



# MACP PORTFOLIO ROUTE

## Mentored clinical practice (MCP) ASSESSMENT FORMS

Part 1: Mentee induction record, Log of hours, Learning Contract Part 2: Forms to be completed during the placement Part 3: Forms to be completed at the end of placement

#### **CLINICAL MENTORSHIP ASSESSMENT FORMS**

<u>Mentee Name:</u> Contact number: Email:

<u>Clinical Mentor Name(s):</u> Contact number: Email:

**Clinical Mentorship Location:** 

#### Start Date:

End Date:

Summative Assessment Date:

#### MACP Assessor: Contact number: Email:

DOCUMENTATION TO BE SIGNED OFF FOR CLINICAL MENTORSHIP		
Learning Contract	Approved by MACP PR Lead	
	Date:	
	Approved by Clinical Mentor	
	Date:	
HCPC Registration (or equivalent)	Approved by Clinical Mentor/Trust	
	Date:	
<b>CSP Registration</b> (or equivalent)	Approved by Clinical Mentor/Trust	
	Date:	
<b>Enhanced DBS/PVA Evidence</b> (or equivalent)	Approved by Clinical Mentor/Trust	
	Date:	
Occupational Health/ Immunisations Record	Approved by Clinical Mentor/Trust	
	Date:	
Reference from current place of employment (if required)		

SUMMATIVE MARK AWARDED (%)	
MACP Assessor use only	

### **IMPORTANT INFORMATION – Please read carefully**

#### **GUIDELINES FOR CLINICAL MENTORS/MACP ASSESSORS COMPLETING THIS FORM**

Part 1: Is the Mentee induction record, Log of Hours and Learning Contract

Part 2 and 3: Are the assessment of the Mentee's performance. The two parts are divided as described below:

#### Part 2: Formative assessment (Forms to be completed during the placement)

This part carries no marks but provides feedback on Mentee's performance. Progress towards achievement of learning outcomes and a broad indication of overall performance is provided. Please ensure that the formative feedback and banding are shared with the MACP Assessor in advance of the final summative assessment (preferably at the mid-point of the placement). It is important at this stage to evaluate whether the Mentee is on track for the summative assessment and whether any additional mentorship hours need to be negotiated (it is the Mentee's responsibility to discuss this as an option with the Clinical Mentor during the planning stage of the MCP). It is recommended that the structured new patient and review patient formative assessment is undertaken at the halfway point of the placement. Space is provided for comments and a broad assessment of grade which will be reflective of achievements at this stage of formative assessment in the MCP.

#### Learning Outcomes

The Mentee's <u>learning outcomes</u> will be identified and listed. The learning outcomes indicate what the Mentee should have achieved by the *end* of the placement. If, following discussion with a representative of the MACP team, it is felt that a particular learning outcome is not applicable or requires reviewing this should be done in conjunction with the MACP Portfolio Route Lead/Assessor and Mentee.

#### Part 3: Summative assessment and Feedback (Forms to be completed at the end of the placement) The Mentee's performance is reviewed against their stated <u>learning outcomes</u> at the end of the period of MCP

For the new and review patient exam, space is provided for both comments and a grade to be recorded at the end of the placement. A numerical grade *is required* which comprises the final module mark (weighted 100%). This should be agreed between the Clinical Mentor and MACP Assessor. Both new patient and follow up patient assessments need to be passed at a minimum of 50%. Both elements are equally weighted.

**Masters Level Assessment criteria** are also provided. These criteria should applied to both the examination and the learning outcomes in order to analyse the Mentee's performance and used to provide suitable comments. The Mentee should receive a performance indicator within the band which most clearly reflects their achievements in relation to each learning outcome. The wording of comments should reflect the chosen banding/grade.

#### General:

The learning contract should be sent to the Clinical Mentor at least 6 weeks prior to the start of the clinical placement (see "**MENTORED CLINICAL PRACTICE (MCP) HANDBOOK** Preparation for Clinical Mentorship") Space for any general comments or recommendations regarding the Mentee's learning / practice is also provided. This should be completed collaboratively between the Mentor and the MACP Assessor and signed at the end of the MCP.

A record of mentored hours is also included to ensure that all Mentees have completed the appropriate number of hours identified within the relevant MACP Portfolio Route handbook. The Mentee will complete this record but it must be *monitored and signed by the Clinical Mentor* to confirm that the record is accurate.

The Mentee should complete their learning contract as outlined in the handbook "**MENTORED CLINICAL PRACTICE (MCP) HANDBOOK** - Preparation for Clinical Mentorship". A portion of the learning contract is included in this handbook (the Mentee can copy and paste this into their learning contract) This is intended to assist both Mentee and Clinical Mentor(s) in identifying individual needs and in planning the progression of the MCP. This will be completed by the Mentee and must be approved by the MACP Portfolio Route Lead at least 4 weeks prior to the MCP start date, to allow for adequate review and planning for clinical caseload.

In order to be eligible for MACP membership a total of 150 hours of mentored clinical practice must be completed.

The 150 hours includes both direct and indirect contact hours,

- **Direct contact hours** with the Clinical Mentor must include observation of the student assessing and managing patients in the practice setting. Direct contact can be achieved through electronic resources such as e-mentorship. Direct contact can be with a single Mentee or more than one Mentee, for example practical skill sessions with more than one Mentee working together with the Mentor can be a valuable strategy (peer mentorship). Direct observation would normally make up 40% of the mentored clinical practice hours.
- Indirect contact hours can include hours that are not under the direct supervision of the Clinical Mentor and can include hours spent with fellow musculoskeletal physiotherapy students, other clinical specialists, independent study e.g. research, preparation of case study



#### PART 1

#### **MENTEE INDUCTION RECORD**

(To be completed unless the Mentee is undertaking their clinical mentorship within their employed place of work).

Mentors must ensure that they have a copy of the learning contract (sent by the Mentee) prior to the start of the placement. It is the Mentors' responsibility to check that the Mentee has the following:

- Evidence that all mandatory training is current and up to date (fire safety, infection control, moving and handling; basic life support (adult and paeds); equality, diversity and human rights; safeguarding adults and children; data security awareness; NHS conflict resolution; health and safety and welfare; preventing radicalisation and **any other mandatory training required by the placement provider.**
- Immunisation record demonstrating all immunisations are up to date where requested (Hep B, tetanus, polio, BCG, MMR)

Covid vaccine or results of regular lateral flow test (fulfilling employer requirements for the placement provider)

HCPC and CSP status will be been checked by the MACP Portfolio Lead.

#### Health & Safety

Duties of Placement Providers:

In the UK, under the 'Health and Safety (training for employment) Regulations 1990', Mentees participating in work experience are regarded as the placement providers' employees for the purpose of health and safety. Providers must therefore ensure, so far as it is reasonably practicable, the health, safety and welfare at work of all their employees.

Please note: for any incident affecting the Mentee's health or safety, please attach a completed copy of the incident form to the CEA via the Pathway Lead (portfolioroute@macpweb.org)

On day 1 of the placement the Mentee has been given information relating to:			
	Date Completed	Mentee (Initials)	Clinical Mentor (Initials)
<ul> <li>The named person to go to in the event of difficulties</li> </ul>			
<ul> <li>Information about the bleep system (where appropriate) and relevant emergency telephone numbers</li> </ul>			
<ul> <li>Emergency procedures, including Cardiac Resuscitation Procedures Fire and Security</li> </ul>			

During their induction period, the following policies and procedures must be made available to the Mentee:

Date	Mentee	Clinical
Completed	(Initials)	Mentor
		(Initials)

- Incident Reporting
- Health & Safety including COSHH
- Manual Handling, Infection Control & Fire
- Harassment and Bullying
- Equality and Diversity
- Incident reporting

NB. This should not replace but be in addition to any information required by placement provider

#### **RECORD OF THE MENTORED CLIINCAL PRACTICE HOURS COMPLETED**

All hours must be recorded by the Mentee (+ total hours added up) and signed by the Mentor to show an accurate record of mentorship. This includes contact with Clinical Mentor and non-contact hours, which are focused towards development towards achievement of learning outcomes.

## This needs to be completed by the mentee before leaving the placement in order for these hours to be verified by the MACP.

		Type of contact		
Date	Hours	Direct	Indirect	Total

(add rows as required)

I confirm that this is an accurate record of the hours completed by the Mentee.

CLINICAL MENTOR FULL NAME (PRINTED)	
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CLINICAL MENTOR E-SIGNATURE.....

MENTEE FULL NAME (PRINTED).....

MENTEE E-SIGNATURE.....

DATE

#### LEARNING CONTRACT

## (To be completed by the Mentee. This document can be copy and pasted into the Mentee's Learning Contract (see "MENTORED CLINICAL PRACTICE (MCP) HANDBOOK-Preparation for Clinical Mentorship")

Learning Outcomes	Resources / Strategies
Planned Learning Outcomes (please insert below)	How will achievements be demonstrated/evidenced?
(Agreed in discussion with MACP PR Lead/Clinical Mentor)	(Agreed in discussion with MACP PR Lead/Clinical Mentor)
1	
2	
3	
4	
5	
6	
7	
8	

#### PART 2

FORMATIVE ASSESSMENT - LEARNING OUTCOMES.

**To be completed at the halfway point of the placement** (*To be completed by the Clinical Mentor & Mentee*)

Learning Outcome 1	Progress towards achievement of learning outcome
Comments supporting evaluation:	
Areas for development (including exam	nple for each area):

Learning Outcome 2	Progress towards achievement of learning outcome
Comments supporting evaluation	:
Areas for development (including	example for each area):

Learning Outcome 3	Progress towards achievement of learning outcome
Comments supporting evaluation:	
Areas for development (including example for each area):	

Learning Outcome 4	Progress towards achievement of learning outcome
Comments supporting evaluation	:
Areas for development (including	example for each area):

Learning Outcome 5	Progress towards achievement of learning outcome
Comments supporting evaluation:	
Areas for development (including example for each area):	

Learning Outcome 6	Progress towards achievement of learning outcome	
Comments supporting evaluation:		
Areas for development (including example for each area):		

Learning Outcome 7	Progress towards achievement of learning outcome	
Comments supporting evaluation:		
Areas for development (including example for each area):		

Learning Outcome 8	Progress towards achievement of learning outcome
Comments supporting evaluation:	
Areas for development (including example	for each great.
Areas for development (including example for each area):	

MACP Portfolio Route – Mentored Clinical Practice Assessment Forms (2021) Part 2: Forms to be completed during placement – Formative assessment

Overall performance and additional comments	<b>Overall performance</b> (Please use banding linked to MSc marking criteria)

CLINICAL MENTOR NAME (PRINTED) .....

CLINICAL MENTOR E-SIGNATURE.....

MENTEE NAME.....

MENTEE E-SIGNATURE.....

FORMATIVE ASSESSMENT DATE.....

**IMPORTANT**: Mentee; please ensure that you share a copy of this formative assessment feedback/mark banding the allocated MACP Assessor to form the basis for further discussion as to whether the mentee is on track for the summative assessment

#### <u>Consent forms</u> For completion by mentee, mentor and MACP examiner

### **Consent Agreement and Release**

I CONSENT TO THE RECORDING OF THE STANDARD PATHWAY VIVA UNDERTAKEN ON:

.....(DAY/MONTH/YEAR)

### I UNDERSTAND THAT THIS RECORDING WILL BE SECURELY STORED AND USED ONLY FOR THE PURPOSES OF EXTERNAL ASSESMENT / MODERATION PROCESSES.

MENTEE	DATE:
Signature/ e-Signature	
Print Name	
Email	

MENTOR	DATE:
Signature/ e-Signature	
Print Name	
Email	

	DATE
Signature/ e-Signature	
Print Name	
Contact No	
Email	

Consent forms for patient



#### Consent for patients for MACP placement exam

#### Back ground information

The Musculoskeletal Association of Chartered Physiotherapists (MACP) requires applicants to undertake a patient exam in a clinical setting. The Physiotherapists (mentor, mentee and placement examiner) will have a discussion about your assessment and or treatment). When the examiner is unable to attend in person, they will participate via a secure internet platform (such as zoom or MS teams) which will enable them to view and listen to the assessment and treatment. Following your assessment and treatment, the examiner will have a discussion with your treating physiotherapist and their supervisor.

#### Points to note:

- Although your assessment and treatment will be viewed via the internet, it will not be recorded. The placement examiner will be viewing this session. No audio or visual record of your session with the physiotherapist will be available.
- There will be a confidential video/audio recording of the discussion between your treating physiotherapist, their mentor and examiner regarding your episode of care.
- You will remain anonymous during these discussions and every effort will be made to protect your identity.
- The video/audio recording will be used for moderation purposes, to make sure that all the physiotherapists undertaking this examination are treated equally. The recording will only be accessible to designated examiners and moderators via a secure password protected internet site within Microsoft SharePoint.
- The video/audio recording will not be able to be viewed on any public file sharing websites.
- You can withdraw your permission for the video/audio recording to be undertaken, or stored, at any time, without giving reason and without prejudice.
- The video/audio recoding will be destroyed in a confidential manner when no longer required. If, however, you required the master tape erased, please inform us in writing this would be done at your request.
- If you have any further questions, please ask.
- 1. I have read the information above and understand its implications
- 2. I have had any additional questions answered to my satisfaction

I consent have my episode of care viewed via audio and or video platform :

PATEINT NAME: \_\_\_\_

#### MACP Portfolio Route – Mentored Clinical Practice Assessment Forms (2021) Part 2: Forms to be completed during placement – Formative assessment

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

#### **DANGER OF FAILURE NOTIFICATION FORM**

Any record of concerns discussed between Mentor and Mentee should be recorded in this form. This form should be completed by the Mentor in discussion with the Mentee and Portfolio Lead. If there are any concerns or queries regarding danger of failure please contact the portfolio lead via email <a href="mailto:portfolioroute@macpweb.org">portfolioroute@macpweb.org</a> as soon as problems are identified. It is important that all parties work together to plan strategies to enable placement outcomes to be met.

Examples of danger of failure would include:

- Failure to acknowledge health and safety practices
- Discriminatory practice
- Failure to comply with HCPC and CSP rules of conduct or code of professional values and behaviour
- Unable to demonstrate knowledge/clinical practice/skills/clinical reasoning at Masters level (level 7)

Concerns

Recommendations

Learning outcomes to be met

Mentee Name	
Mentee Signature	
Clinical Mentor Name	
Clinical Mentor Signature	
Date	Date for review

#### MACP Portfolio Route – Mentored Clinical Practice Assessment Forms (2021) Part 2: Forms to be completed during placement – Formative assessment

#### FORMATIVE ASSESSMENT - NEW PATIENT ASSESSMENT

It is recommended that the Mentor observes a new patient assessment undertaken by the Mentee and offers written formative feedback. The assessment should be followed by a 30-minute discussion in which the Mentee can verbalise their clinical reasoning and demonstrate underpinning theoretical knowledge. Although this is an opportunity that can be undertaken on several occasions throughout the MCP, it is recommended that one be completed at the halfway point in preparation for the summative assessment. Feedback should be constructive (i.e. how can the Mentee improve further?) and supplemented with specific examples. This feedback should be used by the Mentee in order to prepare for the summative assessment.

<u>Strengths</u>
Areas for development
Overall performance and comments
CLINICAL MENTOR NAME (PRINTED)
CLINICAL MENTOR E-SIGNATURE
FORMATIVE ASSESSMENT DATE

#### MACP Portfolio Route – Mentored Clinical Practice Assessment Forms (2021) Part 2: Forms to be completed during placement – Formative assessment

#### FORMATIVE ASSESSMENT - REVIEW PATIENT ASSESSMENT

It is recommended that the Mentor observes a review patient assessment undertaken by the Mentee and offers written formative feedback. The assessment should be followed by a 30-minute discussion in which the Mentee can verbalise their clinical reasoning and demonstrate underpinning theoretical knowledge. Although this is an opportunity that can be undertaken on several occasions throughout the MCP, it is recommended that one be completed at the halfway point in preparation for the summative assessment.

Feedback should be constructive (i.e. how can the Mentee improve further?) and supplemented with specific examples. This feedback should be used by the Mentee in order to prepare for the summative assessment.

<u>Strengths</u>		
Areas for development		

**Overall performance and comments** 

CLINICAL MENTOR NAME (PRINTED) .....

CLINICAL MENTOR E-SIGNATURE.....

FORMATIVE ASSESSMENT DATE.....

#### PRACTICAL SKILLS LOG

This section should be filled in line with the SWOT analysis and the learning outcomes.

<u>Skill</u>	Level of	Plan for skill	Level of	<b>Demonstrates</b>
	<u>confidence</u>	development	<u>confidence</u>	safe, effective
	at start	<u> </u>	at end	& clinically
	(out of 10)		(out of 10)	reasoned use
	<u></u>		<u></u>	<u>(√: Date)</u>
				<u></u>

#### PART 3

#### SUMMATIVE ASSESSMENT

(To be completed by the MACP Assessor following discussion with Clinical Mentor)

#### Format for the Summative Assessment

- Mentee will be observed assessing and managing a new patient (up to 1 hour) by both the Clinical Mentor and MACP Assessor. This will be followed by a 30-minute viva discussion between Mentee, Clinical Mentor and MACP Assessor
- Mentee will be observed with a follow-up patient (up to 30 minutes) by both the Clinical Mentor and MACP Assessor. This will be followed by up to a 30-minute viva discussion between the Mentee, Clinical Mentor and MACP Assessor
- It is suggested that after each patient contact (new patient and review) the Mentee is allowed15 minutes to write up the patient's notes and prepare for the viva component.
- <u>Please note</u>: to ensure parity across clinical assessments, we ask that the viva discussion component between the Mentee, Clinical Mentor and MACP Assessor (up to 30 minutes discussion for both new patient and follow-up patients) is recorded (audio only). This can then be reviewed at a later date by the MACP External Assessor as part of the annual review process for the Portfolio Route. There are a number of Apps free to download for Android phones (e.g. QuickVoicePro) or use of a Dictaphone.

#### MACP Portfolio Route – Mentored Clinical Practice Assessment Forms (2021) Part 3: Forms to be completed at the end of placement

It is recommended the mentee is provided with constructive feedback on positive areas of practice as well as areas for improvement. The numerical mark should reflect the M level criteria and associated comments.

Strengths- New patient assessment

Strengths- Review patient assessment

Areas for development- New patient assessment

Areas for development-Review patient assessment

**Overall performance and comments** 

New patient assessment grade (%):	
Review patient assessment grade (%):	
FINAL MARK AWARDED (%) (average of marks	
<u>above):</u>	
(Refer to the M level criteria)	

#### LEARNING OUTCOMES.

#### This form is to be completed at the end point of the placement and does not carry a mark (To be completed by the Clinical Mentor after discussion with Mentee)

Learning Outcome 1	Progress towards achievement of learning outcome		
Comments supporting evaluation:			
Areas for development (including example for ea	ich area):		

Learning Outcome 2	Progress towards achievement of learning outcome
Comments supporting evaluation:	
Avera for development (including evenue for a	
Areas for development (including example for e	ach area):

Learning Outcome 3	Progress towards achievement of learning outcome		
Comments supporting evaluation:			
Areas for development (including example for each area):			

Learning Outcome 4	Progress towards achievement of learning outcome	
Comments supporting evaluation:		
Areas for development (including example for each area):		

Learning Outcome 5	Progress towards achievement of learning outcome		
Comments supporting evaluation:			
Areas for development (including example for each area):			

Learning Outcome 6	Progress towards achievement of learning outcome		
Comments supporting evaluation:	<u> </u>		
Areas for development (including example for each area):			

Learning Outcome 7	Progress towards achievement of learning outcome	
Comments supporting evaluation:		
Areas for development (including example for each area):		

Learning Outcome 8	Progress towards achievement of learning outcome		
Comments supporting evaluation:			
Areas for development (including example for each area):			

Overall performance and additional comments	<b>Overall performance</b> (Please use banding linked to MSc marking criteria)

CLINICAL MENTOR NAME (PRINTED)

CLINICAL MENTOR E-SIGNATURE

FORMATIVE ASSESSMENT DATE.....

#### MACP Portfolio Route – Mentored Clinical Practice Assessment Forms (2021) Part 3: Forms to be completed at the end of placement

#### **RECOMMENDATIONS & ACTION PLAN FOR FUTURE LEARNING, PRACTICE AND DEVELOPMENT**

This section should be completed collaboratively by the Mentee and MACP Tutor/Clinical Mentor with the aim of facilitating the Mentee's continuing development (CPD). This should include *strengths and areas for development* which the Mentee can take forward in their professional development and practice experience.

All written comments must be discussed by the Mentee, MACP Assessor and Clinical Mentor, before the document is signed and returned electronically to the MACP Portfolio Route Lead) within 2 weeks of completion of the clinical placement.

ACP ASSESSOR NAME (PRINTED)
MACP ASSESSOR E-SIGNATURE
DATE
CLINICAL MENTOR NAME (PRINTED)
LINICAL MENTOR E-SIGNATURE
DATE

### **M-Level Marking Criteria**

By the end of the MCP, the successful Mentee will be able to demonstrate:

(80 – 100%)	(70-79%)	(60-69%)	(50-59%)	Fail (40-49%)	Below 40
Excellent knowledge of specialist area	Very good knowledge of specialist area	Good knowledge of specialist area	Effective knowledge of subject area	Adequate knowledge of subject area	Fails to meet the standards
Excellent clinical reasoning skills	Very good clinical reasoning skills	Good clinical reasoning skills	Effective clinical reasoning skills	Adequate clinical reasoning skills but require development to improve effectiveness	required of the criteria in the 40 - 49
Excellent synthesis of theoretical and practice knowledge	Very good synthesis of theoretical and clinical knowledge	Good synthesis of theoretical and clinical knowledge	Satisfactory synthesis of theoretical and clinical knowledge	Some difficulty in synthesizing theoretical and clinical knowledge	band. Safety to practice may be an
Comprehensive analysis and appraisal of concepts and evidence	In depth analysis and critical appraisal of concepts and evidence	Good analysis and appraisal of concepts and evidence	Appropriate analysis and appraisal of concepts and evidence	Limited analysis and appraisal of concepts and evidence	issue.
Highly appropriate critical use of theoretical perspectives Innovative and creative links between theory and practice	Very good, critical use of theoretical perspectives	Good, critical use of theoretical perspectives	Possibly some difficulty in handling more than one perspective Ability to evaluate strengths and weaknesses of a theory	Little use made of theoretical perspectives Difficulty in evaluating the strengths and weaknesses of a theory	
Excellent adaptability to new situations	Very good adaptability to new situations	Good adaptability to new situations	Effective adaptability to new situations	Some adaptability to new situations	
A high level of justification of decision making	Very good justification of decision making	Good justification of decisions making	Effective justification of decision making	Limited justification of decisions making	
Highly developed self-evaluative skills and identification of learning needs	Well developed self-evaluative skills and identification of learning needs	Effective self-evaluation and identification of learning needs	Ability to self evaluate and identify learning needs	Some ability to self-evaluate and identify learning needs but this can be developed considerably	
Expertise of practical skills	Very good practical skills	Good practical skills	Effective and efficient practical skills but require developing	Competent practical skills but not always efficient and effective	
Expertise of communication skills	Very good communication skills	Good communication skills	Effective communication skills	Appropriate communication skills but require	
Excellent professionalism	Very good professionalism	Good professionalism	Satisfactory professionalism	development to be effective Adequate professionalism	
Satisfies all the criteria in the 70 - 79 band to an exceptional degree, representing superlative academic and practice integrative accomplishment.				Fails to meet standards required of the criteria in the 50 - 59 band. Safety to practice may be an issue.	

#### MACP Portfolio Route – Mentored Clinical Practice Assessment Forms (2021) Part 3: Forms to be completed at the end of placement

#### MENTEE EVALUATION OF CLINICAL MENTOR(S)

Location/Trust.....

Dates of Placement.....

Name of Clinical Mentor(s).....

#### Please provide feedback on the following to assist us with future MCP

Resources Available at placement site (e.g. internet access; library; journals)

Caseload (e.g. variety; number)

#### Level of Supervision

#### MACP Portfolio Route – Mentored Clinical Practice Assessment Forms (2021) Part 3: Forms to be completed at the end of placement

Types of learning opportunities (e.g. tutorials, feedback; guidance, visit to clinics)

#### Any other feedback welcome!

Date:

MENTEE NAME (PRINTED):

MENTEE E-SIGNATURE:

I AM HAPPY FOR THIS FEEDBACK TO BE SHARED WITH MY CLINICAL MENTOR(S) (Please circle): YES/NO

#### EVALUATION OF MACP PORTFOLIO ROUTE LEADER/MACP ASSESSOR

**Role: Mentor / Mentee** 

Name (optional).....

Dates of the placement.....

MACP Assessor.....

Portfolio Route Lead.....

Support from the Portfolio Route Lead (e.g. Portfolio Route guidance documents, essential information)

Support from the MACP Assessor (e.g. availability, contact details provided, educational/assessment support at formative and then summative assessment)

Any other feedback welcome!