



MACP PORTFOLIO ROUTE

MENTORED CLINICAL PRACTICE (MCP) HANDBOOK

Preparation for Clinical Mentorship

GUIDANCE FOR MENTORED CLINICAL PRACTICE (MCP) AND CLINICAL EXAMINATION

The completion of a period of mentored clinical practice is sometimes referred to as a clinical placement. The satisfactory completion of this requirement is critical to full membership of the MACP. Successful completion of a period of clinical mentorship will be evidenced through confirmation of the required number of **clinical hours**, passing the **practical skills log** requirement in addition to **clinical assessment for both a new and follow-up patient**.

A successful clinical practice will include the following:

- Evidence of 150 hours of mentored clinical practice
- Evidence of a successful assessment of a new and returning patient

ORGANISATION OF MENTORED CLINICAL PRACTICE

The structure of clinical mentorship

- Usually, clinical mentorship is conducted away from the Applicant's normal workplace, although mentorship at a different setting within the Applicant's place of work would be considered. For example, at a different geographical site, or with a Clinical Mentor that is not their line manager (should there be a conflict of interest).
- Settings: these can be negotiated based on the Applicant's professional development needs. These could include the following settings justified by the learning contract and linked to professional needs e.g. sport, specialist clinical areas, primary care, military, private practice.
- The 150 hours can be completed in a variety of ways to suit the applicant's needs and those of the Clinical Mentor. For example, the MCP could be full time i.e. a single 4-week full time block or part time e.g. 2 days per week over a longer period of time. Alternative approaches to mentoring may be appropriate to support the Applicant during their mentored practice including e-mentoring, via Skype/Zoom software etc.
- Normally a minimum of 40% individual direct contact time is required between the Applicant and Mentor throughout the mentorship period.

- Where two mentors support an individual, **one of the mentors must be a full member of the MACP** and take responsibility for the mentored clinical practice and examination of such. The MACP are trying to ensure a more flexible approach to mentorship, recognising that not all mentors hold full MACP membership, but may well be working above and beyond MSc level within MSK practice
- In cases where expertise is available to support professional development within the specialisation though not with a full MACP member, a full MACP member **MUST** take responsibility to support the mentee during this period and be involved in the formative (halfway) and summative (final) assessment.

Finding a Clinical Mentor

Information and guidance on organising mentored clinical practice is through the Route Leaders. To access this and identify a preferred Clinical Mentor the Applicant must be an Associate Member (please refer to <https://www.macpweb.org/Join> for further information)

The applicant may wish to discuss Clinical Mentor options with the Route Leaders who may be able to suggest appropriate mentors based on the mentee personal/professional development needs (this is at the discretion of the Route Lead). However, if you have completed PG modules within a Higher Education Institution (HEI) it is suggested that, in the first instance, you should contact the Programme Lead at the HEI you attended to seek additional guidance regarding Clinical Mentor options.

In addition, the Applicant will need to provide evidence of the following (you can include this in your Appendices in your Learning Contract – it is your Clinical Mentor's responsibility to check these documents in advance of starting the MCP):

- **Enhanced DBS (Disclosure and Barring Service) /PVG (Protecting Vulnerable Groups) check that is current (within the last 3 years) and valid. You will therefore be required to provide the Enhanced DBS/PVG certificate number, date of issue and counter signatory.**
- **A copy of your current HCPC registration certificate MUST BE SUBMITTED for UK MCP**
- **Evidence of current CSP membership or equivalent for insurance purposes MUST BE SUBMITTED for UK MCP**
- **Evidence of all mandatory training is current and up to date (fire safety, infection control, moving and handling; basic life support (adult and paed); equality, diversity and human rights; safeguarding adults and children; data security awareness; NHS conflict resolution; health and safety and welfare; preventing radicalisation.**
- **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 (discuss this with your Mentor directly)**

The Portfolio Route Leader will liaise directly with Portfolio Route Applicant until MCP has been organised; at this point the Mentee should contact the Clinical Mentor.

The Route Leaders will inform you of the named MACP Assessor. Please inform the Route Leader if there is any conflict of interest. At this point it will be your responsibility and that of the Mentor to ensure all pre-mentored clinical practice induction checks, where needed, have been covered e.g. health and safety, equal opportunities, policies pertaining to whistleblowing, confidentiality, bribery etc. In some cases, you may have to complete an Honorary Contract (for some NHS Trusts) which can take up to 10-12 weeks to approve so please check in advance with you Clinical Mentor/Trust to avoid delay with your MCP start date.

Preparation for mentored clinical practice

Engaging in a period of clinical mentorship is a very rewarding experience requiring commitment from all those involved. Failure to adequately prepare will adversely impact on the experience and ultimate outcome. In order to be in the best possible position to be successful and gain the most from the time with the mentor the applicant must prepare themselves.

It is recommended in the months leading up to the beginning of mentorship that the following tasks are undertaken:

1. It is an invaluable first step for a Mentee to review existing knowledge and reflect on areas of strength and weakness (SWOT analysis proforma can be found in Appendix A). It is also useful to consider how this knowledge affects working practice. The Applicant may like to examine how they apply it in practice, or perhaps now recognise that there are additional skills they would like to acquire/develop in the workplace. It is worth spending some time on this activity so that the Applicant may maximise the potential learning during MCP. All thinking and reading/researching undertaken at this point can be usefully recorded in the Applicant’s CPD portfolio. The SWOT analysis will also inform the Applicant’s assessment development later on and aid in completing the practical skills log.
2. Declaring disability. Whilst this is an individual choice to declare a disability, the Applicant should bear in mind that processes and systems can be put into place to support them on your placement in light of a disability. Should an Applicant not wish to declare a disability then they will be considered ‘fit to sit’ their placement and any examinations. Disability requirements can be discussed with the Route Lead in the first instance.
3. Mentees should reflect on personal and professional development needs. It will be useful to consider areas that are of particular interest but also areas which perhaps would benefit from further development. Trying to match these up with areas that may be most useful to achieve MACP membership and areas that may enhance career development in the future, will help the Applicant and their Mentor to structure their planned learning experience.
4. Having reviewed prior learning and development needs, a selective list of learning objectives should be developed. It’s important not be too ambitious at this point and consider the resources required to achieve the stated objectives. The period of mentorship can be used to collate evidence for the mentees portfolio and may wish to consider how to demonstrate evidence of dimension 10 of the IFOMPT criteria:

Dimension 10: Demonstration of clinical expertise and continued professional commitment to the development of OMT practice
Learning outcomes
<ol style="list-style-type: none"> 1. Utilise effective integration of in-depth knowledge, current best practice, patient-centred practice, cognitive and meta-cognitive proficiency within OMT clinical practice 2. Solve problems with accuracy, precision and lateral thinking within all aspects of clinical practice 3. Utilise sound clinical judgement, evaluating benefit and risk, when selecting OMT assessment and treatment techniques appropriate to the patient’s changing environment and presentation 4. Critically apply efficient, effective and safe OMT intervention in patients with complex presentations (e.g. multiple inter-related or separate dysfunctions and/or co-morbidities) 5. Produce scholarly contributions to the body of OMT knowledge, skills and measurement of outcomes

5. Identify specific learning objectives through completion of a learning contract (**Appendix A suggested Learning Contract format**). A detailed learning contract identifies the required learning experience for the mentored clinical practice. Although formatting of a learning contract will vary, certain key elements must be presented in the contract:

- Name of Clinical Mentor(s)
- Timetable for attendance
- Short piece justifying choice of MCP and Mentor(s)
- Review of existing knowledge, skills and understanding
- Reflection on personal and professional development needs
- Planned learning outcomes to be achieved by the end of the MCP
- Activities / resources required
- Evaluation criteria: feedback sheet, formative and summative feedback

The completed learning contract must be sent to the Clinical Mentor and MACP Assessor a minimum of 6 weeks prior to the commencement of mentored clinical practice. Failure to meet this deadline may result in cancellation of your MCP.

The collated feedback of the learning contract from the Clinical Mentor and MACP Assessor will be sent to the applicant by the MACP Assessor within 1 week of receipt of the initial submission of the learning contract. This will enable further development of the learning contract, if required.

- i) The learning contract must be agreed by the Clinical Mentor and MACP Assessor 4 weeks prior to the commencement of the mentored clinical practice. In the event this is not approved the mentored clinical practice will not be confirmed and the mentored clinical practice may be postponed or cancelled.

DURING THE PERIOD OF CLINICAL MENTORSHIP

The activities that the applicant undertakes during MCP should enable achievement of the learning outcomes. Clearly the Mentee and the Mentor should ensure that the mentorship period does not put the Mentee in the position of becoming merely 'an extra pair of hands'. Supernumerary status must be upheld. Any work undertaken should be related to professional development during the mentorship period and subsequent achievement of outcomes. The Applicant can expect close contact with their Clinical Mentor, although this may not always be face to face. If difficulties arise during the mentorship period, which indicate that the learning outcomes may not be achieved, an extension to the period of the MCP may be negotiated; however, additional pro rata fees for MCP will have to be paid by the mentee.

Expectations of the Mentee

The Mentee is expected to:

- To have prepared in advance for the period of mentorship through completion of a SWOT analysis and development of a learning contract. In addition, have written and agreed learning outcomes for the MCP.
- Adhere to the policies of the department and familiarise themselves with local procedures.
- Whilst undertaking their mentorship period Mentees are expected to represent themselves in a professional manner as a Physiotherapist, and associate member of the MACP as positive ambassadors.
- Ensure that all activities that are undertaken have been agreed with their Clinical Mentor(s) and sanctioned by management with responsibility for the practice area.

- Ensure that they have met the criteria for a successful MCP (e.g ensure they have met the number of required hours).
- Take responsibility and initiative to monitor the running of the mentored clinical practice. Where difficulties arise, the Mentee should raise these with initially the Clinical Mentor and if they persist, with the MACP Assessor or Route Leader.
- Complete a reflection on the mentored clinical practice experience that may be usefully added to the portfolio.
- Be responsible for ensuring that the MCP assessment form is completed.
- Consider sharing any learning needs or circumstances which may impact upon their learning.

Expectations of the Clinical Mentor

Clinical Mentors are full MACP members who have registered their interest and experience in clinical mentorship on the MACP Clinical Mentors Database. Support is available to all Clinical Mentors through the MACP Mentorship Lead. If an MACP member agrees to undertake the role of Clinical Mentor and sign up to this commitment, they will receive a fee for this input and therefore are obliged to deliver what has been agreed.

The Clinical Mentor is expected to:

- Support and lead a well-organised mentorship period and have negotiated the mentored clinical practice with the relevant therapy manager and where appropriate specialist staff, as appropriate, BEFORE the Mentee arrives.
- Ensure that all required documentation for a Mentee is communicated to the Mentee in advance of the start of the MCP, for example the rights of the Mentee (mandatory training, immunisation record, covid-related status required by the employer and equal opportunities, legal requirements; the requirement to establish a short term/honorary contract). It is the Clinical Mentor's responsibility to make sure that these documents are checked as required by the place of work.
- Deliver a welcome and induction for the Mentee on arrival.
- Be present and/or contactable as appropriate to the agreed MCP.
- Have regular meetings with the Mentee for focused activity or to review progress.
- Provide ongoing feedback to inform development.
- Conduct a mock formative assessment part way through the mentorship period to give formative feedback on development and progress towards achievement of learning outcomes.
- Liaise with other professional groups who may be involved with the Mentee during MCP.
- In discussion with the Mentee, identify strategies for achieving the learning outcomes.
- Liaise with the MACP Assessor as appropriate.
- Arrange a summative assessment at the end of the mentorship period for a new and returning patient. The Clinical Mentor will provide detailed feedback in conjunction with the MACP Assessor to the Mentee, addressing each learning outcome, within 1 week following the summative assessment.
- Counter sign the log to verify MCP hours completed by the Mentee.
- Undertake the practical skills examination or sign off practical skills log if required.

Expectations of the MACP Assessor

The MACP Assessor will support the MCP of the Mentee. They will:

- Provide advice and guidance during the mentorship period as appropriate.
- Liaise with the Mentee and Clinical Mentor(s) to help facilitate solutions to any difficulties that may arise during the MCP.
- Contact Mentor and Mentee during the MCP, to offer support where needed to both Mentor &/or Mentee.
- Visit the Mentee/ set up a video conferencing link to conduct the summative final assessment at a mutually negotiable time. This should be organised within the first week of the MCP at the latest. In case of any technical difficulties (if the assessment is being done via video conferencing) on the day of the summative assessment the assessment may need to be rearranged for later in the week. Therefore if undertaking the final assessment remotely please do not arrange this on the mentees final day of MCP.
- Provide detailed feedback in conjunction with the Clinical Mentor to the mentee addressing each learning outcome, normally within 1 week following the summative assessment.

FOLLOWING COMPLETION OF MCP

Documents should be sent electronically within 2 weeks of completing the MCP. The Route Lead will ensure a copy of these documents is sent to the nominated External Assessor for the Route.

***Within two weeks** of completing the period of MCP, the Mentee must submit the following documents to the Route Lead via email portfolioroute@macpweb.org

- Completed suite of assessment forms as identified in the MCP document **“MACP PORTFOLIO ROUTE Mentored clinical practice (MCP) ASSESSMENT FORMS”**
- Clinical mentorship evaluation form
- Log of clinical hours (completed by the Mentee and counter-signed by the Clinical Mentor).

The data from the evaluation will be collated by the Route Leader and will be reported to the Committee of Education and Approval (CEA) on an annual basis. An External Assessor is appointed to the Portfolio Route to membership. Their role includes periodic direct observation (normally once during their tenure in the 3/4-year role) of clinical examinations as well as review of a sample of submitted portfolios (all failed Portfolios will be reviewed by the External Assessor). Their primary role is to ensure that all processes are consistent and fair to the mentees and that the standards are in line with other routes to MACP membership. The External Assessor is required to submit a report of the Portfolio Route to CEA each year. The Route Lead will ensure that the documentation submitted by the Mentee is presented to the External Assessor.

IN THE EVENT OF A COMPLAINT (APPEALS PROCESS)

- i) Any issues raised by a Mentee will initially be managed by the Clinical Mentor or MACP Assessor, or both, as appropriate. This needs to be documented, action points identified and agreed by all parties.
- ii) If the Mentee wishes to raise an issue outside of these relationships, they should do so at the earliest possible time to the Route Leader.

In the event of a Mentee wishing to make a formal complaint this should be submitted in writing in the first instance to the MACP Education Lead (email address on MACP website www.mcpweb.org).

THE CLINICAL EXAMINATION PROCESS

The MACP Assessor will visit you once during your mentored clinical practice to undertake the final examination. They should however be available throughout the mentorship period to offer support to both the Mentee and Clinical Mentor where requested. Following the formative assessment, occurring approx. half-way through the MCP, the MACP Assessor should agree a time to specifically discuss progress with both the Clinical Mentor and Mentee; this can be done via video conferencing, phone or email. The final assessment takes place towards the end of the mentorship period; whilst this has traditionally been done face to face, where permissible with appropriate consents being provided this could be done via video conferencing or equivalent.

Formative assessment during MCP

- Formative assessment should be ongoing throughout the clinical placement through a process of feedback and reflection and discussion.
- At approximately halfway through MCP, a formatively assessed examination of a new patient and a returning patient will be undertaken by under similar conditions to the summative assessment exam. This will be assessed by the Clinical Mentor.
- The formative exam will enable the Mentee to present evidence of how they are meeting their proposed learning outcomes through a process of the formative assessment of a new patient and follow-up patient. The Clinical Mentor will discuss aspects of the Mentee's progress, ensuring that the appropriate level is being achieved. Although this process does not contribute to the overall mark it will be invaluable in providing structured feedback on progress and facilitate review of any changes that need to be made before the end of the MCP. The outcomes from this formative assessment can be usefully discussed with the MACP Assessor.
- During the formative exam, Clinical Mentors will observe the Mentee assessing a minimum of one new patient and one returning patient visit. All observed activities will be supported by discussion (30 minutes) between the Mentee and the Clinical Mentor. The discussion will form part of the formative evaluation. The aim of the discussion is to explore the Mentee's clinical reasoning and evidence-based decision making during patient assessment and management.
- There will be no time limit for the new patient assessment and returning patient visit, but the use of time will be assessed in the context of efficiency and effectiveness with the individual patients. It is recognised that normally 45 minutes to 1 hour is sufficient for a new patient assessment visit and that 30 minutes is sufficient for a returning patient visit. Patients from within specialist services may be included within the formative assessment to enable the mentee an opportunity to demonstrate they have met the learning outcomes of their learning contract.
- Verbal feedback will be provided on the day by the Clinical Mentor following completion of the assessment process.
- Written feedback will be provided by the Clinical Mentor within 1 week of the formative assessment; this should offer the Mentee clear guidance on progress towards achieving their learning outcomes.
- Following the formative assessment exam, the Mentee may revise their learning contract based upon the feedback from the Clinical Mentor to prepare for the remainder of the clinical mentorship experience.

Summative assessment of MCP

- The Mentee and Clinical Mentor will negotiate and agree a date with the MACP Assessor, for the summative (final) assessment.
- The format of this assessment will be as for the formative assessment using MSc level marking criteria found in [the associated document “MACP PORTFOLIO ROUTE Mentored clinical practice \(MCP\) ASSESSMENT FORMS”](#)
- It will include the assessment and management of one new patient and one returning patient. Both elements need to be passed at a minimum of 50%.
- Following each patient there will be a 30-minute discussion between the Mentee, the MACP Assessor and Clinical Mentor, which will take place as part of the assessment. The Mentee will also be able to discuss / present evidence from their portfolio of how they have achieved the learning outcomes initially proposed for their mentored clinical practice. The interactive discussion will enable critique of planned and unplanned learning that has taken place. Mentees may refer to their portfolio and present relevant parts of it throughout discussion.
- Verbal feedback will be provided by the MACP Assessor and Clinical Mentor following completion of the assessment process. The Clinical Mentor and MACP Assessor will make recommendations regarding developing future practice. In the situation of a fail, this will include a recommendation to the Mentee regarding their needs for a further period of MCP; further examination or both. Verbal feedback will be supplemented with written feedback which will be sent to the Mentee within 1 week of the final assessment.
- The Clinical Mentor and MACP Assessor will jointly provide detailed written feedback to the Mentee following completion of the mentored clinical practice. The Clinical Mentor will give feedback (and where appropriate the MACP Assessor) regarding how the Mentee addressed each learning outcomes identified in their learning contract within 1 week following the summative assessment

APPENDIX A: EXAMPLE OF A LEARNING CONTRACT

A learning contract should be prepared using the headings outlined in this Appendix.

Clinical Mentorship Details

Location –

Mentor –

Dates –

<i>Working hours - Monday</i>	<i>8:30 – 5:00</i>
<i>Tuesday</i>	<i>8:00 – 3:15</i>
<i>Wednesday</i>	<i>8:00 – 5:00</i>
<i>Thursday</i>	<i>8:45 – 4:30</i>
<i>Friday</i>	<i>8:00 – 3:15</i>

Formative assessment date – TBC

Summative assessment date – TBC

Justification for learning contract

A learning contract is a document agreed by both the learner and the teacher to help to structure the learning process. It sets out what is to be learnt, the resources and strategies required to assist the learning and the evidence required to demonstrate that the learning has taken place (Cross, 1996). This formal planning of learning experience is essential in order to develop the competencies to achieve desired goals within the timescale of the mentored clinical practice (Anderson et al., 1994). Within a clinical context, learning contracts have been shown to increase the mentee’s autonomy as well as their motivation to learn, and improve shared learning between the teacher and the mentee (Chan and Wai-tong, 2000). The reflection this will initiate should lead to a less didactic teaching experience and provide me with more experiential learning. It is this experiential learning which has been so closely linked with developing expertise (Fowler, 2008).

Example of ‘Reviewing new knowledge, skills and understanding’ for portfolio evidence

As part of my CPD I have been able to analyse my previous and current practice and gain insight into my development needs. This resulted in the development of an individual development plan (IDP) etc....., Having completed, it has been useful to review this critical self-evaluation. Key themes running through my reflections included A SWOT analysis was a useful tool during this process (Appendix 1). Since embarking on this programme of CPD, my personal and professional confidence has grown along with my prepositional and procedural knowledge. However, integration of these into practice remains incomplete and is something I look forward to through the period of practice mentorship.

The new acquired knowledge and skills gained from specialist teaching has been critical for my development as a clinician during this period. Time has impeded my ability to fully incorporate these new practices within my work however I very much hope that the additional time for patient contacts, expert mentorship and peer learning available during the two clinical periods of mentored clinical practice will enable me to achieve my overall aim.

Example of ‘Reflections on own and personal and professional needs’ for portfolio evidence

Several aspects of my personal and professional needs highlighted during my reflections remain at this stage. These include..... etc

In terms of my learning style I have always been reasonably good at reflection however..... etc

Example of ‘Aims of the mentored clinical practice experience’

To demonstrate an advancement of my clinical practice through the synthesis of previous clinical experience with new knowledge of MSc level theory, practice and research.

Justification for selection of outcomes

This could be collectively, grouped or individually. Your learning outcomes should reflect information included within the learning contract such as SWOT, specific aims linked to practice etc.

SWOT analysis

Date completed:

<u>Strengths</u>	<u>Weaknesses</u>
<u>Opportunities</u>	<u>Threats</u>

Example of Learning Outcomes

Learning Aim	Strategies and resources	Criteria and means of evaluating
1. Demonstrate advanced skills of communication skills during patient history to guide the planning stage and using advanced listening skills and questioning to assist differentiation.	<ul style="list-style-type: none"> - Discussion with fellow mentee - Discussion with mentor - Reflection on history taking/notes - Course notes/text books/articles - Professional portfolio 	<ul style="list-style-type: none"> - Formative/summative assessment - Observation of new patient assessment by mentor
2. Demonstrate critical use of hypothesis formation following history taking and judiciously use this information to enable effective planning of the physical assessment	<ul style="list-style-type: none"> - Planning sheets - Course notes/text books/articles - Discussion with fellow mentee - Discussion with mentor - Professional portfolio 	etc
3. Demonstrate reflection-in-action as part of advanced clinical reasoning skills and hypothesis testing by using differential diagnosis and objective-subjective markers during the planning stage, physical examination and re-evaluation.	<ul style="list-style-type: none"> - Planning sheets - Course notes/text books/articles - Discussion with fellow mentee - Feedback from mentor - Professional portfolio 	etc
4. Demonstrate critical thinking when making decisions regarding manual therapy treatment choice using best evidence where available	<ul style="list-style-type: none"> - Course notes/text books/articles - Discussion with fellow mentee - Discussion with mentor - Professional portfolio 	etc
5. Demonstrate prioritization skills, followed by critical thinking and justification, during examination, treatment and re-evaluation appropriate for MSc level	<ul style="list-style-type: none"> - Course notes/text books/articles - Discussion with fellow mentee - Discussion with mentor - Reflection on clinical reasoning pathway post clinical encounter - Professional portfolio 	etc
6. Demonstrate the ability to perform a range of evidence informed manipulative therapy techniques for the cervical, thoracic and lumbar regions with the skill and precision appropriate to MSc level study	<ul style="list-style-type: none"> - Development and assessment of practical skills log - Regular technique practice including screening procedures for certain techniques - Course notes/text books/articles - Mentor feedback - Summative assessment - Case study/professional portfolio 	etc
7. Demonstrate an advancement of my professional confidence whilst performing assessment and treatment of patients within a biopsychosocial framework	<ul style="list-style-type: none"> - Course notes/text book/articles - Mentor feedback 	etc
8. Demonstrate justification of clinical decision making regarding ongoing management and evaluation of my practice to enhance efficiency and effectiveness	<ul style="list-style-type: none"> - Course notes/text book/articles - Discussion with fellow mentee - Discussion with mentor, especially regarding management decision and evaluative tools - Reflection of clinical decisions made during clinical encounter 	etc

References

- Anderson, G., Boud, D. and Sampson, J. (1994) 'Expectations of quality in the use of learning contracts'. *Capability*, 1: (1): 22-31.
- Chan, S.W.-c. and Wai-tong, C. (2000) Implementing contract learning in a clinical context: report on a study. *Journal of Advanced Nursing*, 31: (2): 298-305.
- Cross, V. (1996) Introducing Learning Contracts into Physiotherapy Clinical Education. *Physiotherapy*, 82: (1): 21-27.
- Doody, C. and McAteer, M. (2002) Clinical Reasoning of Expert and Novice Physiotherapists in an Outpatient Orthopaedic Setting. *Physiotherapy*, 88: (5): 258-268.

Fowler, J. (2008) *Experiential learning and its facilitation*. **Nurse Educ Today**, 28: (4): 427-433.
Honey, P. and Mumford, A. (1992) **The manual of learning styles**. Peter Honey.
Jones, M.A. (1992) *Clinical reasoning in manual therapy*. **Phys Ther**, 72: (12): 875-884.

Appendices

N.B

Please ensure you include these documents within your appendices of your learning contract so that your Clinical Mentor can approve these criteria in advance of MCP

- Evidence of HCPC registration
- Evidence of CSP/PLI certificate/membership number
- Enhanced DBS/PVG certificate and mandatory training that is current and valid (check with your clinical mentor what they will accept e.g. within last 2 years).
- Record of immunisations: demonstrating all immunisations are up to date where requested

Bibliography:

Williams A, Rushton A, Lewis JJ, Phillips C. Evaluation of the clinical effectiveness of a work-based mentoring programme to develop clinical reasoning on patient outcome: A stepped wedge cluster randomised controlled trial. *PLOS ONE*. 2019;14(7):e0220110.

Rushton A, Lindsay G. Defining the construct of masters level clinical practice in manipulative physiotherapy. *Manual Therapy*. 2010;15(1):93-9.

Petty NJ, Scholes J, Ellis L. Master's level study: learning transitions towards clinical expertise in physiotherapy. *Physiotherapy*. 2011;97(3):218-25.

Heneghan NR, Nazareth M, Johnson WJ, Tyros I, Sadi J, Gillis H, et al. Experiences of telehealth e-mentoring within postgraduate musculoskeletal physical therapy education in the UK and Canada: a protocol for parallel mixed-methods studies and cross-cultural comparison. *BMJ Open*. 2021;11(2):e042602.