

**Medical Care Practitioner Competence and Curriculum Framework
Public consultation summary of responses****Introduction**

The following pages provide a summary evaluation of the numerical data and noteworthy comments from the Medical Care Practitioner (MCP) Competence and Curriculum Framework public consultation document. The consultation document was developed over 12 months and the process was led, on behalf of the MCP National Programme Board, co-jointly by the Royal College of Physicians and the Royal College of General Practitioners. The public consultation period ran from Friday 4 November 2005 to Friday 10 February 2006.

The consultation document was constructed to give the reader an introduction to the role, its potential scope of practice and an outline of the competences required to fulfil the role and broad scope of the intended curriculum. The intention of the document was to solicit opinion about these facets of the role and not necessarily scope the need for the role as this will be determined by local service and workforce planning across health and social care.

The document was developed with reference to the United States Physician Assistant model, a role that has been established there for over 40 years. Similar roles are currently being developed to address service and workforce needs across the world.

During the consultation period 1650 copies of the document were distributed via a combination of email and telephone requests, distribution at workforce and service redesign events and through national/local networks. At the end of the consultation period we received 258 responses. These responses ranged from one line opinions and brief perceptions of the role to full reflections of the whole document and consideration of all the questions asked. The responses included individual and organisational responses, including organisations mandated to respond on behalf of their members and organisations who sought consensus from a variety of stakeholders. A full list of organisations who responded to the consultation can be found at the end of this document.

The following pages provide a summary of the responses to each of the questions asked within the document.

Summary of responses

Question 1

Do you believe that the practitioner should have access to a prescribing formulary identical to that of their supervising physician to be used within local agreed guidelines?

The majority of respondents agreed that the MCP should have access to the prescribing formulary identical to that of their supervising physician. Many respondents highlighted the need to adhere to local policies and guidelines.

Question 2

What are your views on the proposed standard of proficiency as set out in the preceding sections, which focus on competence, procedural skills and core clinical conditions, in terms of the level at which the practitioner will practice upon registration?

The majority agreed with the proposed standards of proficiency for a newly qualified MCP as set out in the document.

Question 3

Would you agree that there should be a period of 'probationary practice' post academic qualification and prior to formal registration as an MCP?

Most were in agreement with a period of probationary practice.

Question 4

If you agree that there should be this period, how long should it be and what should be the outcomes?

Although responses ranged from a period of 3 months to 2 years. The general opinion was for a period of 6 to 12 months

Question 5

During this period would you agree that the practitioner should have their own caseload?

The majority supported the idea of their own caseload and believed this would be necessary to demonstrate the achievement of desired competences.

Question 6

During this period would you agree that the MCP should be able to refer on to other practitioners including hospital consultants, therapists and other specialist medical services?

The majority of respondents were in agreement.

Question 7

Would you agree that arrangements need to be put in place to assimilate practitioners who meet the competences of the MCP into the regulatory process?

There was general agreement here and the key role of the regulatory body was recognised by many.

Question 8

Who should be responsible for this?

There was a range of responses that included the current regulatory bodies and the Medical Royal Colleges.

Question 9

Do you think that the above proposals regarding the Accreditation of Prior Experiential learning (APEL) process provide sufficient protection for public safety whilst not being too restrictive?

The majority agreed that an APEL process would be required to ensure clinical and corporate governance.

Question 10

What are your views on the proposal for a single national assessment for the profession?

Almost all responses agreed that a single national assessment for the profession should be in place. Some respondents noted that this might be a useful transitional arrangement whilst establishing parameters and building public confidence.

Question 11

The assessment of professional examinations through either an examination board or a professional body is the usual route prior to regulation. However on becoming part of a statutory register there is a requirement for qualifications to be independently assessed and quality assured and therefore requires professional body examinations to be embedded within the HEI sector. Should the regulator be the sole assessor of educational programmes?

There was no consensus from responses regarding the role of the regulator in assessing educational programmes.

Question 12

The steering group members who have written this document have the combined expertise to validate educational programmes for the role in the interim period. What are your views?

There was no consensus from responses regarding the role of the steering group in assessing educational programmes.

Question 13

Periodic re-registration through the passing of a re-accreditation examination is a relatively new process for healthcare professions. Do you foresee any issues with the introduction of this process?

Some respondents were confused with regard to the terms re-registration and re-accreditation. Many respondents commented that this rigorous approach was not currently applied to existing healthcare professionals.

Question 14

What are your views on compulsory periodic re-assessment?

Covered in response to question 13 above.

Question 15

Do you have any suggestions regarding how this periodic re-assessment will be funded whilst remaining independent?

A range of responses were offered from central funding, professional fees, employers and individuals.

Question 16

This list is not exhaustive, but do you think that there is a core theoretical knowledge area that is missing?

There were a wide range of suggestions made and consideration of these will be made by the MCP Development Steering Group and recommendations will be reflected in the final MCP Competence and Curriculum Framework document.

Question 17

What is your opinion of the weighting that should be given to each core theoretical knowledge area i.e. what are the priority theoretical knowledge areas?

There were a wide range of suggestions made and consideration of these will be made by the MCP Development Steering Group and recommendations will be reflected in the final MCP Competence and Curriculum Framework document.

Question 18

Do you think it is appropriate that until the regulatory body is established that the accreditation function be carried out by a panel drawn from the Curriculum Framework and Competence Steering Group, the MCP National Programme Board and participating HEIs? If not, what alternatives would you suggest?

There was no consensus but a polarity of viewpoints. Many respondents noted the difficulty in establishing interim arrangements for this process.

Question 19

The issue of the eventual title of the role has been contentious. Ultimately the title should be one that the public are able to recognise as a descriptor of the role. The title is not a beauty contest and neither should it be a descriptor of 'rank' in a team. Do you have a suggestion that meets the needs of the patient and one that the profession will be happy to adopt?

The majority favoured the title 'Physician Assistant'.

Question 20

Do you anticipate that the proposed timeframe is adequate?

The majority believed that the proposed timeframe to develop the infrastructure required to fulfil mainstreaming of the role was adequate.

Question 21

Have you any further comments regarding the process, the document and the role?

There were a range of comments which will be considered by the MCP Development Steering Group and the recommendations reflected in the final MCP Competence and Curriculum Framework document.

Names of organisations that responded as part of the consultation process

American Academy of Physician Assistants
Association of Advanced Nursing Practice Educators
Avon Gloucestershire and Wiltshire WDC and SHA
Barking and Dagenham PCT
Berkshire Workforce Forum
British Association of Otolaryngologists – Head & Neck Surgeons
British Cardiac Society
British Dental Association
British Medical Association
British Orthopaedic Trainees Association
Carlisle (informal group of doctors and medical students)
Cheshire and Merseyside SHA
College of Emergency Medicine
Council of the Heads of Medical Schools
County Durham and Darlington Unscheduled Care Network
Cumbria and Lancashire SHA (Workforce and HR Directorate)
East Cambridgeshire and Fenland PCT
Eastern and North Birmingham PCT
Education for Health
Faculty of Health and Social Care Sciences Kingston University/St George's
University of London
Forum for the Future, collaborative forum NE London Local Health

Community
Gloucestershire Local Medical Committee
Greater Manchester PCT
Guild of Healthcare Pharmacists
Guys and St Thomas' NHS Foundation Trust
Health Informatics Unit of the Royal College of Physicians
Health Professions Wales
Healthcare Commission
Heart of Birmingham Teaching PCT
Keele University, School of Medicine
KSF Group of the NHS Staff Council (NHS Employers)
Leeds West PCT
London, Eastern and South East Clinical Pharmacy Specialist Service
Medical Defence Union
Medical Protection Society
National Patient Safety Agency
NHS Health Informatics Faculty (CFH)
North West Deanery
Northern Ireland Health Professions Forum Advisory Committee for the Allied Health Professions
Northumbria Healthcare NHS Trust
Nursing and Midwifery Council
Patient and Carer network of the RCP
Professional Modernisation Team at the Trent Multi Professional Deanery
Royal College of General Practitioners Midland Faculty
Royal College of Nursing
Royal College of Paediatrics and Child Health
Royal College of Physicians and Surgeons of Glasgow
Royal College of Physicians of Edinburgh
Royal College of Radiologists
Royal College of Surgeons of England
Royal Surrey County Hospital
Salisbury Healthcare NHS Trust – Senior nurses and Midwives
Sandwell & West Birmingham Hospitals NHS Trust
Scottish Executive Health Department
Slough PCT Nurse Forum
South Gloucestershire PCT
South Yorkshire SHA(Workforce Development and Non Medical Prescribing)
St. George's Healthcare NHS Trust
Staffordshire University
Thames Valley SHA
The British Psychological Society
The Society and College of Radiographers
UK Association of Physician Assistants (UKAPA)
Universities Board for MCP Programmes
University of Birmingham
University of Liverpool
Vascular Workforce and CHD Choice (Department of Health)
Wales Cyngor Cymru for Nursing, Midwifery and Allied Health Professional Education

Waltham Forest PCT
Welsh Assembly, Community, Primary Care and Health Services policy
directorate
West Midlands Deanery
Workforce Development Confederation for North and East Yorkshire and
North Lincolnshire and the Hull York Medical School (HYMS)

Full responses from individuals and organisations can be requested at the
following email address: practitioner.queries@nwlondon.nhs.uk