



# Physician Associate Registration Assessment

## Code of Conduct for governance and development groups

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The Royal College of Physicians (RCP) Assessment Unit relies on the professionalism and commitment of a large number of healthcare professionals to support the governance and development of the Physician Associate Registration Assessment (PARA).

All individuals involved with any RCP activity are, in the first instance, expected to follow the [RCP Code of Conduct](#). Further to this, the RCP Assessment Unit has developed the following code of conduct specifically relating to individuals who are members of one or more of the following PARA governance/development groups:

- Development Group
- Examination Board
- KBA Question Paper Review Group
- KBA Question Writing Group
- OSCE Scenario Review Group
- OSCE Scenario Writing Group

The code of conduct provides a framework against which allegations of misconduct will be judged. In the event of any allegation of misconduct the RCP Assessment Unit will undertake an investigation governed by the principles given in the Physician Associate Registration Assessment Governance & Development Misconduct Policy.

There are separate [code of conduct](#) and [misconduct](#) policies for PARA OSCE examiners.

## 1. General standard of behaviour

- 1.1 Members are expected to behave in a professional manner befitting of a healthcare professional who is acting in accordance with the principles and values set out by their respective regulator's guidance on best practice.
- 1.2 All members are expected to respond to communications from the RCP Assessment Unit, including confirmation of attendance at meetings and requests for information, in a timely and open manner.

## 2. Interacting with colleagues

- 2.1 Members are expected to act with respect for all individuals involved with the relevant board or group, including fellow members and RCP staff.
- 2.2 If a member has any concern about the conduct or performance of a fellow member of a board/group this should be brought to the attention, confidentially, of the PARA senior examiner, relevant assessment lead or a member of the RCP Assessment Unit.

## 3. Handling personal and sensitive data

- 3.1 Members of boards and groups may be provided with information from one or more of the following areas in order to undertake their duties:
  - current and/or historical assessment performance data (including candidate/cohort performance, pass marks and pass rates) from PANE<sup>1</sup>/PARA KBAs or OSCEs
  - questions from previous PANE/PARA KBAs and/or the current PARA KBA question bank
  - scenarios from previous PANE/PARA OSCEs and/or scenarios from the current PARA OSCE question bank
  - other confidential information held by the RCP regarding the PARA that is not intended for release into the public domain
- 3.2 All PARA questions, images and content, including KBA questions and OSCE scenarios, are confidential and are under the copyright of the RCP.
- 3.3 The RCP reserves the right to remove from the relevant board/group any individual who discloses information without permission and may escalate the matter accordingly in line with the [RCP Code of Conduct](#).
- 3.4 The RCP reserves the right to initiate legal action if theft of intellectual property is suspected.

## 4. Participation in commercial activities

- 4.1 It is not acceptable for members of any PARA board or group to take part in commercially run (i.e. for profit) training or revision courses, including online courses. If a non-member takes part in such

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<sup>1</sup> Physician Associate National Examination.

courses and is invited subsequently to join a board or group, it is on the understanding that such activity will cease.

- 4.2 It is not acceptable for members to write or contribute to books, website or other materials, or to re-edit or revise existing texts or other publications whose specific purpose is to help candidates prepare for any or all parts of the PARA.
- 4.3 The only exceptions to the above are individuals who teach on an approved Physician Associate postgraduate and/or apprenticeship course at a higher education institution or who publish materials internally for use on these courses. These materials should not attract an additional fee payable by students that falls outside of the overall course fee paid.
- 4.4 Individuals who cease membership of a PARA board or group may not contribute to any of the commercial activities listed above for a period of three years after they cease their membership.

## **5. Regulatory/membership body reporting and clinical practise requirements**

- 5.1 Members should hold registration with the General Medical Council (or equivalent) and be in good standing with their regulatory or membership body<sup>2</sup>.
- 5.2 Should a member become the subject of fitness to practise proceedings, or have limitations placed upon their practise by their regulatory body, they are expected to inform the RCP Assessment Unit of this without delay.
- 5.3 Members must be in active clinical practice at the time of appointment. Should a member retire from clinical practice, they would be permitted to continue in the role for three years, or until the end of the tenure stated at the time of their initial appointment, whichever is sooner.
- 5.4 Members are expected to inform the RCP Assessment Unit without delay when they retire from clinical practice so a formal end date for can be confirmed.
- 5.5 Where a member is not in clinical practice, they must be able to demonstrate current, substantial, involvement in a PA educator role at the time of appointment. Should a member retire from their educator role they would be permitted to continue in their PARA role for three years, or until the end of the tenure stated at the time of their initial appointment, whichever is sooner.
- 5.6 Members are expected to inform the RCP Assessment Unit without delay when they retire from their educator role so a formal end date for can be confirmed.

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<sup>2</sup> Exemptions may be granted by the RCP Assessment Unit on a case-by-case basis for lay representative and external assessment expert roles