Research Square

Preprints are preliminary reports that have not undergone peer review.
They should not be considered conclusive, used to inform clinical practice,
or referenced by the media as validated information.

How medical educators can relate AoME and Advance HE standards to understand how expectations relate across the two systems they must evidence

Claire Joanne Stocker
c.stocker@aston.ac.uk

Aston University
Nadia Lascar
Aston University
Julie Browne
University Hospital of Wales
Mark Lillicrap
University of Cambridge

Research Article

Keywords: Medical education, Professional standards, Faculty development, Professional recognition, Accreditation, Curriculum mapping

Posted Date: October 30th, 2026

DOI: https://doi.org/10.21203/rs.3.rs-11064964/v1

License: This work is licensed under a Creative Commons Attribution 4.0 International License. Read Full License

Additional Declarations: No competing interests reported.

Abstract

Background

Medical educators in the United Kingdom frequently engage with two professional standards frameworks: the Advance HE Professional Standards Framework and the Academy of Medical Educators Professional Standards. Although both frameworks support recognition, capability and quality assurance, they differ structurally in how they represent breadth, capability and leadership. Educators report challenges when navigating multiple frameworks, including duplication of effort, interpretive burden and inconsistent expectations. This study aimed to examine alignment, divergence and positional relationships between the two frameworks to support clearer interpretation and more coherent engagement.

Methods

A structured comparative mapping was conducted between the fellowship descriptors of the Advance HE Professional Standards Framework and the membership level descriptors of the Academy of Medical Educators Professional Standards. Descriptor-level comparisons were carried out across five educational domains. Mapping decisions were constrained to published descriptors, dual-coded independently and resolved through documented consensus. An interpretivist stance was adopted, recognising that professional standards represent socially constructed accounts of practice. Procedural safeguards were used to enhance transparency, consistency and rigour.

Results

The mapping demonstrated substantial divergence between the frameworks. AoME descriptors embed progressive capability and leadership within each domain, resulting in leadership and advanced scholarship appearing earlier than in the breadth-based Advance HE framework. At Level 1, AoME descriptors spanned expectations associated with Associate Fellow, Fellow and Senior Fellow. At Level 2, most descriptors aligned with Associate Fellow or Fellow, with selected domains corresponding to Senior Fellow. At Level 3, descriptors predominantly aligned with Senior Fellow, with partial overlap with Principal Fellow. At Level 4, descriptors aligned most strongly with Principal Fellow. A revised positional hierarchy was constructed to reflect mapped outcomes without implying equivalence or progression.

Conclusions

The two frameworks generate different expectations of practice because they organise capability, breadth and leadership in distinct ways. Making these relationships explicit may reduce duplicated effort, support coherent documentation, strengthen progression planning and improve organisational interpretation for medical educators working across both systems.

Background

Medical educators in the UK work within two established professional frameworks. The Advance HE Professional Standards Framework provides a sector wide structure for evidencing teaching excellence in higher education and is widely used for Fellowship recognition [1]. Alongside this, the Academy of Medical Educators (AoME) Professional Standards define the competencies, values and activities expected of medical educators across clinical and academic settings, forming the basis for professional recognition and good educational practice within medicine [2]. Healthcare educators frequently engage with both frameworks because teaching, supervision and assessment are explicit professional requirements across UK healthcare professions [3, 4, 5], and because Advance HE Fellowships are increasingly used to recognise teaching excellence within health related disciplines [6]. These frameworks also reflect wider international trends in health professions education, where professional standards and accreditation systems are recognised as core mechanisms for assuring quality, supporting competent graduate outcomes and aligning training with societal needs [7, 8, 9].

Advance HE and AoME frameworks sit within global movements towards competency based education, educator capability and structured professional recognition. The Advance HE PSF is described as a globally recognised framework for teaching and learning in higher education and is used internationally to support professional recognition and development [10]. AoME similarly describes itself as working nationally and internationally to promote standards and support those involved in medical education [11]. International analyses of medical education roles show comparable patterns across countries, with educators assuming responsibility for curriculum, assessment and supervision earlier and more extensively than their higher education counterparts [12, 13]. Recent international work also highlights the multidimensional nature of educator roles across professional fields, reinforcing the relevance of coherent educator standards in diverse contexts [14]. Global standards emphasise competency based practice and distributed leadership, reinforcing the relevance of coherent professional standards frameworks beyond the UK context [9, 15]. In this sense, the UK frameworks mapped in this study are part of a broader international landscape in which educator standards are increasingly formalised and used to support recognition, capability and quality assurance.

Evidence from several fields show that educators can face challenges when navigating more than one framework [6, 16, 17, 18]. Curriculum mapping studies demonstrate that aligning practice to multiple sets of standards can reveal gaps, overlaps and redundancies in how practice is represented [19]. UK quality assurance work reports duplication of effort, fragmented processes and calls for better alignment between overlapping systems [20]. These challenges mirror issues identified internationally. Health professions education systems worldwide frequently operate under multiple standards and

recognition structures, each with distinct purposes, expectations and accountability requirements and accreditation systems vary significantly across countries, often overlap, and require alignment, coherence and shared definitions to support clarity and comparability [7]. Recent global guidance similarly emphasises the need for coherent standards and shared competency frameworks to support comparability across systems [8]. The complexity experienced by UK educators when engaging with both the Advance HE PSF and AoME Professional Standards therefore reflects broader international concerns about coherence between standards frameworks.

Research in healthcare education identifies competing demands on time, self directed interpretation and inconsistency in accessibility and approach when educators engage with recognition schemes [6]. Analyses of the Advance HE PSF also highlight structural issues such as the shift from practice to discursive representation, the risk of performative compliance and the burden of mandatory, time consuming reflective accounts [18, 21, 22]. At the same time, there is clear evidence that structured engagement with professional standards can be beneficial [6, 23, 24]. Participation in recognition schemes has been associated with increased confidence, greater use of pedagogy, enhanced reflective practice and the development of communities of practice [6]. These benefits are strongest when frameworks are clearly understood and coherently aligned [25, 26]. Recent international work on competency based faculty development also highlights the value of shared educator competencies for strengthening professional identity, supporting targeted development and improving recognition processes across institutions [27].

For medical educators, a clear understanding of how the AoME Professional Standards and the Advance HE PSF relate offers the potential to reduce duplicated effort, support coherent evidence collection, clarify progression routes and strengthen recognition of teaching roles across clinical and academic environments [28, 29, 30]. By making the relationships between domains, descriptors and expectations explicit, this mapping has the potential to support coherent documentation, purposeful reflection, clearer progression planning and more consistent organisational interpretation [6, 19, 31]. In doing so, it may enable medical educators to articulate their educational practice with greater assurance and to position their contributions more visibly within these two established and complementary professional frameworks.

Methods

A structured comparative mapping was conducted between the Advance HE Professional Standards Framework (Advance HE PSF) fellowship descriptors and the Academy of Medical Educators (AoME) membership level descriptors. The objective was to examine alignment, divergence and positional relationships across five educational domains. The mapping was anchored in the Advance HE PSF because it defines breadth across Areas of Activity, Core Knowledge and Professional Values, whereas the AoME Professional Standards Framework (AoME PSF) defines progressive capability within medical-education domains. Anchoring the comparison in the Advance HE PSF therefore allowed AoME domain-based capability to be examined in relation to breadth-based expectations.

As educators who hold Fellowship in both AoME and Advance HE, our standpoint is that of informed insiders. This positionality provides detailed familiarity with the operational use of both frameworks, but also carries the risk of interpretive bias. To mitigate this, all mapping decisions were constrained to published descriptors, dual-coded independently, and resolved through documented consensus. Our epistemological stance is interpretivist: we assume that professional standards are socially constructed representations of practice, and that alignment requires judgement rather than mechanical equivalence. Procedural safeguards were used to enhance transparency, consistency and reflexivity in the mapping process..

Frameworks

The Advance HE PSF defines four fellowship descriptors: Descriptor 1 – Associate Fellow (AFHEA), Descriptor 2 – Fellow (FHEA), Descriptor 3 – Senior Fellow (SFHEA) and Descriptor 4 – Principal Fellow (PFHEA). Each descriptor outlines expectations across five Areas of Activity, six forms of Core Knowledge and four Professional Values. These descriptors represent breadth-based expectations that apply across higher-education contexts.

The AoME PSF defines four membership levels: Associate Membership (AAcadMEd), Membership (MAcadMEd), Fellowship (FAcadMEd) and Principal Fellowship (PFAcadMEd). Each level includes descriptors across five domains: (1) Design and planning of learning activities, (2) Teaching and facilitating learning, (3) Assessment of learning, (4) Educational scholarship and evidence-based practice, and (5) Educational management and leadership. These descriptors represent progressive capability within medical-education practice.

Comparative Procedure

An initial positional table was constructed to reflect to establish an initial mapping between Advance HE fellowship descriptors and AoME membership levels (Table 1). This served as a reference framework for comparative analysis. Each AoME domain descriptor at Levels 1 to 4 was systematically compared against the Advance HE fellowship descriptors. Comparisons were made at the descriptor level, not the membership level, and were based on scope of practice, leadership expectations, strategic responsibility and institutional impact. Where AoME descriptors aligned with multiple Advance HE levels, positional overlaps were recorded. Comparisons were conducted independently for each domain and level. Descriptors were analysed in relation to the structural expectations of the Advance HE PSF, without reference to individual eligibility or progression. This mapping examines alignment, correspondence and relative positioning between AoME and the Advance HE PSF; it does not assess equivalence between the frameworks.

Table 1. Positional assumptions between AoME membership levels and Advance HE fellowship descriptors used as baseline for comparative mapping

AoME Level	Advance HE Descriptor	Comparison Summary
Level 1 (Associate Membership - AAcadMEd)	Descriptor 1 (Associate Fellow – AFHEA)	Both recognise early-stage educators with foundational engagement in teaching and learning.
Level 2 (Membership - MAcadMEd)	Descriptor 2 (Fellow – FHEA)	AoME Membership demonstrates competency across educational domains, aligning broadly with FHEA, but with greater medical education specificity.
Level 3 (Fellowship - FAcadMEd)	Descriptor 3 (Senior Fellow – SFHEA)	AoME Fellowship represents significant leadership and mentorship in medical education, aligning closely with SFHEA.
Level 4 (Principal Fellowship - PFAcadMEd)	Descriptor 4 (Principal Fellow – PFHEA)	Both recognise strategic leadership and impact on education at an institutional/national level.

Rigour

Descriptor-level comparisons were conducted independently by two assessors with expertise in curriculum evaluation and fellowship recognition frameworks. To ensure procedural rigour, the following measures were implemented:

1. Independent dual coding: Each assessor mapped AoME domain descriptors against Advance HE fellowship descriptors independently, without consultation or shared assumptions during initial coding.
2. Framework-constrained comparison: All comparisons were restricted to published AoME and Advance HE descriptors. No external interpretations, case studies, or institutional exemplars were used.
3. Audit trail documentation: Each mapping decision was recorded with explicit reference to the source descriptor, including domain number, level, and alignment rationale. This ensured traceability and reproducibility.
4. Consensus resolution: Discrepancies between assessors were resolved through structured discussion, with reference to procedural constraints and descriptor-level evidence. No mapping decisions were finalised without documented consensus.
5. Positional integrity: Where descriptors aligned with multiple Advance HE levels, overlaps were recorded without asserting equivalence. Membership-level titles were not used to infer descriptor-level alignment.
6. Procedural neutrality: No assumptions were made regarding individual eligibility, progression, or recognition outcomes. All findings were framed in terms of framework alignment only.

For clarity in interpreting the mapping tables, each Advance HE fellowship descriptor incorporates specific requirements across the Dimensions. Descriptor 1 requires evidence of at least Professional Values V1 and V3, Core Knowledge K1–K3 and effective practice in any two Areas of Activity. Descriptor 2 requires evidence of all five Professional Values, all five forms of Core Knowledge and effective practice across all five Areas of Activity. Descriptor 3 requires comprehensive practice that integrates all Dimensions alongside sustained influence over others' practice. Descriptor 4 requires strategic leadership with extensive impact, underpinned by active integration of all Dimensions. The mapped fellowship levels in the tables should therefore be understood as referring to these dimension-based requirements.

Results

AoME Level 1: Associate Membership (AAcadMEd)

Eligibility for Associate Membership requires applicants to demonstrate professional commitment to the AoME core values and understanding of key responsibilities. However, demonstration of AoME Level 1 descriptors in practice is not required. When interpreted in relation to the Advance HE PSF, AoME Level 1 descriptors span expectations associated with Associate Fellow, Fellow and Senior Fellow. This reflects the capability-based structure of the AoME PSF, where leadership and scholarship appear earlier within domains than in the breadth-based Advance HE PSF.

Table 2 summarises the alignment of AoME Level 1 descriptors with Advance HE fellowship levels. While AoME descriptors in Domains 1 to 3 predominantly correspond to Advance HE Associate Fellow, those in Domains 4 and 5 reflect responsibilities more consistent with Advance HE Fellow and Senior Fellow. This indicates substantial divergence across domains across domains when mapped against breadth-based expectations.

Table 2. Mapping of AoME Level 1 descriptors to Advance HE fellowship levels (AAcadMEd eligibility framing applied)

AoME Domain	AoME Descriptor Range	Mapped Advance HE Fellowship Level
Domain 1 – Design and planning of learning activities	1.1.1–1.1.5	Associate Fellow
	1.1.6	Fellow
Domain 2 – Teaching and facilitating learning	2.1.1, 2.1.2, 2.1.4, 2.1.5, 2.1.7	Associate Fellow
	2.1.3, 2.1.6	Fellow
Domain 3 – Assessment of learning	3.1.1–3.1.9	Associate Fellow
Domain 4 – Educational scholarship and evidence-based practice	4.1.1–4.1.4	Fellow
Domain 5 – Educational management and leadership	5.1.1–5.1.6	Fellow
	5.1.7–5.1.9	Senior Fellow

Positional outcome: AoME Level 1 descriptors span Advance HE Associate Fellow, Fellow and Senior Fellow levels, but AAcadMEd eligibility does not require attainment of these descriptors. Descriptor-level alignment does not determine recognition outcomes.

AoME Level 2: Membership (MAcadMEd)

Eligibility for Membership requires applicants to demonstrate AoME Level 2 descriptors across most domains. When interpreted against the Advance HE PSF, most AoME Level 2 descriptors correspond to expectations associated with Associate Fellow or Fellow. Partial overlap with Senior Fellow is visible in AoME Domains 4 and 5, where leadership and scholarship expectations exceed those typically required for Advance HE Fellow.

Table 3 summarises the alignment of AoME Level 2 descriptors with Advance HE fellowship levels. The domain-level variation reflects structural differences between capability-based and breadth-based frameworks: AoME introduces leadership and advanced scholarship earlier within domains, whereas the Advance HE PSF reserves sustained leadership for Descriptor 3.

Table 3. Mapping of AoME Level 2 descriptors to Advance HE fellowship levels (MAcadMEd eligibility framing applied).

AoME Domain	AoME Descriptor Range	Mapped Advance HE Fellowship Level
AoME Domain 1 – Design and planning of learning activities	AoME descriptors 1.2.1–1.2.6	Advance HE Associate Fellow
AoME descriptor 1.2.7	Advance HE Fellow	
AoME Domain 2 – Teaching and facilitating learning	AoME descriptors 2.2.1–2.2.10	Advance HE Associate Fellow
AoME Domain 3 – Assessment of learning	AoME descriptors 3.2.1, 3.2.2, 3.2.4, 3.2.6	Advance HE Associate Fellow
	Remaining Domain 3 AoME descriptors	Advance HE Fellow
AoME Domain 4 – Educational scholarship and evidence-based practice	AoME descriptors 4.2.1–4.2.4	Advance HE Senior Fellow
AoME Domain 5 – Educational management and leadership	AoME descriptors 5.2.1–5.2.9	Advance HE Senior Fellow

Positional outcome: MAcadMEd demonstrates expertise across multiple domains of medical education, with required engagement in all five AoME domains. Advance HE Associate Fellow requires involvement in only two Areas of Activity and application of three Core Knowledge areas. While MAcadMEd exceeds the expectations of Advance HE Associate Fellow, it does not correspond fully to Advance HE Fellow. Given the emphasis on teaching innovation and leadership, MAcadMEd may align significantly with Advance HE Senior Fellow in selected domains. Descriptor-level alignment does not determine recognition outcomes.

AoME Level 3: Fellowship (FAcadMEd)

Eligibility for Fellowship requires applicants to demonstrate AoME Level 3 descriptors across all five domains. When interpreted against the Advance HE PSF, most AoME Level 3 descriptors correspond to expectations associated with Senior Fellow. Partial overlap with Principal Fellow is visible in AoME Domains 1, 3 and 5, where strategic leadership and institutional impact are emphasised.

Table 4 summarises the alignment of AoME Level 3 descriptors with Advance HE fellowship levels. The domain-level variation again reflects structural differences: AoME distributes leadership across domains in ways that mirror the collaborative and multi-professional nature of medical education, whereas the Advance HE PSF reserves sustained influence over others' practice for Descriptor 3.

Table 4. Mapping of AoME Level 3 descriptors to Advance HE fellowship levels (FAcadMEd eligibility framing applied)

AoME Domain	AoME Descriptor Range	Mapped Advance HE Fellowship Level
AoME Domain 1 – Design and planning of learning activities	AoME descriptors 1.3.1, 1.3.3, 1.3.4, 1.3.5	Advance HE Senior Fellow
	AoME descriptor 1.3.2	Advance HE Principal Fellow
AoME Domain 2 – Teaching and facilitating learning	AoME descriptors 2.3.1, 2.3.4, 2.3.5	Advance HE Fellow
	Remaining AoME descriptors	Advance HE Senior Fellow
AoME Domain 3 – Assessment of learning	AoME descriptors 3.3.1–3.3.5	Advance HE Senior Fellow
	AoME descriptors 3.3.6–3.3.11	Advance HE Principal Fellow
AoME Domain 4 – Educational scholarship and evidence-based practice	AoME descriptors 4.3.1–4.3.6	Advance HE Senior Fellow
AoME Domain 5 – Educational management and leadership	AoME descriptors 5.3.1–5.3.7	Advance HE Principal Fellow

Positional outcome: FAcadMEd demonstrates an educator's expertise across multiple domains of medical education, alongside evidence of consistent delivery of high-quality education. Advance HE Fellow (Descriptor 2) requires depth and breadth across all Areas of Activity, Core Knowledge and Professional Values, but does not presuppose formal leadership. AoME Level 3 descriptors, particularly in Domain 5, imply sustained educational leadership, placing FAcadMEd at the upper end of Advance HE Descriptor 2 and on the border of Descriptor 3 (Senior Fellow). Descriptor-level alignment does not constitute recognition equivalence.

AoME Level 4: Principal Fellowship (PAcadMEd)

Eligibility for Principal Fellowship requires applicants to demonstrate AoME Level 4 descriptors across all five domains. When interpreted against the Advance HE PSF, most AoME Level 4 descriptors correspond to expectations associated with Principal Fellow. Partial overlap with Senior Fellow is visible in AoME Domains 2 and 4, where strategic leadership is present but not uniformly required across all descriptors.

Table 5 summarises the alignment of AoME Level 4 descriptors with Advance HE fellowship levels. The structural alignment is strongest at this level, reflecting the shared emphasis on sustained strategic leadership and extensive educational impact.

Table 5. Mapping of AoME Level 4 descriptors to Advance HE fellowship levels (PAcadMEd eligibility framing applied)

AoME Domain	AoME Descriptor Range	Mapped Advance HE Fellowship Level
AoME Domain 1 – Design and planning of learning activities	AoME descriptors 1.4.1–1.4.6	Advance HE Principal Fellow
AoME Domain 2 – Teaching and facilitating learning	AoME descriptor 2.4.1	Advance HE Senior Fellow
	AoME descriptors 2.4.2–2.4.10	Advance HE Principal Fellow
AoME Domain 3 – Assessment of learning	AoME descriptors 3.4.1–3.4.10	Advance HE Principal Fellow
AoME Domain 4 – Educational scholarship and evidence-based practice	AoME descriptor 4.4.1	Advance HE Senior Fellow
	AoME descriptors 4.4.2–4.4.5	Advance HE Principal Fellow
AoME Domain 5 – Educational management and leadership	AoME descriptors 5.4.1–5.4.8	Advance HE Principal Fellow

Positional outcome: PFAcadMEd recognises the highest levels of sustained and effective commitment, strategic leadership and achievement as a medical educator. Principal Fellowship of Advance HE (Descriptor 4) is suitable for highly experienced individuals with a sustained record of effectiveness in strategic leadership and high-quality learning. Their impact is extensive. There is good alignment across all five domains. A Senior Fellow of Advance HE (Descriptor 3) would not necessarily meet the requirements of Principal Fellowship in either organisation. However, Principal Fellows of AoME and Advance HE would likely be reciprocally recognised. Descriptor-level alignment does not determine recognition outcomes.

Evaluation of Initial Positional Framework

Table 1 presents the initial positional framework, constructed to reflect assumed correspondence between Advance HE fellowship descriptors and AoME membership levels. Descriptor-level mapping was applied to each AoME domain descriptor at Levels 1 to 4, across Domains 1 to 5, and compared against the corresponding Advance HE descriptors. The mapped outcomes were used to evaluate the validity of the initial positional assumptions. Where alignment was confirmed, the original positioning was retained. Where divergence was identified, the initial positioning was revised. These revisions informed the construction of a modified positional hierarchy (Table 6), which reflects mapped outcomes without implying progression, eligibility or parity across frameworks.

Table 6. Revised alignment of Academy of Medical Educators (AoME) Professional Standards with Advance HE Professional Standards Framework (PSF) following the evaluation process.

AoME Level	Advance HE Descriptor	Comparison Summary
Level 1 (Associate Membership - AAcadMEd)		There is no equivalent of AAcadMEd for Advance HE since AAcadMEd only requires an interest in medical education and does not have an expectation of teaching delivery.
Level 2 (Membership - MAcadMEd)	Descriptor 1 (Associate Fellow – AFHEA)	Both recognise early-stage educators with foundational engagement in teaching and learning and require evidence of pedagogical understanding and delivery of effective teaching. MAcadMEd requires slightly more breadth of teaching experience (AFHEA only requires 2 out of 5 areas of activity)
Level 3 (Fellowship - FAcadMEd)	Descriptor 2 (Fellow – FHEA)	AoME Fellowship demonstrates competency across educational domains, aligning broadly with FHEA, but with greater medical education specificity.
	Descriptor 3 (Senior Fellow – SFHEA)	AoME doesn't really recognise those in educational leadership roles who influence the teaching and support of learning prior to being able to demonstrate sustained achievement.
Level 4 (Principal Fellowship - PFAcadMEd)	Descriptor 4 (Principal Fellow – PFHEA)	PFHEA recognises at second levels at the equivalent of PFAcadMEd; recognising sustained strategic leadership with extensive impact.

The revisions to the initial positional framework are summarised in Table 6. To support interpretive clarity, a schematic representation of the revised hierarchy is provided in Figure 1. This figure reflects the mapped outcomes of descriptor-level comparisons across AoME membership levels and Advance HE descriptors. It is constructed to mirror the structure of Tables 1 and 6 and does not imply progression, eligibility, or equivalence. Domain-level variation is represented where applicable. Figure 1 complements the tabulated results and provides a visual reference for mapped alignment and divergence.

Discussion

The comparative analysis shows that two frameworks with similar outward structures generate divergent expectations of practice because they organise capability, breadth and leadership in fundamentally different ways. AoME embeds progressive capability within each domain, with leadership emerging early and expanding across levels, whereas the Advance HE PSF builds breadth across Dimensions at Descriptor 2 and reserves leadership for Descriptor 3 and strategic leadership for Descriptor 4. This structural divergence explains the non linear relationships observed in the mapping and accounts for the domain level variation that appears when the frameworks are compared descriptor by descriptor. These patterns reflect wider analyses of recognition schemes that identify structural mismatch and interpretive burden when educators navigate frameworks designed for different professional contexts [6, 16, 18]. Recent international work also highlights comparable challenges in health professions education systems worldwide, where educators must interpret multiple competency based standards and recognition structures with differing purposes and expectations [8, 9].

Contemporary medical education practice further shapes these mapped differences. Medical educators assume responsibility for assessment systems, curriculum components, supervision and learning environments earlier in their careers than is typical in higher education, reflecting regulatory expectations across healthcare professions [3, 4, 5]. This earlier distribution of responsibility is visible in AoME Level 2 and Level 3 descriptors, where leadership, advanced scholarship and high stakes assessment appear before the equivalent expectations in the PSF. These mapped patterns align with studies reporting competing demands, interpretive burden and structural mismatch when educators engage with recognition systems [6, 16, 18], and with sector guidance highlighting duplication of effort and fragmented processes when overlapping systems lack clear alignment [20]. Comparable issues have been documented internationally, where educators frequently work across multiple accreditation and recognition frameworks that require coherence and shared definitions to support clarity and comparability [8, 9].

Differences in how the two frameworks conceptualise professional standards also contribute to the mapped divergence, and these mapped differences can also be understood as reflecting different conceptions of professional development. AoME's domain structure embeds progressive capability and leadership development within each level, whereas the PSF conceptualises development as increasing breadth across Dimensions followed by influence and strategic leadership at higher Descriptors. Advance HE Descriptor 2 requires breadth across all Dimensions but does not presuppose leadership, whereas AoME Level 2 includes leadership in Domain 5 and advanced scholarship in Domain 4. Advance HE Descriptor 3 requires sustained influence over others' practice, but AoME Level 3 distributes leadership across domains in ways that reflect the collaborative and multi professional nature of medical education. These contrasts mirror critiques of the PSF that highlight the shift from practice to discursive representation, the risk of performative compliance and the burden of reflective accounts [18, 22]. AoME's emphasis on observable capability aligns with medical education traditions of competency based practice and outcome based curriculum design [19], helping to explain why mapped leadership expectations appear earlier in AoME and mapped breadth expectations appear earlier in Advance HE. Recent international studies also emphasise the multidimensional nature of educator roles and the importance of capability, leadership and scholarship across health professions education systems, reinforcing the relevance of coherent educator standards in diverse contexts [14].

The interpretive approach used in this study is consistent with established benchmarking literature. Descriptor level synthesis is recognised as a valid method for comparing externally defined standards [17], and the mapped outcomes demonstrate typical benchmarking outputs including semantic overlap, positional mismatch and domain specific excess [32]. Harden's curriculum mapping principles similarly emphasise that alignment exercises reveal structural differences rather than equivalence [19]. The revised positional hierarchy reflects these outputs by documenting alignment without implying equivalence or eligibility, consistent with sector guidance on recognition frameworks [31, 33, 34]. This clarity is essential for medical educators who must navigate overlapping systems of recognition, appraisal and regulatory expectation. Although this analysis is UK focused, similar benchmarking

approaches are used internationally to support coherence between educator standards and to strengthen quality assurance across health professions education systems [8, 9].

Clearer alignment between AoME and the PSF has practical implications for educator development and recognition at individual, institutional and sector levels. For individual educators, a mapped understanding of how the two frameworks relate could help clarify progression routes, identify appropriate evidence of practice and reduce unnecessary duplication when working towards recognition across both systems [25, 26]. This may be particularly valuable for medical educators working across clinical and academic environments, who may encounter both frameworks during their professional development. Engagement with professional standards is associated with increased confidence, enhanced reflective practice and greater use of pedagogy [6, 23, 24], while coherent continuing professional development pathways strengthen professional identity and support sustained engagement [28, 29, 30]. For institutions, the mapping can support consistent interpretation of AoME and Advance HE descriptors, inform staff development and recognition pathways. At a sector level, the findings highlight the potential value of greater interoperability between professional recognition frameworks. Dialogue between AoME and Advance HE could help identify opportunities for clearer relationships between recognition systems and reduce the interpretive burden placed on educators navigating multiple frameworks. Recent international work on competency based faculty development also highlights the value of shared educator competencies for strengthening professional identity, supporting targeted development and improving recognition processes across institutions [27].

Although the mapping provides a coherent synthesis of how the two frameworks relate, it remains an interpretive analysis shaped by professional judgement and therefore has some limitations. The descriptors compared here were developed for different purposes and professional contexts, and the mapped relationships therefore represent one defensible reading rather than a definitive account of equivalence. The relationship between AoME and the PSF is also dynamic, as professional standards frameworks are periodically revised. The mapped hierarchy reflects the frameworks at the time of analysis and may require updating as either framework evolves.

Conclusions

Taken together, the synthesis of AoME and Advance HE descriptors offers a field relevant contribution to medical education by clarifying how capability based and breadth based frameworks intersect, where leadership expectations diverge and how recognition decisions can be made more coherent by making the relationship between the two recognition frameworks easier to interpret across clinical education and broader higher education contexts. This is the first descriptor level mapping of these two frameworks, and it provides new interpretive clarity for educators and institutions navigating overlapping systems of professional recognition. By articulating the structural relationships between AoME and the PSF, the study offers a clearer basis for understanding how expectations align, where they diverge and how educators can position their practice more confidently across both frameworks.

Abbreviations

AAcadMEd: Associate Member of the Academy of Medical Educators

AFHEA: Associate Fellow of Advance HE

AoME: Academy of Medical Educators

FAcadMEd: Fellow of the Academy of Medical Educators

FHEA: Fellow of Advance HE

GMC: General Medical Council

MAcadMEd: Member of the Academy of Medical Educators

NMC: Nursing and Midwifery Council

PFAcadMEd: Principal Fellow of the Academy of Medical Educators

PFHEA: Principal Fellow of Advance HE

PSF: Professional Standards Framework

SFHEA: Senior Fellow of Advance HE

Declarations

Ethics approval and consent to participate

Ethics approval not applicable

Consent for publication

Consent for publication not applicable

Availability of data and materials

Availability of data not applicable

Competing interests

The authors declare that they have no competing interests

Funding

No funding was received for this study

Authors' contributions

CJS conceived the study, participated in the comparative mapping and descriptor-level analysis, interpreted the findings, and was a major contributor in writing the manuscript.

NL critically appraised and contributed to writing the manuscript

JB crtically revised the manuscript

ML contributed to interpretation of the findings and was a major contributor in writing the manuscript.

All authors read and approved the final manuscript

Acknowledgements

Not applicable

References

1. Advance HE. Professional Standards Framework for teaching and supporting learning in higher education. 2023. https://advance-he.org/knowledge-hub/professional-standards-framework-teaching-and-supporting-learning-higher-education-0/. Accessed 10 Aug 2026.
2. Academy of Medical Educators. Professional Standards for Medical Educators 4th Edition. 2021. https://medicaleducators.org/write/MediaManager/Documents/AoME_Professional_Standards_4th_edition_1.0_(web_full_single_page_spreads).pdf. Accessed 11 Aug 2026.
3. Health and Care Professions Council. Standards of education and training guidance. 2017. https://www.hcpc-uk.org/globalassets/resources/guidance/standards-of-education-and-training-guidance.pdf?v=638719218330000000. Accessed 11 Sep, 2026.
4. Nursing and Midwifery Council. Standards framework for nursing and midwifery education. 2023. https://www.nmc.org.uk/globalassets/sitedocuments/standards/2024/standards-framework-for-nursing-and-midwifery-education.pdf. Accessed 12 Aug 2026.
5. General Medical Council. Promoting excellence: standards for medical education and training. 2015. https://www.gmc-uk.org/cdn/documents/promoting-excellence-standards-for-medical-education-and-training-2_pdf-108339649.pdf. Accessed 22 Aug 2026.
6. Burns D, Grundy J, White H, O'Connor DA, Furber C. Exploring the experience of participants in a pilot scheme to recognise teaching excellence in healthcare. Int J Nurs Stud Adv. 2024;7:100255.
7. Frank JR, Taber S, van Zanten M, Scheele F, Blouin D; International Health Professions Accreditation Outcomes Consortium. The role of accreditation in 21st century health professions education: report of an International Consensus Group. BMC Med Educ. 2020;20:305.
8. World Health Organization. Global competency and outcomes framework for universal health coverage. Geneva: WHO; 2022. https://iris.who.int/server/api/core/bitstreams/08a5370c-0d2f-4529-a80a-ab9dd1fd6694/content. Accessed 11 Sep 2026.
9. World Federation for Medical Education. WFME Global Standards for Quality Improvement in Medical Education. 2023. https://ksb-med.org/wp-content/uploads/2025/09/WFME-Post-STANDARDS-FOR-POSTGRADUATE-MEDICAL-EDUCATION_2023.pdf. Acessed 11 Sep 2026.
10. Advance HE. What we do. https://advance-he.ac.uk/what-we-do. Accessed 11 Aug 2026.
11. Academy of Medical Educators. Objectives and Plans. 2015. https://medicaleducators.org/Objectives-Plans. Accessed 11 Sep 2026.
12. Irby DM, Cooke M, Lowenstein D, Richards B. The academy movement: a structural approach to reinvigorating the educational mission. Acad Med. 2004;79:729-36.
13. Steinert Y. Faculty development: from workshops to communities of practice. Med Teach. 2010;32:425-8.
14. Farghaly A, Moawd SA, Kamal D. Measuring the roles of health professions educators: perspectives from faculty members in the colleges of medicine, dentistry, nursing, and applied medical sciences. Front Educ. 2026;11:1872811.

15. Frenk J, Chen L, Bhutta ZA, Cohen J, Crisp N, Evans T et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. Lancet. 2010;376:1923-58.
16. Willmington C, Belardi P, Murante AM, Vainieri M. The contribution of benchmarking to quality improvement in healthcare. BMC Health Serv Res. 2022;22:139.
17. Ebrahimi M. Back to basics: Benchmarking – A pathway to excellence in higher education. Skills Academia. 2024. https://skillsacademia.org/wp-content/uploads/2024/03/Ebrahimi-benchmarking-higher-education-2024.pdf. Accessed 11 Sep 2026.
18. Beighton C. Circular logic? Analysing the professional standards framework for higher education. Prof Dev Educ. 2025: 1-17. https://www.tandfonline.com/doi/full/10.1080/19415257.2025.2542202#abstract. Accessed 12 Aug 2026.
19. Harden RM. AMEE Guide No. 21: Curriculum mapping. Med Teach. 2001;23:123–137.
20. General Medical Council. Understanding stakeholder perspectives on the GMC's quality assurance of medical education and training. 2018. https://www.gmc-uk.org/cdn/documents/understanding-stakeholder-perspectives-on-the-gmcs-quality-assurance-of-medical-education--115249544.pdf. Accessed 22 Aug 2026.
21. van der Sluis, H. 'Frankly, as far as I can see, it has very little to do with teaching'. Exploring academics' perceptions of the HEA Fellowships. Professional Development in Education. 2023;49:416–428.
22. Mockler N. Troubled times and seeds of hope. Prof Dev Educ. 2024;50:586–593.
23. Asghar M, Pilkington R. The relational value of professional dialogue for academics pursuing HEA fellowship. International Journal for Academic Development. 2017; 23:135–146.
24. Botham KA. The perceived impact on academics' teaching practice of engaging with a higher education institution's CPD scheme. Innov Educ Teach Int. 2018;55:164–175.
25. Cathcart A, Dransfield M, Floyd S, Campbell LA, Carkett R, Davies V et al. Tick-box, weasel words, or a transformative experience? Int J Acad Dev. 2023;28:319–333.
26. Moore J, May H, Stoakes G. Teaching Excellence Framework 2023: Patterns of excellence. Advance HE. 2017. https://s3.eu-west-2.amazonaws.com/assets.creode.advancehe-document-manager/documents/advance-he/TEF%202023%20-%20patterns%20of%20excellence_1717575653.pdf. Accessed Aug 12 2026.
27. Robertson ML, Cofrancesco J Jr, Levine RB. Transforming individuals and institutions through competency-based faculty development. Front Med (Lausanne). 2025;12:1621376.
28. Sellars J, Clouder L. Impact of the Accreditation of Clinical Educators Scheme. Physiotherapy. 2011;97:339–344.
29. Karas M, Sheen NJL, North RV, Ryan B, Bullock A. Continuing professional development requirements for UK health professionals. BMJ Open. 2020;10:e032781.
30. Mlambo M, Silén C, McGrath C. Lifelong learning and nurses' continuing professional development. BMC Nurs. 2021;20:62.
31. General Medical Council. Recognising and improving trainers: the implementation plan. 2012. https://www.gmc-uk.org/cdn/documents/approving-trainers-implementation-plan-aug-12-v2_pdf-66144233.pdf. Accessed 22 Aug 2026.
32. Lau KH, Lam TK, Kam BH, Nkhoma M, Richardson J. Benchmarking higher education programs through alignment analysis based on the revised Bloom's taxonomy. Benchmarking: An International Journal. 2018;8:2828-2849.
33. University of Manchester. Advance HE Fellowship Scheme - Mapping exercise template (Senior Fellow). 2022. https://documents.manchester.ac.uk/display.aspx?DocID=73467. Accessed 11 Sep 2026.
34. Imperial College London. Senior Fellowship (SFHEA) Application Guide. 2023. https://www.imperial.ac.uk/media/imperial-college/staff/education-development-unit/public/STAR-Framework-SFHEA_Application-Guide_PSF-2023.pdf. Accessed 22 Aug 2026.

Figures

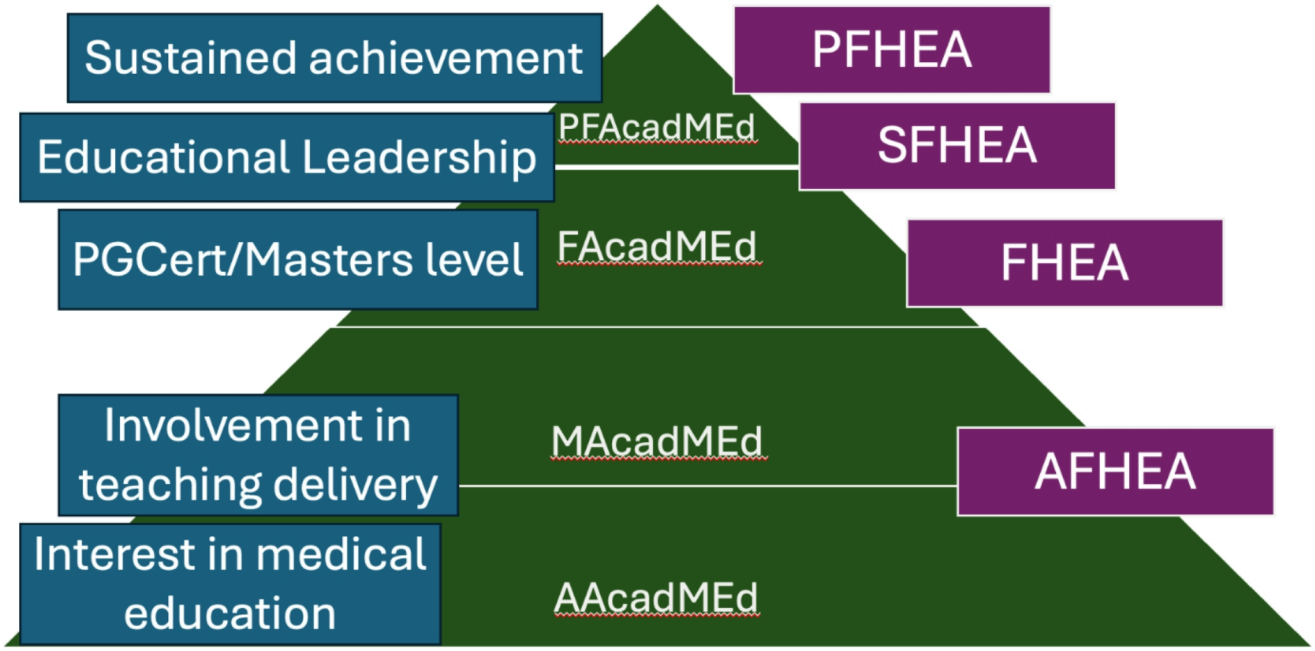


Figure 1

Alignment of Academy of Medical Educators (AoME) Professional Standards (in green) with Advance HE Professional Standards Framework (PSF) (in purple) and with different educational roles and qualifications (in blue)