September 2019

Membership by Assessment of Performance

Regulations
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1. Introduction

These regulations relate to Membership by Assessment of Performance (MAP) leading to membership of the RCGP (MRCGP). MAP is a portfolio-based assessment.

It is a condition of entry for the assessment that candidates agree to be bound by these Regulations. They will continue to be binding even if a candidate chooses to withdraw from the assessment.

1.1 Date of publication

This version of the Regulations came into effect on the date above and supersedes all others. The Regulations 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 (www.rcgp.org.uk/map). 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.

1.2 General Data Protection Regulation

The information we hold about candidates will be stored and processed in accordance with the General Data Protection Regulation.

1.3 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.

1.4 Duties of Doctors

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 person or body (such as the Responsible Officer, the GMC or the relevant designated body).

2. Eligibility

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 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 any employing or regulatory organisation, for example 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 with their designated NHS organisation.
- Candidates working in HM Armed Forces must submit consent from their commanding officer, who 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 practise 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.

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 period.

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.

As a requirement of participating in MAP all candidates must demonstrate competence in Cardio-Pulmonary Resuscitation (CPR) and automated external defibrillation (AED) by providing appropriate certification. The Basic Life Support (BLS) certificate submitted must be less than 15 months old and be issued by a Resuscitation Council (UK) ALS instructor or equivalent and conform to the Resuscitation Council (UK) Guidelines in place at that time. *If you are unable to undertake CPR because 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. A copy of the certificate must be submitted with the candidate’s first submission.*
3. Timescales for undertaking MAP

Candidates will be given two deadlines for submission of criteria by the MAP office after their application has been received and when their eligibility to undertake the programme has been confirmed. There will be an initial deadline for submission of the first group of criteria one year after an application has been received, and a further deadline for receipt of all 13 criteria, which will be five years after an application has been received.

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 and duration of extension required and include any corroborative evidence, for example a medical certificate.

If all the required material is not received prior to the candidate’s deadline, the candidate will be marked as ‘out of time’ unless there are exceptional mitigating circumstances. The candidate must inform the MAP office in writing about any mitigating circumstances (email acceptable). Deferring a submission is not permissible. Candidates who are not able to submit before a stipulated deadline must re-apply.

Candidates must submit at least 3 criteria as a set for assessment each year. All 13 criteria must be submitted within the 5-year deadline.

Candidates failing to submit by either their interim (annual) or final (five year) deadline will be marked as ‘out of time’.

Candidates may only have one set of criteria in the assessment process at any one time. The MAP office will inform candidates of the interim (annual) deadline for their next group of criteria when confirming the final outcome of the marking of the group currently being assessed.

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 will be marked as ‘out of time’.

4. Process

4.1 Assessment structure and content

MAP is an assessment of a candidate’s submitted criteria. Candidates are required to produce a portfolio of work containing the stipulated 13 criteria by submitting a set of at least three criteria each year within a five-year period.

Candidates must submit their evidence on the MAP Portfolio Template.

Criteria should be completed following guidance in the MAP Handbook.

If a candidate has previously submitted evidence for either MAP or iMAP for which assessor feedback has been provided, the candidate must submit entirely new material.

If a candidate has used material previously submitted, the procedure for Falsification of Documentation will be followed.
The submission will be assessed by two MAP assessors and feedback will be given to the candidate. Once the submission stage assessment is complete, the set of criteria will be sent to Recommendation Panel. This will usually be within 8 weeks.

4.2 Recommendation Panel

The Recommendation Panel will consider the assessment of the submissions and determine whether they have reached an acceptable standard or whether the candidate should be invited to attend an Evaluation Panel.

The Recommendation Panel may determine that a candidate should be invited to attend an Evaluation Panel even if the submission stage assessors have accepted the criteria under consideration. Should any area of any criteria not reach the required standard in the judgement of the Recommendation Panel, the candidate will be invited to attend an Evaluation Panel.

The Panel may equally determine that the required standard has been reached even if at the submission stage assessors have judged one or more criteria has not reached the standard.

Candidates will be invited to become a member of the RCGP if all 13 of the criteria within their portfolio have attained a satisfactory standard as judged by the Recommendation Panels, as long as they remain in good standing with the GMC.

4.3 Evaluation Panel

The purpose of the Evaluation Panel is to review any criteria which have not reached the required standard.

Only those candidates whose submissions 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.

If the candidate does not engage with the Evaluation Panel process or does not attend a scheduled interview, the Clinical Lead for MAP or a nominated deputy will review the candidate’s submission and may decide further action is necessary. This action includes but is not limited to: seeking further information from the candidate, convening a MAP Review Panel, or contacting the candidate’s Responsible Officer or employer.

Those candidates who attend an Evaluation Panel will be invited to become a member of the RCGP if all criteria within their portfolio attain a satisfactory standard as judged by the Evaluation Panel.

Conduct of the MAP Evaluation Panel

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

Candidates must arrive at the time specified by the RCGP.

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.
Candidates will be asked to provide RCGP staff with photographic proof of identity on arrival. Original, documentary evidence of name changes must be provided. If proof cannot be provided to the satisfaction of the staff, the candidate will not be permitted to participate in the panel and will forfeit the relevant fee.

Candidates will be required to sign a declaration that they are fit to participate when they attend the Evaluation Panel.

Candidates may be required to bring to the interview a paper copy of their submission and their anonymised patient records for Managing Acute Illness and/or Urgent Referrals to Secondary Care if these areas are to be discussed. The candidate will be informed whether they need to bring anonymised paper patient records for appropriate criteria if invited to attend an Evaluation Panel. Candidates cannot use electronic devices or computers during the Evaluation panel.

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

Those candidates who require an Evaluation Panel must attend a Panel within 6 months of being advised of the outcome of the Recommendation Panel. Failure to attend a panel within this timescale will result in the candidate being marked as ‘out of time’. If a candidate is unable to attend the Evaluation Panel on the date advised due to mitigating circumstances, they must inform the MAP office immediately.

5. Misconduct

5.1 Plagiarism

Candidates are advised that the RCGP does not tolerate any form of plagiarism or collusion in candidates’ submissions for MAP. On the application form candidates are asked to give their consent to their submissions 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 submitted material is 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.

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 acknowledgement. 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. If a candidate is submitting evidence from collaborative work, this must be made clear within the submission and their reflections must be their own.

All submissions for MAP may be scanned through plagiarism detecting software.

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

- The MAP Manager* will write to the MAP Clinical Lead* to inform them of their concerns, identifying suspect statements, pieces of text etc. (* or nominated deputies)
- 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.
Allegations will not continue to be investigated where they lack substance or appear, upon investigation, to be unfounded. 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.

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 deemed appropriate, refer the matter directly to the MAP Clinical Governance Panel.

5.2 Falsification of Documentation

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:

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

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, this may include requests to see copies of original records.

Allegations will not continue to be investigated where they lack substance or appear, upon investigation, to be unfounded. 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.

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 deemed appropriate, refer the matter directly to the MAP Clinical Governance Panel.

6. Complaints and Appeals

A complaint raised by a candidate relates to the administration or conduct of an assessment by the RCGP where there is no intention to query the result of the assessment.

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

Complaints and appeals processes are separate but the subject of one may later become the subject of the other.

Complaints and appeals relating to any component of MAP should be made in writing and submitted to the MAP office. The relevant form (in Appendix 4 and Appendix 5 of this document) must be completed and submitted.

Any submission must be made by the candidate personally 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.
The content of complaints and appeals procedures is 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.

6.1 Complaints

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.

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

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, to the MAP Clinical Lead or nominated deputy.

Formal complaints must normally be received no later than ten working days after a Recommendation Panel or an Evaluation Panel has taken place, or after receipt of a 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.

Formal complaints must be submitted in writing using the form available in Appendix 4 of this document and must include supporting evidence.

There is no fee for making a complaint.

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

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.

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

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.

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

In taking a decision on whether 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.

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.

Complaints that are judged to be inappropriate or unsubstantiated will not be accepted.
If a complaint is upheld, the RCGP may offer an apology or some other appropriate form of redress.

6.2 Appeals

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.

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

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.

The following are grounds for appeal:

- An irregularity in any part of the assessment process.
- Evidence of prejudice or bias on the part of the assessor(s).

No appeal will be entertained solely on the grounds that the candidate wishes to challenge the academic judgement of the assessors. Appeals may only relate to the process or the conduct of assessors, not to dissatisfaction with the outcome.

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

Appeals must be lodged by the candidate in writing using the form available in Appendix 5 and must include supporting evidence.

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

Appeals must be received within 28 days of the date of receipt of the result of the assessment of a Submission or Panel judgement.

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

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

The MAP Manager will notify the MAP Clinical Lead or nominated deputy of the appeal, and an Appeals Review Panel 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.

Appeals that are judged to be inappropriate or unsubstantiated will not be accepted.
The Appeal Panel will be convened as soon as is reasonably practicable. The panel will have three members, one of whom will be a MAP assessor who was not involved in the original assessment/interview. The second member will be a lay representative and 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.

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.

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. Appellants should not normally be accompanied by a family member or legal representative. An appellant 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.

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.

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

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.

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

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.

7. Policy

This section outlines all relevant RCGP policies that apply to the MAP process.

RCGP staff and assessors are expected to comply with the RCGP Behavioural Framework, and candidates are expected to comply with GMC Good Medical Practice.

7.1 Oversight

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

7.2 Assessors

RCGP MAP assessors are formally recruited, trained and regularly retrained in assessment techniques and equal opportunities.
The performance of assessors is continually monitored and reviewed.

7.3 Use of completed submissions
Once a submission has fully completed the MAP assessment process it may used (in anonymised form) for the purposes of training and calibration by the RCGP. Consent for this use will be assumed unless an exemption is specifically requested.

7.4 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 assessments, including MAP, for research and development purposes. Consent to use of this data will be assumed unless exemption is specifically requested.

7.5 Reasonable Adjustments
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.

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.

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.

Each case will be separately assessed by the MAP Clinical Lead or a nominated deputy. Candidates will be informed in writing whether 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.

7.6 Compliance with Equality and Diversity Legislation
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.

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

The RCGP collects data about MAP applicants for the purposes of equal opportunities monitoring.

8. Fees
A schedule of fees payable is posted on the RCGP website. All payments are made online through a secure web page.
The application fee is payable when a candidate’s eligibility is confirmed by the MAP office by email – instructions are provided at this time. Candidates will be offered Associate Membership for the period they are a MAP candidate (maximum of five years) at a discounted rate.

Payment of the application fee must be made within one month of confirmation of eligibility. If payment is not made within this timeframe the application will be considered as void.

The submission fee is payable when any group of criteria is submitted for assessment. The MAP office will provide instructions for payment when confirming receipt of the submission by email.

Those candidates who attend an Evaluation Panel will pay a further fee for this. The MAP office will provide instructions for payment when the date of the panel is confirmed by email.

Fees are nonrefundable, unless there are exceptional mitigating circumstances (such as illness), any refund will be at the discretion of the MAP Clinical Lead.

Fees must be paid at each stage of the MAP process as detailed above and late payment will delay the relevant part of the assessment.

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.

There is an administrative fee payable where a candidate wishes to appeal against the result in a part of the MAP assessment. Please refer to the Appeals section for further information.

9. Making an application to do MAP
Applicants must complete and submit an application form together with the requisite documentation, namely completed application form and CPR Certificate (Basic Life Support (BLS) and Automated External Defibrillator (AED), so that their eligibility to undertake the programme can be confirmed.

Applicants may commence work on their criteria prior to submitting an application but must have had their eligibility to undertake MAP confirmed by the MAP office prior to their first submission.

Once a candidate’s eligibility has been confirmed, they will receive (electronically) an acknowledgement letter confirming their eligibility for MAP, confirmation of the deadlines for submission of first group of criteria and overall deadline for submission of all criteria.

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

Candidates withdrawing from MAP after their application but before submitting criteria for assessment will forfeit their application fee payment.

No refund will be made to candidates withdrawing after any submission.

If a candidate withdraws from MAP because of exceptional mitigating circumstances (such as illness), any refund will be at the discretion of the MAP Clinical Lead or MAP manager. Candidates may apply for a
refund by writing to the MAP office by post or email with a full explanation of their circumstances including written evidence supporting their case.

11. Submission

The MAP Portfolio template is a Word document that candidates must download from the RCGP website. Candidates must complete all 13 criteria contained in the document using this template, submitting a minimum of three criteria at any point.

Candidates may not submit any further sets of criteria until the previous set has completed the assessment process.

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

All MAP submissions must be written in the English language.

Portfolios must contain information that relates to the candidate’s actual management of real patients and must accurately represent their own clinical practice. All material must be fully anonymised before criteria are submitted.

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, an electronic storage device may be used instead. The completed portfolio template for each submission must be submitted by email on or prior to the deadline set by the MAP office. The feedback received for the Patient Satisfaction Questionnaire and Multi Source Feedback surveys should be submitted at the same time - as separate attachments to the email if relevant to the submission.

The MAP office will check the submission for completeness, anonymisation with regards to patient information and the submission's format prior to sending it to the 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 timeframes are not adhered to, the candidate may be marked as 'out of time', or their unsuitable submission may be sent to the assessors as it stands.

Material submitted in the portfolio for the five criteria required for Revalidation, namely Learning Event Analysis, Feedback from Patients, Feedback from Colleagues, Quality Improvement Programmes, and Complaints and Compliments, must be from the candidate’s most recent or current revalidation cycle and no older than 5 years at the date of submission. The material for the remaining criteria must be no more than one year old on the date of initial submission. If it appears that dates of evidence may have been altered (and thereby falsified), the process for "Falsification of Documentation" (Section 2.5 of these Regulations) will be followed.

The signed declaration relating to the handling of questionnaires for the Feedback from Patients criterion should be posted to the MAP office or scanned and sent with the criterion at the time this section is submitted.

Candidate submissions will be sent to the assessors when the following have been received by the MAP office:

- the submission fee
• a valid CPR certificate (this must be sent when the first set of criteria is submitted, and be no older than 15 months when submitted)
• a signed declaration relating to the handling of the patient satisfaction questionnaires (if this criterion is being submitted)
• a signed declaration agreeing to abide by the MAP regulations for each submission

12. Assessment

12.1 Submission Stage

All submissions for MAP may be scanned through plagiarism detecting software.

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

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.

Any criterion that is marked as Unsatisfactory will require new material to be submitted. Any criterion marked as Borderline will require clarification of existing material.

Candidates are permitted to make one initial submission and two resubmissions of their material.

Changes requested by assessors should be included in new submission proformas which are inserted into the portfolio template document by the MAP office; no amendments should be made to earlier submitted material. The amended submission 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.

All assessed submissions will be sent to a MAP Recommendation Panel either when the assessors deem the submission to have reached the required standard for MAP or or when two resubmissions have been made.

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

12.2 Recommendation Panel

The Recommendation Panel will comprise three MAP assessors (one of whom will act as Chair), and one lay member. The first three listed members will all be general practitioners and trained MAP assessors. The lay member is there to provide a quality assurance check that fair decisions are being made by the whole panel, while also ensuring that judgements on quality include a consideration of the patient perspective.

Recommendation Panels will be held at regular intervals throughout the year. A submission will normally be considered by a Recommendation Panel within eight weeks of the completion of submission stage assessment.
Candidates will be informed, in advance, of the date of the Recommendation Panel which will be reviewing their submission.

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

Candidates who have completed all 13 criteria and 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 submission has not reached a satisfactory standard in the judgement of the Recommendation Panel will be invited to an interview with an Evaluation Panel. If the candidate has 3 or more criteria remaining they can decline the invitation and submit brand new material in their next submission.

Candidates whose work was accepted in its entirety by the assessors will not necessarily be accepted by the Recommendation Panel – they may be invited to attend an Evaluation Panel.

The Recommendation Panel will provide information on areas to be discussed at the Evaluation Panel.

Results will be sent by email to candidates within four weeks of the date of the Recommendation Panel. Letters will be sent additionally by post if the candidate has completed all 13 criteria. 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.

The names of completing candidates will be passed to the Membership Department of the RCGP for election to full Membership, the candidate’s local Faculty and published on the RCGP website.

All candidates will be given written feedback from Recommendation Panels.

13 Evaluation Panel

Candidates will be informed if their submission has failed to reach an acceptable standard. They will usually be notified of the week in which the Panel will be scheduled within four weeks of the Recommendation Panel. The precise date and time will usually be confirmed no less than four weeks prior to the date of the Panel.

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

Location

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

Format of the Evaluation Panel

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1 Candidates who do not wish for their name to be listed may request this by indicating as such on their application form.

2 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.
The Evaluation Panel will only discuss those criteria which have failed to reach the requisite standard in the judgement of the Recommendation Panel.

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

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.

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

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 for inclusion with the letter which will be sent to the candidates informing them of the result.

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

The Panel will convene on an ad hoc basis, as often as is required.

**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.
14 Candidates who Fail

Candidates who do not meet the standard once they have completed all 13 criteria should consider that this brings to an end this attempt, but they are welcome to make a new attempt if they so wish. They will need to complete the criterion/a again and use entirely new evidence.

Although there is an appeals procedure that may be followed, a candidate may not question the judgment of the assessors.

15 Notification of Results

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.

The names of completing candidates will be passed to the Membership Department of the RCGP for election to full membership and published on the RCGP website³.

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³ Candidates who do not wish for their name to be listed may request this by indicating as such on their application form.
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 will 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 a result to decide whether there is a 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 take place through the MAP Manager or a nominated deputy. The panel may request further information or copies of original records before reaching a decision.

None of the panel members will know the candidate under consideration and all documents will be fully anonymised.

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 based on 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 within 4 weeks of the decision being reached by the Panel.
Appendix 2 – MAP Clinical Governance Panel

Purpose

The purpose of the MAP Clinical Governance Panel is to determine:
- Whether candidates who do not fully meet all MAP eligibility criteria may be allowed to apply
- The most appropriate course of action in the event of a 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
- The most appropriate course of action in the event of concerns raised under ‘Duties of a Doctor’

Reporting

The panel reports to the Revalidation Working Group of the RCGP. A synopsis of the decisions of the panel will be communicated to the Group.

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 is required for a quorum.

The Clinical Lead for 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, necessitating discussion.

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 they 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 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. If the decision has been made to refer the candidate to an external organisation, the full documentation relating to the case will be shared without further reference to the candidate.
• If the candidate is allowed to continue with the MAP process but an external organisation has been informed about concerns the MAP office will provide updates on the candidate’s progress to that organisation.

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 will 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:

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.

Frequency and location
The panel will convene as required. 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.

Supporting Material:
Documentation relating to case(s) from the candidate(s) original 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 anonymise evidence/portfolio submissions completely as situations may be recognisable. If a panel member believes they personally know a doctor whose case is being considered this would be a conflict of interest. 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 interest in any way).

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

Appendix 3 – MAP Mitigating Circumstances

Mitigating circumstances policy as applies to Evaluation Panel

Mitigating Circumstances are serious, unforeseen, unpreventable events that significantly affect candidate performance.

The RCGP would normally expect a candidate who believed that their performance was likely to be affected by mitigating circumstances arising before an assessment to withdraw and attend at a later date.

Where mitigating circumstances arise during an assessment which the candidate believes are having a material, detrimental effect on performance, the candidate would normally be expected to withdraw from the panel and attend at a later date. If the candidate wishes to proceed with a request for mitigating circumstances to be considered, they must submit a request using the mitigating circumstances form.

If a candidate decides to proceed with an assessment even though they believe that mitigating circumstances are influencing performance, then the mitigating circumstances must be reported to the MAP arbiter who will complete a contemporaneous record which will be signed by the candidate. If the candidate wishes to proceed with a request for mitigating circumstances to be considered, he/she must submit a request using the mitigating circumstances form.

Where mitigating circumstances arise that affect all candidates the arbiter supervising the assessment will be responsible for deciding what action to take and will provide a written report to the MAP office.

All reports of mitigating circumstances will be considered by the MAP Manager, 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 assessments may be used to inform the decision-making process.

Mitigating circumstances will not result in any change to the outcome of an assessment. However, candidates who report mitigating circumstances that are accepted by the RCGP may be allowed to attend one further Evaluation Panel within six months of the original Evaluation Panel date.

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4 For example illness or bereavement
5 For example the evacuation of the building during the assessment
### Appendix 3 – MAP Mitigating Circumstances Form

<table>
<thead>
<tr>
<th>Name of Candidate</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>GMC Number / MAP Candidate Number</td>
<td></td>
</tr>
<tr>
<td>Date of submission of form</td>
<td></td>
</tr>
<tr>
<td>Date of Evaluation Panel</td>
<td></td>
</tr>
</tbody>
</table>

**Mitigating Circumstances**

Please describe below the circumstances of your assessment which you wish RCGP to consider 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>
</tr>
</thead>
<tbody>
<tr>
<td>Recipient at RCGP</td>
<td>Date</td>
</tr>
</tbody>
</table>
## Appendix 4 – MAP Complaint Form

<table>
<thead>
<tr>
<th>Name of Candidate</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>GMC Number / MAP Candidate Number</td>
<td></td>
</tr>
<tr>
<td>Assessment Date</td>
<td></td>
</tr>
<tr>
<td>Nature of Complaint</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nature of supporting evidence submitted</th>
<th></th>
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</thead>
</table>

| Candidate Signature | Date | Recipient at RCGP | Date |
Appendix 5 – MAP Appeal Form

<table>
<thead>
<tr>
<th>Name of Appellant</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>GMC number / MAP Candidate Number</td>
<td></td>
</tr>
<tr>
<td>Assessment Date</td>
<td></td>
</tr>
<tr>
<td>Reason for Appeal</td>
<td>Please indicate the nature of your appeal with reference to Section 6.2 of the MAP Candidate Regulations. Appeals cannot be made on the grounds that you wish to challenge the academic judgment of the assessors.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nature of supporting evidence submitted</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Fee attached</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Appellant Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Recipient at RCGP</td>
<td>Date</td>
</tr>
</tbody>
</table>