Membership by Assessment of Performance (MAP)

Regulations

Valid from: 6 February 2015
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1) INTRODUCTION

1. Purpose of these regulations

These Regulations relate to Membership by Assessment of Performance (MAP) leading to membership of the RCGP (MRCGP).

You should note that it is a condition of entry for the assessment that you agree to be bound by these Regulations.

1.2. Date of publication

This version of the Regulations came into effect on 6 February 2015 and supersedes all others. They may change over time. Candidates should ensure that they familiarise themselves with the Regulations that are current at the time they are undertaking the MAP programme. The current version will always be available to download from the RCGP website. The RCGP will give appropriate advance notice of any change which may have a material effect on candidates to ensure that they are not disadvantaged as a result. Please visit the RCGP website for updates on MAP.

1.3. Data Protection

The information we hold about you will be stored and processed in accordance with the Data Protection Act 1998.

1.4. Copyright of MAP Assessment Materials

Material relating to MAP assessments is protected by copyright. Candidates who are found to have infringed this protection will be penalised in accordance with the guidance on misconduct in these Regulations.

1.5. Duties of a Doctor

All registered medical practitioners have a duty placed on them by the General Medical Council (GMC) to be honest and trustworthy. Candidate performance in MAP assessments is reviewed by doctors who themselves have a duty to notify the GMC if they have concerns. Failures of a very serious nature, raising concerns about a GP’s fitness to practise, evidence of lack of competence, or misconduct before, during or after assessments may be referred by the MAP Clinical Lead to a Review Panel. The Review Panel may refer the matter to the MAP Clinical Governance Panel who in turn may refer the candidate to the appropriate regulatory body (such as the GMC or the relevant Primary Care organisation).

1.6. Conduct of Assessment

RCGP staff, assessors, and candidates are expected to comply with the RCGP’s Guidance on the Conduct of Assessments.

1.7. Contact Details

Email: MAP@rcgp.org.uk
Telephone: +44 (0) 203 188 7661
Postal address: MAP Office, Royal College of General Practitioners
30, Euston Square
London
NW1 2FB

1 Please refer to Appendix 1 for further information regarding the Review Panel.
2 Please refer to Appendix 2 for further information regarding the MAP Clinical Governance Panel.
2) ASSESSMENT STRUCTURE AND CONTENT

2.1 MAP is an assessment of a candidate’s personal Portfolio. Candidates are required to produce a portfolio of work containing the stipulated thirteen criteria.

2.2 Candidates must submit their evidence on the MAP portfolio template.

2.3 Portfolios should be completed following guidance in the MAP Handbook.

2.4 Prior to submission of the portfolio, all candidates must sign a declaration that all criteria completed before their last annual appraisal meeting were submitted for discussion at that meeting (or a previous meeting) and that any such appraisal meeting was signed off successfully. Furthermore, that any criteria completed after the last appraisal meeting will be discussed at a future meeting.

2.5 The Portfolio will be assessed by MAP Assessors. Once complete, this assessment will be sent to the Recommendation Panel.

2.6 The Recommendation Panel will consider the assessment of the Portfolio and determine whether the portfolio has reached an acceptable standard.

2.7 It cannot be assumed every candidate’s Portfolio will pass this assessment. Candidates will be invited to become a member of the RCGP if their entire Portfolio attains a satisfactory standard as judged by the Recommendation Panel.

2.8 Should any area of any portfolio not reach the required standard in the judgement of the Recommendation Panel, the candidate will be invited to attend an Evaluation Panel. The purpose of the Evaluation Panel is to review any criteria which have not reached the required standard.

3) FEES

3.1 A schedule of fees payable is posted on the RCGP website.

3.2 The application fee must be paid at the time the application is submitted.

3.3 The submission fee is payable when the portfolio is submitted for assessment.

3.4 Those candidates who attend an Evaluation Panel will pay a further fee for this.

3.5 Fees are not normally refunded (but see Section 5 below).

3.6 Fees must be paid in advance and late payment will delay the relevant part of the assessment or results.

3.7 In exceptional circumstances a reduced fee may be considered at the RCGP Honorary Treasurer’s discretion. Please contact the MAP Office to discuss any such instances.

3.8 There is an administrative fee payable in those instances where a candidate wishes to appeal against the result in a part of the MAP assessment. Please refer to Section 13 of these Regulations for further information.

4) MAKING AN APPLICATION FOR MAP

4.1. Applicants must complete and submit an Application form together with the requisite documentation, namely candidate declaration and CPR Certificate (Basic Life Support
(BLS) and Automated External Defibrillator (AED), so that their eligibility to undertake the programme can be confirmed.

4.2. Applicants may commence work on their portfolio prior to submitting an application, but must have had their eligibility to undertake MAP confirmed by the MAP office prior to submitting their portfolio.

4.3. In order to be eligible for MAP, applicants must hold a Certificate of Completion of Training (CCT) or Certificate of Eligibility for General Practice Registration (CEGPR), formerly a Statement of Eligibility for Registration, from the General Medical Council (GMC) or Postgraduate Medical Education Training Board (PMETB), or a Certificate of Prescribed or Equivalent Experience from the Joint Committee on Postgraduate Training for General Practice (JCPTGP). In addition, candidates must meet the following criteria:

• hold full registration without warnings, undertakings, or restrictions and with no outstanding complaints or clinical governance issues with the GMC
• currently hold a licence to practice according to the GMC
• be on the GP register
• if working in the NHS have met with an NHS Appraiser within the last 12 calendar months
• have no outstanding complaints or clinical governance issues

In addition to the above:

• Candidates working in the NHS must be on the National Performers List (England), or equivalent in Scotland, Wales or Northern Ireland, and should have no outstanding complaints or clinical governance issues
• Candidates working in HM Armed Forces must submit consent from their commanding officer which should confirm there are no outstanding complaints or clinical governance issues
• Candidates working in British Overseas Territories must be appropriately registered as a GP in the region that they practice and should have no outstanding complaints or clinical governance issues
• Candidates working as independent GPs must declare in writing that they have no outstanding complaints or clinical governance issues, confirmed by a Responsible Officer or equivalent, and will be considered on an individual basis

4.4. Candidates must declare any complaints, warnings, undertakings, restrictions, GMC investigations or clinical governance issues at the time of their application and immediately during their assessment. All outstanding issues will be addressed on an individual basis before an applicant’s eligibility is confirmed, or, in the case of existing candidates, as soon as they arise. Candidates whose GMC registration (or its equivalent overseas) is subject to suspension, referral, or any condition must provide the RCGP with full details immediately. Candidates must submit all information and correspondence relating to any complaint and/or clinical governance issues to the MAP Manager to be reviewed by the RCGP’s MAP Clinical Governance Panel. Candidates who have restrictions on their registration will not normally be permitted to undertake MAP.

4.5. As a requirement of participating in MAP all candidates must demonstrate competence in Cardio-Pulmonary Resuscitation and automated external defibrillation (AED) by providing appropriate certification. The certificate submitted must have been issued by a Resuscitation Council (UK) ALS instructor or equivalent during the 12 months before submission to the College and conform to the Resuscitation Council (UK) Guidelines in place at that time. If you are unable to undertake CPR as a result of physical disability, you must be able to demonstrate successfully your ability to direct others to undertake CPR, including the use of an Automatic External Defibrillator. This is in line with Resuscitation Council practice and the GMC position statement issued in December 2013. http://www.gmc-uk.org/CPR_statement_FINAL_Dec_2013.pdf.

3 Please refer to Appendix 2 for further information regarding the MAP Clinical Governance Panel.
A copy of the certificate must be submitted at the latest with the candidate’s first portfolio submission.

4.6. Once a candidate’s eligibility has been confirmed, they will receive (electronically) an acknowledgement letter confirming their eligibility for MAP, confirmation of the last submission date for their original portfolio submission, and a receipt for the fee submitted. They will be made an Associate of the RCGP and receive further information about membership approximately 10 working days later.

5) WITHDRAWALS

5.1 Candidates who wish to withdraw from the MAP process must inform the MAP office in writing, by post or email.

5.2 Candidates withdrawing from MAP after submitting an application but before submitting their portfolio will normally forfeit their application fee payment.

5.3 No refund will be made to candidates withdrawing after portfolio submission.

5.4 If a candidate withdraws from MAP because of mitigating circumstances (such as illness), any refund will be at the discretion of the MAP Clinical Lead or a nominated deputy. Candidates may apply for a refund by writing to the MAP office by post or email with a full explanation of their circumstances. Normally, written evidence would be required.

6) CANDIDATES WITH A DISABILITY

6.1. Reasonable adjustments can be made to assessment procedures where necessary to meet the needs of individuals who are disabled as defined by the Equality Act 2010. These adjustments will not entail the lowering of standards of assessment nor will they exempt candidates from any part of the assessment.

6.2. Candidates who are asked to take part in a MAP Evaluation Panel and require special arrangements to be made to assist them must state this when invited to the panel and provide details of their requirements, together with independent corroborative evidence of their disability or specific need.

6.3. Information and evidence about a candidate’s disability and requirement for reasonable adjustments will be treated as sensitive personal information. It will be kept confidential and only passed to those who need to know.

6.4. Each case will be separately assessed by the MAP Clinical Lead or a nominated deputy. Candidates will be informed in writing whether or not adjustments to assessment procedures will be made to meet their needs and of the nature of those adjustments. Appeals against decisions made in relation to reasonable adjustments should be addressed to the MAP Clinical Lead.

7) PORTFOLIO ASSESSMENT

7.1. The MAP portfolio is a template Word document that candidates must download from the RCGP website. Candidates must complete all thirteen criteria contained in the document using this template.

7.2. Candidates should submit evidence for each criterion as indicated in the Handbook.

7.3. All MAP portfolios must be written in the English language.
7.4. Portfolios must contain information that relates to the candidate’s actual management of real patients and must accurately represent their own clinical practice. All information must be fully anonymised before the portfolio is submitted.

7.5. All submissions must be sent by email to the MAP office (MAP@rcgp.org.uk). Only electronic submissions will be accepted. If there are technical problems in submitting via email, a CD or other electronic storage device may be used instead.

7.6. All submissions for MAP will be scanned through plagiarism detecting software.

7.7. A candidate’s anonymised portfolio submission will be sent to two assessors for marking by the MAP office.

7.8. Each assessor will mark the submission independently, awarding each Criterion one of four grades (Good, Satisfactory, Borderline, or Unsatisfactory). The pair of assessors will confer after they have completed their individual marking, and agree one grade, together with comments, for each criterion. This single report will be sent back to the candidate by the MAP office.

7.9. Any criterion that is marked as Unsatisfactory (U) will be counted as a Major resubmission, and any criterion that is marked as Borderline (B) will be counted as a Minor resubmission.

7.10. Candidates are permitted to make one initial submission and two resubmissions (either Major or Minor) of their material.

7.11. Changes requested by assessors should be included in new submission proformas which are inserted into the portfolio document by the MAP office; no amendments should be made to earlier submitted material. The amended portfolio should be marked as Version 2 for first resubmission and Version 3 for the second resubmission. The entire document should be resubmitted to the MAP office. Any resubmissions not sent in this format will not be accepted.

7.12. The Portfolio will require no further revision when it fulfils the requirements of the MAP criteria.

7.13. All assessed Portfolios will be sent to a MAP Recommendation Panel either when the Portfolio fulfils the requirements of the MAP criteria or two resubmissions have been made.

7.14. Following review by the Recommendation Panel, any candidates whose portfolios do not reach the agreed standard will be invited to attend an interview with a MAP Evaluation Panel.

7.15. The Recommendation Panel may determine that a candidate should be invited to attend an Evaluation Panel even if the portfolio assessors had accepted every criterion of their portfolio. The panel may equally determine that a candidate should be recommended for membership if the portfolio assessors had not accepted each criterion.

7.16. Although there is an appeals procedure that may be followed (please see Section 13 of these Regulations for further information) a candidate may not question the academic judgment of the assessors.

7.17. In the event that a candidate has previously submitted a portfolio for either MAP or iMAP, but not completed the assessment, the candidate must submit entirely new material. If a candidate has used material previously submitted, the procedure for Falsification of Documentation (Section 11 of these Regulations) will be followed.
7.18. **Timescales for undertaking MAP**

7.18.1. Candidates will be given a deadline for initial portfolio submission by the MAP office after their application has been received and when their eligibility to undertake the programme has been confirmed. The deadline will be one year after their eligibility is confirmed.

7.18.2. The completed portfolio document must be submitted by email to the MAP office (MAP@rcgp.org.uk) on or prior to the deadline previously given by the MAP office. The feedback received for the Patient Satisfaction Questionnaire and Multi Source Feedback surveys, as well as the relevant certificate for Maintaining Good Medical Practice, should be submitted with the portfolio as separate attachments to the email.

7.18.3. Material submitted in the portfolio for the five criteria required for Revalidation, namely Significant Event Analysis, Feedback from Patients, Feedback from Colleagues, Quality Improvement Programmes, and Complaints and Compliments, may be up to five years old on the date of initial submission of the portfolio. The material for the remaining criteria must be no more than one year old on the date of initial submission of the portfolio. If it appears that dates of evidence may have been altered (and thereby falsified), the process for “Falsification of Documentation” (Section 11 of these Regulations) would be followed.

7.18.4. The MAP office will check the portfolio for completeness and the submission's format prior to sending it to assessors. The candidate may be requested to make some amendments at this stage. Although this would not count as a resubmission, timeframes stated by the MAP office must be adhered to. If such time-frames are not adhered to, the candidate may be marked as Out of Time, or their unsuitable submission may be sent to the assessors.

7.18.5. The portfolio fee should be paid, and the signed declaration relating to the handling of questionnaires for the Feedback from Patients criterion should be posted to the MAP office at the time the portfolio is submitted.

7.18.6. A portfolio will be sent to the assessors when the following have been received by the MAP office:
- the portfolio fee
- valid CPR certificate
- a signed declaration relating to the handling of the patient satisfaction questionnaires
- a signed declaration agreeing to abide by the MAP regulations
- a signed declaration that the portfolio has been discussed at an annual appraisal

In the event that all of the above are not received, the candidate will be marked as Out of Time unless there are exceptional mitigating circumstances. If the candidate still wished to pursue MAP, they would have to re-apply and complete a fresh portfolio with new material.

7.18.7. Deferring a submission is not permissible. Candidates who are not able to submit a fully completed portfolio before their deadline must re-apply and complete a portfolio containing evidence from the relevant time period only.

7.18.8. When candidates are asked to resubmit information they will be allowed three months to do so. They will be advised of their deadline for resubmission by the MAP office. If this time frame is not adhered to, the candidate may be marked as Out of Time.

7.18.9. No extensions of time will be granted, unless a candidate can prove exceptional mitigating circumstances. Any extensions to deadlines will be granted at the
discretion of the MAP Clinical Lead or a nominated deputy. Requests should be submitted in writing to the MAP office and should state the reason for the request. Corroborative evidence will be required.

8) RECOMMENDATION PANEL

8.1 The Recommendation Panel will comprise three trained MAP assessors, one of whom will act as Chair, and one lay member who provides opinions but does not contribute to decision making. The first three listed members will all be general practitioners and trained MAP assessors. The lay member is expected to bring a sense of fairness and ensure that quality judgements include a consideration of the patient perspective. The lay member provides a quality assurance check that fair and equitable decisions are being made by the whole panel.

8.2 The Recommendation Panel will review all portfolios at the relevant stage at regular intervals throughout the year.

8.3 Candidates will be informed of the date of the Recommendation Panel which will be reviewing their portfolio in advance.

8.4 The Recommendation Panel will consider a candidate’s marked portfolio only.

8.5 Candidates whose portfolios have reached a satisfactory standard in all criteria in the judgement of the Recommendation Panel will be eligible for membership of the RCGP. Any candidate whose portfolio has not reached a satisfactory standard will be invited to an interview with the Evaluation Panel.

8.6 The Recommendation Panel may, in exceptional circumstances, under paragraph 1.5 of these Regulations, refer the candidate’s portfolio to the MAP Clinical Governance Panel.

8.7 Candidates whose portfolios are accepted in their entirety by the portfolio assessors will not necessarily be recommended for membership by the Recommendation Panel – they may be invited to attend an Evaluation Panel.

8.8 Candidates whose portfolios have outstanding issues following portfolio assessment may be recommended for Membership if, in the judgement of the Recommendation Panel, they have reached the required standard for membership.

8.9 Results will be sent by post to candidates within four weeks of the date of the Recommendation Panel. If a results letter is not received by the candidate by this date, a duplicate can be requested which will also be sent by post. MAP administrative staff are not permitted to discuss results with candidates.

8.10 The names of eligible candidates will be passed to the Membership Department of the RCGP for election to full Membership and published on the RCGP website.

9) EVALUATION PANEL

9.1. Only those candidates whose portfolios have been found not to reach an acceptable standard in the judgement of the Recommendation Panel will be invited to attend an interview with the Evaluation Panel.

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4 Please refer to Appendix 2 for further information regarding the MAP Clinical Governance Panel.

5 Candidates who do not wish for their name to be listed may request this by indicating as such on their application form.
9.2. The candidate will be given written feedback by the Recommendation Panel providing information about the area(s) of the portfolio that will be discussed.

9.3. **Timescales**

9.3.1. Candidates will be informed if their Portfolio has failed to reach an acceptable standard. At this time the candidate will be notified of the week in which the Panel will be scheduled. The precise date and time will be confirmed to the candidate no less than four weeks prior to the date of the assessment.

9.3.2. Candidates must submit the Evaluation Panel fee as soon as possible after being notified of the approximate date of their interview and no later than three weeks prior to the date of the Panel.

9.4. **Location**

Evaluation Panels will normally be held at the RCGP’s offices in London.

9.5. **Format of the Evaluation Panel**

9.5.1. The Evaluation Panel will only discuss with the candidates those criteria which have failed to reach the requisite standard. Any criteria deemed not to have reached the agreed standard by the Recommendation Panel will be discussed for a minimum of 5 minutes and up to a maximum of 15 minutes per criterion.

9.5.2. The Evaluation Panel interview will last for a maximum of 90 minutes.

9.5.3. The Panel will comprise three members, all of whom are experienced MAP assessors. One of the panel members will act as the panel’s Chair.

9.5.4. The Panel will have reviewed the candidate’s portfolio prior to the interview and agreed the questions to be asked.

9.5.5. The Chair of the Panel shall make the final decision after conferring with the other members of the Panel. The Chair’s summary will be sent to the MAP office who will include it with the letter which will be sent to candidates informing them of the result.

9.5.6. Only one attempt will be permitted unless exceptional mitigating circumstances can be proven.

9.5.7. The Panel will meet at regular intervals throughout the year.

9.6. **Conduct of the MAP Evaluation Panel**

9.6.1. All MAP Evaluation Panel interviews will be conducted in the English language.

9.6.2. Candidates must arrive for their interview at the time specified by the RCGP.

9.6.3. In most circumstances, candidates who arrive after the time specified by the RCGP will be deemed to have failed to attend and will not be permitted to meet the Panel. They will not normally be able to claim a refund of fees.

9.6.4. Candidates will be asked to provide RCGP staff with photographic proof of identity. Original, documentary evidence of name changes must be provided. If

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6 If a candidate is invited to attend an Evaluation Panel at shorter notice, they will be notified of their individual payment schedule at that time.

7 Please refer to Appendix 3 for details on mitigating circumstances.
proof cannot be provided to the satisfaction of the staff, the candidate will not be permitted to participate in the interview and will forfeit the relevant fee.

9.6.5. Candidates will be required to sign a form declaring they are fit to participate when they attend the Evaluation Panel interview.

9.6.6. The candidate should not be known to any of the assessors sitting on the Evaluation Panel. In the event that an assessor recognises a candidate they are scheduled to interview, that assessor will be substituted with a different MAP assessor.

9.6.7. Candidates should bring a paper copy of their portfolio and their anonymised patient records for Managing Acute Illness and/or Urgent Referrals to Secondary Care to the interview, if needed. The candidate will be informed whether they need to bring anonymised patient records for appropriate criteria if invited to attend an Evaluation Panel.

9.6.8. The RCGP video-records randomly selected candidates’ interviews as part of our ongoing quality control and research and training for assessors. Candidates are not in view on the recordings and only their voices are heard, so it is not possible to identify individuals without access to the paperwork which is held confidentially in the MAP Office. The recordings are viewed only by assessors and consultants to the RCGP, who are committed to respecting candidates’ anonymity. With these safeguards in place we would hope that candidates would normally agree to their examination being video-recorded. Recordings of this kind are made only for assessor training purposes, and do not contribute in any way to the assessment of a candidate’s performance.

9.6.9. Candidates with a religious, cultural or personal reason for not being recorded are asked to attach a letter of explanation in response to their invitation to participate in the Evaluation Panel. Consent to be video-recorded will be assumed in all other circumstances.

9.6.10. A candidate who needs to leave the Evaluation Panel room for a short period must be accompanied by a member of RCGP staff.

9.7. Outcomes of the Evaluation Panel

The Panel will then agree one of two judgements: the candidate has either met, or has failed to meet, the required standard for membership of the RCGP.

9.8. Failures

9.8.1. Candidates who do not meet the standard required should consider that this brings to an end this particular attempt but they are welcome to make a new attempt if they so wish. They would need to produce a new portfolio and use entirely fresh evidence.

9.8.2. Although there is an appeals procedure that may be followed (please see Section 13 of these Regulations for further information) a candidate may not question the academic judgment of the assessors.

9.9. Notification of Results

9.9.1. Results will be sent by post to candidates within four weeks of the date of their Evaluation Panel interview. If a results letter is not received by the candidate by this date, a duplicate can be requested which will also be sent by post. MAP administrative staff are not permitted to discuss results with candidates.
9.9.2. The names of eligible candidates will be passed to the Membership Department of the RCGP for election to full Membership and published on the RCGP website.

10) PLAGIARISM

10.1. Candidates are advised that the RCGP does not tolerate any form of plagiarism or collusion in candidates’ submissions for MAP. A definition of plagiarism follows and illustrates the consequences of submitting any plagiarised work. On the application form candidates are asked to give their consent to their portfolio being scanned through plagiarism detecting software. By giving consent candidates are agreeing that, subject to conventional rules on the use of source material, allowable quotations and citation of sources, their answers are their own work. Suspected cases of plagiarism will be investigated and, where identified, may be reported to the candidate’s Responsible Officer or referred to the GMC where appropriate.

10.2. It is misconduct to commit any act whereby a candidate might obtain for him/herself or for any other candidate an unfair advantage. In particular plagiarism shall be regarded in instances where candidates:
- Plagiarise or use in any other way unauthorised material or the work of any other candidate
- Partake in unauthorised collaboration with others in a piece of work

10.3. Plagiarism is presenting work as your own when it is derived substantially from someone else’s work, as a result of using someone else’s thoughts or words without using quotation marks and identifying the origin, or using someone else’s work without proper acknowledgment. This applies to all published and unpublished material, whether in manuscript, printed or electronic form. Collusion is another form of plagiarism involving unauthorized collaboration with others in a piece of work with the intention of deceiving the RCGP.

10.4. All submissions for MAP will be scanned through plagiarism detecting software.

10.5. If plagiarism is suspected or blatant, the following procedure will be followed:

10.5.1. The MAP Manager will write to the MAP Clinical Lead to inform him/her of their concerns, identifying suspect statements, pieces of text etc.

10.5.2. The MAP Clinical Lead will review the information and write to the applicant informing him/her of their concern. The applicant will be asked to provide a full explanation in writing within ten working days.

10.5.3. Allegations will not continue to be investigated where they lack substance or appear, upon investigation, to be malicious. Where a case of plagiarism is apparent, the MAP Clinical Lead may, if the case appears to be isolated or minor, deal with the matter him/herself.

10.5.4. In other cases, the MAP Clinical Lead may, if s/he deems it appropriate, refer the matter to the MAP Clinical Governance Panel.

11) FALSIFICATION OF DOCUMENTATION

11.1. If falsification of documentation (including but not limited to the embellishment of records/letters and the altering of dates of events) is suspected or blatant, the following procedure will be followed:

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8 Candidates who do not wish for their name to be listed may request this by indicating as such on their application form.
11.1.1. The MAP Manager will write to the MAP Clinical Lead to inform him/her of their concerns, identifying suspect statements, pieces of text etc.

11.1.2. The MAP Clinical Lead will review the information and write to the applicant informing him/her of their concern. The applicant will be asked to provide a full explanation in writing within ten working days.

11.1.3. Allegations will not continue to be investigated where they lack substance or appear, upon investigation, to be malicious. Where a case of falsification of documentation is apparent, the MAP Clinical Lead may, if the case appears to be isolated or minor, deal with the matter him/herself.

11.1.4. In other cases, a Review Panel may be convened. The Review Panel may decide to refer the matter on to the MAP Clinical Governance Panel. Alternatively, the MAP Clinical Lead may, if s/he deems it appropriate, refer the matter directly to the MAP Clinical Governance Panel.

12) QUALITY CONTROL

12.1. Oversight

The RCGP oversees the delivery and quality control of the MAP programme.

12.2. Assessors

12.2.1. RCGP MAP assessors are formally recruited and trained and regularly retrained in assessment techniques and equal opportunities.

12.2.2. The performance of assessors is continually monitored and reviewed.

12.3. Data review and use

The RCGP reviews candidate performance data, misconduct cases, complaints, appeals and equal opportunities monitoring data. From time to time the RCGP will also analyse anonymised data relating to its assessments, including MAP, for research and development purposes. Consent to use of this data will be assumed unless exemption is specifically requested.

13) COMPLAINTS AND APPEALS

13.1. Description

13.1.1. A complaint relates to the administration or conduct of an assessment where there is no intention to query the result of the assessment.

13.1.2. An appeal is a request for a review of the decision of the RCGP to fail a candidate in a component of MAP.

13.1.3. The two processes are separate but the subject of one may later become the subject of the other.

13.1.4. Appeals and complaints relating to any component of MAP should be made in writing and submitted to the MAP office. The relevant form (in the Appendices of this document) must be completed and submitted.
13.1.5. Any submission must be made by the candidate themselves and should be addressed to the MAP office. The RCGP will not usually enter into correspondence with any third parties in relation to complaints or appeals.

13.1.6. The content of complaints and appeals procedures are intended to be internal and confidential. No-one involved in them shall, without the prior written consent of the RCGP, communicate, publish or otherwise disclose any detail, written material or evidence produced to any unauthorised person.

13.2. **Complaints**

13.2.1. A complaint will not normally be considered if its specific subject matter or closely related subject matter is currently being considered by the RCGP as part of an appeal process, by the GMC under fitness to practise procedures, or by a court, tribunal or similar.

13.2.2. Candidates will not suffer any disadvantage or recrimination as a result of making a complaint.

13.2.3. In the first instance a candidate should attempt to resolve a complaint informally, during or immediately after an assessment or interview, with the most relevant person, for example MAP staff. If the complaint is of a general nature it should be submitted to the MAP office at the RCGP or, if the complaint is about a member of MAP administrative staff, MAP assessor, or panel member, the MAP Clinical Lead or nominated deputy.

13.2.4. Formal complaints must normally be received no later than ten working days after a Recommendation Panel, or an Evaluation Panel interview took place, or after receipt of a Portfolio submission result. The only exception is when an appeal has been lodged. In these circumstances a complaint must be lodged within ten working days of receipt of the decision relating to the appeal panel.

13.2.5. Formal complaints must be submitted in writing using the form available in Appendix 5 of this document and must include supporting evidence.

13.2.6. There is no fee for making a complaint.

13.2.7. Receipt of the complaint will be acknowledged within ten working days.

13.2.8. Formal complaints are considered in the first instance by the MAP Manager or, if the complaint is about the administration of the MAP office and/or a member of its staff, by the MAP Clinical Lead or nominated deputy.

13.2.9. Clarification of the precise nature of the complaint may be sought.

13.2.10. Any individual complained about and/or the person directly responsible for the matter being complained about will be given the opportunity to respond to the complaint.

13.2.11. Further information may be required. The parties will be invited to comment on any information submitted by the other and will be given adequate time to do so.

13.2.12. In taking a decision on whether or not a complaint is justified, the MAP Clinical Lead or nominated deputy will act reasonably and objectively, observing the principles of natural justice and will make its decision on the balance of probabilities.

13.2.13. The decision will be final and communicated to the complainant in writing, with reasons, as soon as is reasonably possible and normally no more than six weeks after receipt of the complaint.
13.2.14. Complaints that are judged to be inappropriate or unsubstantiated will not be accepted.

13.2.15. If a complaint is upheld, the RCGP may offer an apology, or some other appropriate form of redress.

13.3. **Appeals**

13.3.1. An appeal will not normally be considered if its specific subject matter or closely related subject matter is currently being considered by the RCGP as part of the complaints process, by the GMC under fitness to practise procedures, or by a court, tribunal or similar.

13.3.2. The purpose of an appeal is to review the decision of the RCGP to fail a candidate in a component of the MAP programme.

13.3.3. There is an administrative fee for making an appeal. This is the same as the fee for that part of the assessment i.e. Submission fee or Evaluation Panel fee. This is payable to the RCGP at the time of submitting the appeal. The administrative fee will normally be refunded if the appeal is successful.

13.3.4. The following are grounds for appeal:
- there was an irregularity in any part of the assessment process
- there was evidence of prejudice or bias on the part of the assessor(s)

13.3.5. No appeal will be entertained solely on the grounds that the candidate wishes to challenge the academic judgment of the assessors.

13.3.6. Candidates will not suffer any disadvantage or recrimination as a result of making an appeal.

13.3.7. Appeals must be lodged by the candidate in writing using the form available in Appendix 6 and must include supporting evidence.

13.3.8. A candidate wishing to appeal must submit written representations, together with the required fee and supporting evidence to the MAP office.

13.3.9. Appeals must be received within ten working days of the date of receipt of the result of the assessment of a Portfolio or Panel judgement.

13.3.10. Receipt of the appeal will be acknowledged within ten working days.

13.3.11. In the first instance appeals will be considered by the MAP Manager. Clarification of the precise nature of the appeal may be sought.

13.3.12. The MAP Manager will notify the MAP Clinical Lead or nominated deputy of the appeal, and a Review Panel\(^9\) will be convened. The Review Panel will decide if there is a prima facie case for an appeal. If there is no evidence of grounds for an appeal, this will be communicated to the candidate in writing, with reasons, as soon as is reasonably possible and normally no more than six weeks after receipt of the appeal. If the Review Panel concurs that there is prima facie case for an appeal, this will be communicated to the candidate in writing as soon as is reasonably possible and normally no more than six weeks after receipt of the appeal, and an Appeal Panel will be convened.

\(^9\) Please refer to Appendix 1 for further information regarding the Review Panel.
13.3.13. Appeals that are judged to be inappropriate or unsubstantiated will not be accepted.

13.3.14. The Appeal Panel will be convened as soon as is reasonably practicable. The panel will have three members, two of whom will be MAP assessors who were not involved in the original assessment/interview. The third member, who will chair the panel, will be an RCGP assessor who is not involved in the MAP process. None of the panel members will know the candidate.

13.3.15. The appellant will be supplied with, and given the opportunity to comment in advance on, all the information to be considered by the Appeal Panel.

13.3.16. Appeals will normally be considered on the basis of paper evidence only. Appellants will, however, have the right to request an oral hearing and the right to be accompanied at the hearing by a friend, colleague or a member of their professional body. Candidates should not normally be accompanied by a family member or legal representative. A candidate seeking to be accompanied should identify the person accompanying him or her and inform the RCGP at least five days in advance of the hearing.

13.3.17. In reaching a decision on whether to uphold or dismiss an appeal, the panel will act reasonably and objectively, observing the principles of natural justice. The panel will make its decision on the balance of probabilities.

13.3.18. The Appeal Panel may reach one of the following conclusions:
   - That the appeal should be dismissed
   - That the appeal should be upheld and either that:
     - the result of the component should be declared void and the appellant be allowed to resubmit or re-interview without payment of a fee; and/or
     - some other form of redress be offered to the appellant, at the discretion of the panel

13.3.19. The Chair of the Appeal Panel shall communicate its decision to the appellant in writing, with brief reasons, within one month of the date of the Appeal Panel meeting. The Chair of the panel will be authorised to decide whether all, part of, or none of the appeal fee should be refunded.

13.3.20. The Appeal Panel’s decision shall be made on a majority basis and shall be final.

13.3.21. Once the Appeal Panel’s decision has been communicated to the appellant, the MAP administrative staff will not normally enter into any communication with the appellant regarding the outcome of the appeal.

14) COMPLIANCE WITH EQUALITY AND DIVERSITY LEGISLATION

14.1. The RCGP is committed to promoting and developing equality and diversity in all its work. It aims to have policies and ways of working that are fair to all individuals and groups. The RCGP has an equal opportunities policy.

14.2. MAP assessors and MAP administrative staff are trained in equal opportunities.

14.3. The RCGP collects data about MAP applicants and analyses results in relation to equal opportunities monitoring variables.

14.4. The RCGP will consider reasonable adjustments for candidates with disabilities attending the MAP Evaluation Panel interview.
Appendix 1 – Review Panel

A Review Panel would be convened as soon as is reasonably practical by the MAP Clinical Lead or a nominated deputy. Review Panels would be convened to discuss instances such as the following:

- Cases where it appears a candidate may have altered patient records, such as consultation dates, in order to include them in their portfolio
- Cases where misconduct is alleged
- Cases where plagiarism is suspected or blatant
- Cases where a candidate has submitted an appeal against their result to decide whether there is prima facie case for an appeal
- Cases where assessors have raised concerns under Duties of a Doctor

The panel will have three members, all of whom will be experienced MAP assessors. The panel will be chaired by one of the members.

There will be no direct communication between the candidate and panel members. All correspondence will occur through the MAP Manager or a nominated deputy.

None of the panel members will know the candidate under consideration.

The panel will act reasonably and objectively, observing the principles of natural justice. The panel will make its decision on the balance of probabilities.

The Review Panel will normally convene virtually and as such, matters under discussion will be considered on the basis of paper evidence only. Candidates will therefore not be able to be present. However, they will be provided with a copy of all documents the panel will consider.

The panel may make one of the following decisions:

- that the candidate should be permitted to proceed with their MAP assessment with no further action from the RCGP
- that the candidate can proceed with MAP assessment and must submit new evidence as specified by the Panel
- that the candidate should be considered by the RCGP MAP Clinical Governance Panel
- that the candidate should be considered by an Appeal Panel

The panel's decision will be on a majority basis.

Having made a decision, the Chair of the panel will communicate its findings by letter to the candidate and the MAP Clinical Lead.
Appendix 2 – Clinical Governance Panel

Panel Purpose

The purpose of the MAP Clinical Governance Panel is to determine:

a. The eligibility of candidates who do not fully meet all MAP eligibility criteria.

b. The most appropriate course of action in the event of candidate’s misconduct (e.g. plagiarism, falsified documentation), outstanding complaints, negligence claims, clinical governance issues or other areas of concern relating to a candidate’s medical practice or portfolio submission.

c. The most appropriate course of action in the event of concerns raised under “Duties of a Doctor”.

Reporting

The panel reports to the Training, Examinations and Revalidation (TER) Programme Board. A synopsis of the decisions of the panel will be communicated to the TER Programme Board or the relevant group at the time of any Panel reports.

Membership

The membership of the panel will comprise:

- RCGP Honorary Secretary of Council (Chair)
- Medical Director for Revalidation*
- GP Specialist Applications Clinical Lead*
- Chief Examiner*
- A nominated member of Council of the RCGP

*or nominated deputy

A minimum of the Chair and two panel members are required for a quorum.

The Clinical Lead of MAP will be available to discuss a case or cases that need any clarification.

Process

The MAP Clinical Lead or nominated deputy will provide an overview of the evidence, with all relevant documentation, and make a recommendation for decision by the Clinical Governance Panel. All documentation will be circulated among panel members by email for consideration. Panel members will send their decision to the MAP Manager who will present responses to the Panel Chair.

Decision making

Panel members will make one of three decisions:

- Agree with the recommendation
- Agree with the recommendation but suggest minor amendments to the recommendation
- Disagree with the recommendation and discussion is required

The panel may decide on one or several of the following outcomes:

- That the candidate should be permitted to proceed with MAP
- That the candidate’s most recent submission should be returned to the candidate so that he/she may complete the work required and submit the portfolio at a later date
- That the candidate will be issued with a formal warning and a note of the likely penalties if further misconduct takes place
• That the result for that for one or more components will be declared void with loss of all paid fees
• That the candidate should be barred from undertaking RCGP assessments for the purpose of becoming a member for a defined period or indefinitely
• That the candidate should be referred to the relevant Primary Care Organisation, Responsible Officer or the General Medical Council

Following a decision by the panel:
• If the panel members’ views are unanimous the MAP Manager will simply confirm the final decision to the panel and inform the candidate in the name of the panel Chair.
• If minor amendments are suggested the MAP Manager will initially attempt to secure agreement.
• If a discussion is necessary, the MAP Manager would convene a meeting (teleconference) for all members of the panel to discuss any case where there is no consensus in recommendation(s) or amendments are suggested that cannot be agreed by email.
• Following further discussion, a majority decision will be taken with the final approval of the Chair of the panel, who will have the ‘casting vote’ if required.

**Working Practices**

These are as follows:

**a. Communication**
There will be no direct communication between the candidate and panel members. All correspondence will occur through the MAP Manager or a nominated deputy.

**b. Frequency and location**
The panel will convene as required, depending on the number of cases to be heard: this could either be on an ad hoc or regular basis. Meetings will usually be virtual or by teleconference. If there is a reason to convene a meeting, this will normally be held on RCGP premises.

**c. Supporting Material:**
• Documentation relating to case(s) from the candidate(s) submissions and any subsequent communications, will initially be forwarded on to the MAP Clinical Lead for summarising and to make a recommendation as required. The Clinical Lead may request further information and documentation from the candidate prior to convening the panel virtually.
• Once the MAP Clinical Lead has made the recommendations, the MAP Manager will forward all relevant documents on to the panel by email. Submissions to the panel will be anonymised.
• Panel members will advise the MAP Manager of their decisions by email.

**Conflicts of Interest**

It is often difficult to completely anonymise evidence/portfolio submissions as situations may be recognisable. If a panel member believes they personally know a doctor whose case is being considered this would be seen as a conflict of interest and they should make the Chair of the panel aware of this and normally withdraw from the case (unless the Chair views the panel member’s knowledge of the individual as so tangential that it could not be seen as a conflict of interests in any way).

**Appeals**

Appeals against a decision of the panel should be made in writing to the Chief Executive within 28 days of receipt of the panel’s decision. Appeals that are judged to be valid by the Chief Executive will be considered by the College President and the Chief Executive and their decision will be the final outcome. No further appeals from the same candidate will be considered.
Appendix 3 Mitigating Circumstances

1. Mitigating circumstances\(^{10}\) will not result in a change in the decision of the Panel. However, candidates who report mitigating circumstances that are accepted by the RCGP may, under the following Regulations, be permitted to participate in a second and final Evaluation Panel interview.

2. The RCGP would normally expect a candidate who believed that their performance was likely to be affected by mitigating circumstances arising before their interview to withdraw from the process and reapply at a later date. Candidates will be required to sign a form declaring they are fit to participate when they attend the Evaluation Panel interview.

3. Where mitigating circumstances arise during their interview which the candidate believes are having a material and detrimental effect on performance, the candidate would normally be expected to withdraw and participate in an Evaluation Panel at a later date.

4. If a candidate decides to proceed with their interview even though s/he believes that mitigating circumstances are having an effect on performance, then the mitigating circumstances must be reported to a member of the MAP administrative staff who will complete a contemporaneous record which will be signed by the candidate.

5. All reports of mitigating circumstances must be submitted to the RCGP’s MAP Office as soon as the circumstances arise or as soon as possible thereafter and no longer than 48 hours after the Evaluation Panel takes place. The only exception is where the candidate was unaware of the mitigating circumstances at the time of the assessment. The RCGP Mitigating Circumstances form below must be completed, and compelling and independent written evidence of the mitigating circumstances must be provided. Mitigating circumstances for reasons of illness must be evidenced in the form of a medical certificate submitted with the Mitigating Circumstances Form.

6. Where mitigating circumstances arise that affect all candidates\(^\text{11}\) the Evaluation Panel Chair will be responsible for deciding what action to take and will provide a written report to the MAP Office.

7. No report of mitigating circumstances submitted after the notification of results will be considered unless the candidate can provide compelling and independent evidence that s/he was unable, for whatever reason, to make the RCGP aware of them at an earlier stage.

8. All reports of mitigating circumstances will be considered by the MAP Clinical Lead or a nominated deputy, who may consult others as they see fit. Records of any mitigating circumstances submitted in respect of other interviews may be taken into account.

9. If an application for mitigating circumstances is accepted, the Panel’s decision will be considered void and the candidate will be offered a further final interview at a later date.

10. If an application for mitigating circumstances is refused, the candidate may complain to the RCGP using the complaints procedure contained in Section 13 of these Regulations.

\(^{10}\) For example illness or bereavement

\(^{11}\) For example the evacuation of the building during the interview
MAP Mitigating Circumstances Form

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<thead>
<tr>
<th>Name of Candidate</th>
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<tbody>
<tr>
<td>GMC Number / MAP Candidate Number</td>
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<tr>
<td>Assessment Date</td>
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**Mitigating Circumstances**
Please describe below the circumstances of your assessment which you wish RCGP to take into account, and explain how you think your performance in the assessment was affected.

| Nature of supporting evidence submitted |                  |

<table>
<thead>
<tr>
<th>Candidate Signature</th>
<th>Date</th>
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<tr>
<th>Recipient at RCGP</th>
<th>Date</th>
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Appendix 4 – MAP Complaint Form

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<th>Name of Candidate</th>
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<td>GMC Number / MAP Candidate Number</td>
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<tr>
<td>Assessment Date</td>
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<tr>
<td>Nature of Complaint</td>
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Nature of supporting evidence submitted

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<th>Candidate Signature</th>
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<td>Recipient at RCGP</td>
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<td>Date</td>
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Appendix 5 – MAP Appeal Form

Before completing this form please refer to the MAP Regulations section on Appeals (13.3).

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<thead>
<tr>
<th>Name of Appellant</th>
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<tr>
<td>GMC number / MAP Candidate Number</td>
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<tr>
<td>Assessment Date</td>
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**Reason for Appeal**

Please indicate the nature of your appeal with reference to Section 13.3.4 of the MAP Candidate Regulations. Appeals cannot be made solely on the grounds that you wish to challenge the academic judgment of the assessors.

<table>
<thead>
<tr>
<th>Nature of supporting evidence submitted</th>
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<tr>
<th>Fee attached</th>
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<tbody>
<tr>
<td>Appellant Signature Date</td>
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<td>Recipient at RCGP Date</td>
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