MAPs career at Tier 1; recognising that MAPs have several different entry points.

Each of the capabilities (where applicable) has been mapped against the following:

- General Medical Council: Medical associate professions - generic and shared learning outcomes (GMAP) 2021
- Health Education England: Multi Professional Framework for Advanced Clinical Practice (ACP) 2017
- Health Education England: Multi-professional consultant-level practice capability and impact framework (CP) 2020

An education, training and career pathway for MAPs is being developed through the HEE MAP Oversight Board. The four tiers of practice specified in this core capabilities Framework will be synonymous with the four career stages to be defined in this pathway. Taken together, they will form a framework for career progression and development. This is expected to be published in early 2023.

Prescribing

This Framework has not included prescribing capabilities as the legal basis for all MAPs to prescribe has not yet been established. It is anticipated that this is likely to change in the future and therefore this and other Frameworks will need to be reviewed and updated as appropriate to support patient safety and best practice.

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Medical Associate Professions Core Capabilities Framework

1. Professional values, behaviours, and practice

GMAP	ACP	CP	The Medical Associate Professional must:	Tier 1	Tier 2	Tier 3	Tier 4
1 / 2 / 9	1.1		1. Understand and engage with their professional and legal responsibilities, the requirements of their regulator and the professional standards and behaviour that they must uphold whilst fostering trust when collaborating with patients, families, carers and across society.				
1 / 3 / 11	1.2		2. Take responsibility to continually reflect and evaluate practice to ensure safe and effective care; applying personal and professional accountability and professional judgement to themselves and their practice.				
1 / 11 / 16	1.3 / 1.9		3. Work appropriately, collaboratively, and effectively as part of a multidisciplinary team recognising the limits of personal and professional practice and seek appropriate, timely help and supervision as required.				
16 / 29			4. Ensure information is recorded accurately and objectively and reported back to the wider multidisciplinary team as required, meeting regulatory and policy requirements.				
16	2.3		5. React promptly and impartially when there are concerns about themselves or colleagues, escalating concerns and taking advice from appropriate people and, if necessary, engage in a referral procedure.				
14	1.8		6. Understand the principles of safeguarding and apply them to their own practice, always acting in the interests of the patient and seeking support from the wider team, as necessary.				
7	1.5		7. Understand the principles of informed consent and use appropriately in practice, raising issues or concerns of individual consent (including, but not limited to mental capacity) appropriately.				
30	1.8		8. Apply up-to-date infection control measures seeking to minimise risk.				
16 / 18			9. Prioritise a delegated caseload/workload to facilitate safe and effective care.				
14	1.8		10. Assess and manage risk, working with healthcare professionals in an appropriate and timely manner to ensure the best possible outcome for patients, recognising the dynamic nature of risk to themselves and others				

GMAP	ACP	CP	The Medical Associate Professional must:	Tier 1	Tier 2	Tier 3	Tier 4
			and formulating strategies to manage risk; appropriately escalating concerns.				
13	1.5 / 3.3		11. Communicate in ways that build and sustain relationships, seeking, gathering, and sharing information appropriately, efficiently and effectively to expedite and integrate people's care.				
13	1.5 / 3.3		12. Adapt verbal and non-verbal communication styles in ways that are compassionate and responsive to people's communication, cultural and language needs, preferences, and abilities (including levels of spoken English and health literacy.)				
4	1.5 / 3.3		13. Demonstrate person-centred care and work with patients and others taking account of their concerns, beliefs, choices, and preferences; respecting their decisions with regards to their care and treatment.				
4 / 6	1.4		14. Understand how a patient's preferences and experience, including their individual cultural and religious background, can offer insight into their priorities, wellbeing and managing their own care.				
5	1.5 / 3.3		15. Empower patients to improve and maintain their own health and support them in caring for themselves.				
12	1.10		16. Understand the impact of the wider determinates of health and wellbeing and how these interact on patients; seeking to promote health and reduce the impact of health inequalities.				
15	3.4 / 3.7		17. Promote and contribute to professional practice development with colleagues.				
	1.2		18. Demonstrate a critical understanding of a broadened level of responsibility and autonomy and the limits of one's own capability and professional scope of practice, including when working with complexity, risk, uncertainty, and incomplete information.				
	1.8	2.3	19. Exercise high levels of professional judgement to manage risk appropriately using critical analysis and reflection skills, especially where there may be complex and unpredictable events and supporting teams to do likewise to ensure safety of individuals, families, and carers.				

GMAP	ACP	CP	The Medical Associate Professional must:	Tier 1	Tier 2	Tier 3	Tier 4
	2.1		20. Demonstrate teamwork across different groups, with the ability to work more independently and to accept professional accountability and responsibility, supporting and developing others in the team to collaborate effectively.				
	3.7		21. Proactively ensure development of other team members that are linked to organisational and team goals through a continual process of critical reflection of own and others practise, alongside appraisal and mentoring of others.				
		2	22. Lead and participate in complex decision making by applying a process of critical thinking and decision making.				
		3	23. Critically challenge practice, systems and policies in an objective and constructive manner.				
		3.5 / 14 / 16	24. Proactively develop opportunities to influence local, regional, and national practice, policy and strategy.				
		3	25. Display originality of thought to synthesise ideas and information to underpin service development.				

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2. Core clinical practice

GMAP	ACP	CP	The Medical Associate Professional must:	Tier 1	Tier 2	Tier 3	Tier 4
31	1.11		1. Understand the structure and function of the human body and the broad range of common physical and mental health conditions, within the context/scope of ones' practice.				
20	3.2		2. Consolidate knowledge and skills in specific healthcare interventions and procedures as appropriate to role and scope of practice, thereby understanding the range of likely/typical patient presentations.				
22	1.4		3. Use a range of assessment approaches pertinent to the patient's needs to inform the assessment and management of risk for individuals, staff and the general public, within ethical, regulatory and legal frameworks.				
22	1.4		4. Undertake clinical assessments using a variety of assessment tools and consultation models appropriate to the situation/context of care, reporting and acting on findings as appropriate.				
22	1.4		5. Use an appropriate range of clinical examination skills, encompassing all aspects of the patient's needs as appropriate to the context of care.				
26	1.2		6. Recognise when information/data may be incomplete and take mitigating actions to manage risk appropriately.				
23	1.6		7. Formulate a diagnosis in a structured way using a problem-solving method informed by an understanding of probability based on prevalence, incidence, and natural history of illness to aid decision making; revising hypotheses in the light of additional information and thinking flexibly around problems, generating functional and safe solutions.				
23	1.2 / 1.3		8. Take appropriate action relevant to the care setting and the supervisory context of the role; utilising and referring back to other members of the team (including but not limited to a medical practitioner) for support/supervision as required, necessary and appropriate.				
24	1.5		9. Coordinate and help patients navigate through pathways of care towards their recovery/best outcome using evidence-informed, person-centred approaches.				

GMAP	ACP	CP	The Medical Associate Professional must:	Tier 1	Tier 2	Tier 3	Tier 4
24	1.7		10. Work in partnership with patients, families and carers to agree and implement a range of clinical interventions that are appropriate to the context of care and scope of practice.				
			11. Manage an appropriately delegated caseload/patient group to support safe, effective, evidence-based, person-centred care.				
24	1.7		12. Ensure appropriate follow up/monitoring is in place that is safe and timely recognising changes in an individual's condition in response to treatment and advice, the indications for a changing clinical picture and the need for escalation or alternative treatment as appropriate.				
26	1.6		13. Synthesise and use the expertise of multi-professional teams to aid in diagnosis where needed (including but not limited to necessary and appropriate supervision from doctors).				
24	1.8		14. Recognise signs of deterioration or other complexities of a patient's health status using evidence-based tools and ensure escalation protocols are followed to ensure patient safety in line with professional responsibilities and regulatory requirements.				
24	1.5		15. Identify and promote opportunities for patients to manage their own care needs.				
24	1.7		16. Identify when episodes of care have concluded, offering appropriate preventative/follow-on/next steps advice/care/support as appropriate.				
	1.6		17. Use critical analysis and interpretation of clinical scenarios, to holistically formulate, assess, diagnose, plan, review and contributes to the clinical discussion in interventions, using a best practice and values-based approach.				
		2	18. Support the ongoing development of care pathways, aiming to safely manage and achieve optimal outcomes for the individual.				
			19. Proactively plan ahead for potential scenarios to ensure care needs are understood and met.				
		2	20. Critically analyse evidence, cases and situations in clinical practice to enable a high level of judgement and decision making.				
	1.6		21. Use expertise and decision-making skills to inform clinical reasoning approaches when dealing with differentiated and undifferentiated individual presentations and complex situations, synthesising information				

GMAP	ACP	CP	The Medical Associate Professional must:	Tier 1	Tier 2	Tier 3	Tier 4
			from multiple sources to make appropriate, evidence-based judgements and/or diagnoses.				
	1.7		22. Independently initiate, evaluate and modify a range of clinically appropriate interventions.				
	1.10	3	23. Act as a clinical role model/advocate for developing and delivering care that is responsive to changing requirements, informed by an understanding of local population health needs, agencies and networks.				
		2 / 16	24. Lead on professional and clinical leadership to improve and optimise standards of care and practice.				
		3	25. Lead clinical change across the system in response to emerging knowledge, techniques and technology, both for practice within the system and national policy and practice; critically reflecting on actions taking and changing course as necessary.				
		2 / 3 / 14	26. Demonstrate exceptional skills and the highest possible levels of clinical judgement, knowledge and expertise; underpinning and promoting the high-quality delivery of clinical governance, delivery of expert clinical care and professional standards to minimise risk to the lowest possible level.				

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3. Core Capabilities – Leadership

GMAP	ACP	CP	The Medical Associate Professional must:	Tier 1	Tier 2	Tier 3	Tier 4
17	2.1		1. Understand the principles of effective leadership and management, along with group and organisational dynamics and culture, applying these to teamworking and decision making.				
17	3.8		2. Facilitate team development including preceptorship of new staff.				
30	2.8	4.1	3. Demonstrate emotional intelligence to recognise pressures on colleagues and volunteer and develop mechanisms to support and develop staff to acknowledge the impact of caring for individuals.				
	2.2	4 / 5 / 6 / 7	4. Be an identified, compassionate leader and role model.				
	3.4		5. Identify opportunities for team members to lead on specific areas of work, enabling a culture of positive inclusion and enthusiastic working.				
			6. Ensure support is made available for staff to be able to innovate practice, balancing such innovation with service requirements and overall clinical safety and effectiveness.				
		7.4	7. Take a lead in ensuring the critical application of standards and guidelines.				
	2.5		8. Enable the wider team to positively contribute to service improvement and better ways of working, recognising their own role in such endeavours.				
	2.7	7/16	9. Lead collaboration across a wide system of professionals and agencies, fostering collaboration and co-production to meet the needs of the individuals they serve.				
			10. Critically evaluate and assimilate information from a range of sources to ensure complex decisions, reflect the analysis of several different perspectives.				
		5	11. Critically evaluate the culture present within teams and enable an optimal working environment through positive compassionate role modelling and leadership skills.				

GMAP	ACP	CP	The Medical Associate Professional must:	Tier 1	Tier 2	Tier 3	Tier 4
		7 / 16	12. Lead the development of strategy and ensure collaborative working with others to advocate practice development to improve the quality of care and the professionalism of others, upholding the profession in the face of adversity.				
		7	13. Foster an environment conducive to successful change and practice development; critically evaluating the effectiveness of the environment at all times.				
		5.3 / 7	14. Critically evaluate an outcomes-based approach to practice, developing and leading on strategies for dissemination with a wider audience.				
		3	15. Lead quality assurance systems and processes to develop robust outcome indicators for professional practice and other aspects of clinical governance.				

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4. Core Capabilities - Education and Life-Long Learning

GMAP	ACP	CP	The Medical Associate Professional must:	Tier 1	Tier 2	Tier 3	Tier 4
21	3.1/ 3.2	8	1. Continually assess and address own learning needs, ensuring a personal development plan that reflects the breadth of ongoing professional development across practice.				
			2. Underpin practice development with a knowledge and understanding of what constitutes life-long learning and education and how it applies to the successful development of own learning needs and that of others.				
	3.3	8	3. Engage in self-directed learning to maximise skills and knowledge.				
			4. Understand the theoretical underpinning and the importance of giving and receiving feedback and be able to apply this in practice effectively with teams, patients, families and carers.				
			5. Support the development of others to develop their clinical skills in practice.				
30		8	6. Utilise clinical expertise to further contribute to evidence-based learning and assessment of others.				
			7. Act as a role model, educator, supervisor, coach, and mentor, seeking to instil and develop the confidence of others.				
	3.8	9 /10	8. Support effective team systems for ongoing supervision, support and development, including preceptorship programmes, promoting informal and formal peer support, and the identification and process to manage any performance issues.				
	3.4 / 3.7	9	9. Contribute to developing a learning environment to improve safety, ensuring staff are supported and can learn from, and in future prevent or minimise clinical incidents.				
	3.8	9	10. Facilitate the delivery of work-based learning and the teaching of clinical skills to others, prioritising the safety of patients appropriately.				
	3.8	9	11. Foster a learning environment that supports the delivery of high-quality supervision of others.				

GMAP	ACP	CP	The Medical Associate Professional must:	Tier 1	Tier 2	Tier 3	Tier 4
	3.	9	12. Lead on the provision of work-based/clinical skills learning; providing advice and support to others.				
	3.4	9	13. Lead on the development of a positive learning environment for others and the team.				
	4.3	8	14. Continually synthesise current practice and wider knowledge to inform education and life-long learning.				
	3.7	9.2	15. Develop, deliver and evaluate training and education packages for individuals and groups, across a broad range of service needs which may sometimes be in collaboration with other disciplines and agencies to facilitate multi-professional learning.				
	3.7	9	16. Build capacity and capability to support learning in practice settings.				
		10.3	17. Build capacity and capability to support learning and collaborate with education service providers and education commissioners to ensure workforce and student needs are met.				
		9 / 10	18. Create opportunities for motivating others to learn and develop their teaching and assessment skills across the organisation.				
		9	19. Influence organisational structures and culture to ensure delivery of continuous education and training.				
		9 / 10	20. Lead planning, implementation, and evaluation of educational interventions at a local, regional and national level for individuals, informed by training needs analysis and in response to policy and strategy.				

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5. Core Capabilities - Quality Improvement, Research & Scholarship

GMAP	ACP	CP	The Medical Associate Professional must:	Tier 1	Tier 2	Tier 3	Tier 4
			1. Understand the stages of the quality improvement, research, and innovation process from conceptualisation to dissemination and, if appropriate, translation into practice.				
			2. Contribute to quality improvement processes that aim to make health care safe, effective, patient-centred, timely, efficient, and equitable.				
	2.5	12 / 14	3. Influence operational and strategic level thinking and maximise opportunities to translate research findings into practice to support improvements in health and social care services.				
	4.4	11	4. Create ideas and approaches to quality improvement and research initiatives drawing on expert advice where necessary and involving patients and service users.				
	4.7	11	5. Foster an environment where new skills are developed in response to emerging knowledge, techniques, and interventions.				
	4.6	11	6. Lead the review and monitoring of policies to ensure they are based on contemporary evidence.				
		11	7. Lead on the development, implementation and impact assessment of research and development strategies.				
	4.8	11 / 13 / 14	8. Collaborate with others to understand new projects, developments, and findings, and to ensure frameworks for research governance are applied appropriately.				
	4.7	14	9. Disseminate outcomes from quality improvement, research and development projects to peers and other interested parties, including patients and service users.				
		11 / 12	10. Actively seek opportunities to translate audit, quality improvement and research findings and the diffusion and adoption of innovation into clinical practice assessing the impact appropriately.				

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Appendix 1. How the Framework was developed

Development of the Framework was guided by a project steering group representing key stakeholders including experienced MAPs, NHS Bodies, Medical Royal Colleges and Faculties and other Professional Bodies. The project steering group reported to the HEE MAPs Oversight Board regularly, whilst the Framework was being developed.

A wider stakeholder reference group was also established to include a more diverse range of organisations and individuals that wished to be updated on development of the Framework and to provide comments or feedback as part of the consultation process. Individuals were able to register their interest on a project web page.

Initial desk research was undertaken to identify key references, resources and significant themes or issues for consideration - further references and resources continued to be identified during the project (*see Appendix 2. Bibliography*).

Initial iterations of the Framework were developed based on the findings of the desk research and consultation with the project steering group. Subsequently a wider online consultation survey was conducted. In total 703 people took part in the survey, on average over 80% of the people who took part agreed or strongly agreed with the content. Following the survey an analysis of the results was undertaken and further amendments and refinements were undertaken.

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Appendix 3. Implementation Support

The following information is provided to help further peoples understanding of the utility of the Framework and how to get the most out of it.

Implementation Support – Staff, people, and teams

This framework will support staff, people, and teams by:

- Setting out clear expectations of each level of practice.
- Supporting appraisal.
- Supporting staff to identify their development needs.
- Supporting the development of teams.

The framework sets out clear expectations for staff about the requirements for effective and safe practice. It provides clarity about requirements at each level of practice.

Staff can use this framework to better understand the development needs of themselves as individuals and the wider workforce. It can help them understand how to maximise the contribution of the existing workforce, identify opportunities for new ways of working and where appropriate, identify the need for new roles.

This framework can be used to review and recognise how existing capabilities are individually and collectively being used across a team and/or area of care.

The framework can be used as the basis to conduct formal or informal appraisal and training needs analysis, comparing current capabilities with those identified in the framework. This framework can also be used to support career progression and development in a challenging environment and engagement in continuing professional development.

Staff using this framework need to collaborate with their employers to:

- Identify where their existing Job sits on the Core Capabilities Framework.
- As part of the performance review/appraisal process identify and evidence their capability.
- Identify gaps in capability.
- Agree a programme of development to address any 'gaps' and/or to identify career development opportunities.

This framework will assist staff in the development of a portfolio of evidence of capability and can be used support revalidation requirements.

Implementation Support – Employers

The Framework will:

- Enable employers to demonstrate that staff meet the required capabilities.
- Demonstrate there are development plans in place to ensure that they are proactively working to achieve those capabilities.
- Ensure Learning and Development can be targeted and focussed on the needs of the service and the workforce.

The Framework underpins the continuing professional development of staff to ensure their practice remains up-to-date, safe, and effective and it supports the process of quality assurance to ensure the safety and effectiveness of their role.

The framework enables employers to consider objectively how their current workforce's performance aligns to the capabilities and ensure any workforce development is based on service need/outcomes.

Employers would need to undertake the following for each of their existing jobs in their setting:

- Identify which jobs align to which tier of the Framework.
- Use the capabilities as the basis for individual performance management e.g., supervision / review / appraisals etc.
- Use any Capability 'gaps' as the basis for Continuing Professional Development.
- Use the evidence gathered in performance reviews/appraisals etc. as the basis for a Training Needs Analysis to inform the allocation of training resources.

This framework also provides potential benchmarking of service provision at an organisational level and for employers to identify appropriate/further development.

Implementation Support – Education

The Framework will enable education and learning providers to inform the design and delivery of appropriate education, training, and development programmes, including identifying learning outcomes.

This will ensure that learning and development provision contributes to the full range of knowledge to support the capabilities required to make individuals safe and effective member of the workforce.

The framework will inform those who design and deliver training and development opportunities to focus on the key capabilities that learners need to achieve and maintain. This in turn, will guide the content to be included and the use of appropriate learning and teaching strategies.

Use of this framework also supports organisational and system wide effectiveness and efficiencies by encouraging the delivery of education and training that is focused on developing core capabilities and optimises opportunities for inter-professional learning; focussed on outcomes-based curricula which equips individuals with the attributes required to meet the needs of the population.

In so doing, it aims to increase consistency in knowledge and skills development, prevent unnecessary duplication in education and training delivery and strengthen skill mix and teamworking.

Education and learning providers would need to work in partnership with employers to:

- Ensure learning outcomes are aligned to identified capabilities within the framework.
- Ensure learning outcomes are measurable and objective to ensure learners can demonstrate identified capabilities.
- Promote learning as a means of enabling a culture of multi-professional working that is focussed on meeting the outcomes of patients, citizens, and the wider population.

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