

RCEM Emergency Medicine Advanced Clinical Practitioner (EM-ACP) Credentialing

Regulations for Adult or Children's Credentialing

September 2022

Introduction

These regulations pertain to the credentialing process under the September 2022 ACP Adult and ACP Children's curriculum, published on 5.9.22. Further information and guidance on the process will be available on the RCEM website before Christmas 2022. The first credentialing panel for the 2022 curriculum will be in spring 2024.

These regulations are subject to annual review

Eligibility

Applicants must:

- Be practising as an Advanced Clinical Practitioner in an Emergency department (adult or children)
- Be on the relevant professional register without limitation on their practice.
- Have 120 credits at level 7 (Masters level) in Advanced Practice from a UK Higher Education Institute covering the specified learning outcomes
- Have a minimum of 5 years (full-time equivalent) experience in clinical practice, with a *minimum* of 3 years (full-time equivalent) in Advanced Clinical Practice in Emergency Departments (with additional time required for concurrent adult and children's application)
- Have the equivalent of 30 hours of clinical contact per week (pro-rata) over the whole training period
- Collect evidence on the RCEM electronic portfolio (Kaizen).

General requirements for adults and children

- Clinical contact must be the equivalent of 30 hours per week for three years for an adult application
- Clinical contact must be the equivalent of 30 hours per week for three years for a children's application.
- Concurrent applications for adults *and* children credentialing will require an absolute minimum of four years of 30 hours per week equivalent clinical contact
- Those working less than full time must plan their clinical work and personal development to ensure clinical contact is sufficient to meet the capabilities required
- Planned or unplanned time away will need to be considered when identifying the anticipated date of submission for credentialing

- Extended time away or part time working may have an impact on *currency* of evidence and some mandatory evidence may need repeating (see below)
- Any extension to total training time should be discussed with the Educational Supervisor, and both applicants and individual organisations should plan how they can meet the currency and pro rata time requirements.

Academic component

Evidence of successful completion of an advanced practice qualification at level 7, 120 credits (minimum of a PGDip) must be provided. The advanced practice programme must contain modules covering the topics of:

- **History taking and physical assessment**
- **Clinical decision making and diagnostics**
- **Non-Medical Prescribing.**

The programme may not have modules with the specific titles listed above, but they must meet the learning outcomes specified by the College.

The academic component of RCEM EM-ACP training is evidenced by provision of post-graduate certificates and transcripts, and completion of the **RCEM EC-ACP Academic Component Credentialing Declaration** in Kaizen.

It is the responsibility of the applicant to ensure the required RCEM EM-ACP curriculum learning outcomes in the academic declaration are met by the learning outcomes specified by the HEI. The Academic component declaration must demonstrate the mapping of the HEI learning outcomes to the RCEM-required learning outcomes, giving the HEI course module name and full text of the learning outcome. Guidance and an example will be available on the RCEM website.

ePortfolio

- Applicants must be an Associate Member of RCEM and have a Kaizen ePortfolio account
- Applicants must ensure that the appropriate curriculum (adult, children, or both) has been assigned to their Kaizen ePortfolio account. An additional curriculum can be added after commencement by request
- Applicants must select and add an RCEM-approved ACP Educational Supervisor to their ePortfolio account
- All evidence must be uploaded to the portfolio and clearly labelled
- All WPBAs must be on RCEM electronic forms – no scanned paper forms will be accepted
- All uploaded documents must be in PDF format.

Credentialing application process

- Applicants must submit within the formal credentialing application window (advertised on the RCEM website); applications will not be accepted at any other time
- Submission is via an online application form; the link to the form will be available on the RCEM website from the opening date of the credentialing application window.

- Credentialing submissions are subject to an application fee (fee structure is published on the RCEM website); the application fee must be paid at the point of registration (this includes limited and full resubmissions)
- It is the applicant's responsibility to ensure they have uploaded all required evidence by the advertised deadline
- Applicants will receive confirmation of registration
- Arrangements for immediate resubmission will be communicated to ACPs via email
- Limited and full resubmissions must be submitted within the formal application window and will not be accepted at any other time; the online registration form must be completed for all limited and full resubmissions and the appropriate fee paid
- There is no limit on the number of attempts for credentialing, but applicants are advised to be aware of the limits on currency of evidence detailed in the curriculum.

Credentialing Panel and review process

- There will be a minimum of two credentialing panels per year - Spring and Autumn
- Additional panels may be considered in future depending on demand and capacity
- All submissions will be screened by RCEM staff to ensure minimum non-clinical requirements are met
- If a submission does not meet the screening criteria, the Chair of the ACP Credentialing Panel will make a judgement as to whether the submission may proceed, consulting with panel members as required
- If a submission is rejected at screening, the application fee will be refunded (minus an administration fee)
- All decisions at screening will be noted and confirmed to applicants by email
- Additional information may be requested following screening; this is at the discretion of the Chair of the ACP Credentialing Panel. There is no option for appeal for refused submissions.
- After screening has been completed, the submission will be allocated to a small sub-group of the panel for evaluation.
- Each sub-group will be formed of one experienced panel member, and at least one other member with observers as appropriate. Each sub-group will usually include a minimum of one Fellow of RCEM and one credentialed /consultant ACP
- The sub-group will review the portfolio of evidence in detail and, after discussion, complete a 'pre-panel recommended outcome form' for circulation a minimum of one week before the full panel meets
- The sub-group lead will present the evidence and recommendations for discussion at the full ACP Credentialing Panel
- The full ACP Credentialing Panel will consider the evidence and agree the final outcome; this will be documented in the **ACP Credentialing Outcome Form** within the applicant's ePortfolio
- The outcome will be available within two weeks of the full panel meeting.

Credentialing Outcomes

There are four possible outcomes that may be awarded by the ACP Credentialing Panel:

1. **Credential:** the credential will specify adults, children, or adults and children

2. Immediate resubmission: the Panel believes that evidence exists within the portfolio to demonstrate that the ACP is practising at the required standard across the breadth of the EM-ACP curriculum, but the evidence cannot be accessed or located by the Panel.

- Applicants are allowed three weeks from the date the outcome is awarded to provide clarification of existing evidence
- The evidence is reviewed by the original sub-group and the credential is awarded (if appropriate); validation of the outcome is by the Chair of the ACP Credentialing Panel
- There is no fee payable for an immediate resubmission
- If new evidence is required, immediate resubmission is not possible.

3. Limited resubmission: the Panel believes that the additional evidence required for the ACP to demonstrate they have met the required standard should be achievable within six months. A limited resubmission outcome is likely to be awarded when up to 5 elements of NEW evidence and/or additional reflection or qualitative evidence is required.

- Applicants will receive feedback on the specific evidence required; only this additional evidence will be reviewed
- Applicants will be permitted to submit the additional evidence within the next application window for a reduced fee. If the applicant is unable to present the additional evidence at the next Panel, the ACP will need to submit within a subsequent application window; this will be considered a new application (full resubmission) and the full portfolio of evidence will be reviewed against the curriculum and checklist valid at that time. The full fee will become applicable.
- A limited resubmission will always require an additional Faculty Educational Governance Statement (FEGS) and Educational Supervisor Report (ESR) and therefore the ACP must be in clinical practice.
- The additional evidence submitted is reviewed by the Panel, taking into account the Panel's original recommendations.

4. Unsuccessful: the Panel is in agreement that the ACP has failed to demonstrate they have met the required standard. Either multiple elements of evidence are missing, or the standard of evidence or performance is not appropriate; a full resubmission will be required.

- In most cases this will normally be expected to take a minimum of 1 year, therefore, currency of evidence will need to be reviewed. Full resubmission in less than a year is possible, but applicants should consult their ES and carefully consider the work required
- A full resubmission will always require an additional Faculty Educational Governance Statement (FEGS) and Educational Supervisor Report (ESR) for each year of work since the original submission and the full fee will be applicable
- The ACP may resubmit in full to a future application window; this will attract the full fee, as for a new application
- A full resubmission will be reviewed against the curriculum and checklist valid at that time.

Feedback

- Feedback for immediate or limited resubmissions will be specific on the required evidence
- For a full resubmission, written feedback will be limited to an overview of the type of evidence and areas of challenge in the initial submission
- Oral feedback to the Educational Supervisor will be available on request
- The regional ACP Forum member will be available to provide support for the applicant (if required); the Forum member will not have access to any confidential information.

Evidence required (based on 2022 curriculum)

Generic courses

Prior to credentialing the applicant must successfully complete the following mandatory courses. Certificates valid on the date of submission must be provided as evidence.

Adult credentialing	Children's credentialing
Advanced Life Support (ALS)	Adult Basic Life Support (Trust training)
Paediatric Basic Life Support (Trust training)	Advanced Paediatric Life Support (APLS) or European Paediatric Advanced Life Support (EPALS)
Advanced Trauma Life Support (ATLS) or European Trauma Course (ETC) - as a candidate, not observer	Advanced Trauma Life Support (ATLS) or European Trauma Course (ETC) - as a candidate, not observer
Good Clinical Practice (GCP) - NIHR course	Good Clinical Practice (GCP) - NIHR course
Safeguarding adults (level 2) Safeguarding children (level 3)	Safeguarding children (level 3)

If a concurrent adult and children submission is made, all life support courses are mandatory.

Annual Requirements

Applicants undertaking the EM-ACP curriculum will normally be combining academic studies with workplace-based assessments (WPBAs) and therefore there is not one prescribed way to collect all of the required evidence needed for credentialing. It is not within the remit of this document to advise on an order of evidence collection; however, the minimum yearly requirements for this training programme are outlined below. Please see the section on concurrent adult and children credentialing where relevant.

- An MSF (Multi-Source Feedback) with at least 12 responses, of which 2 must be consultants
- A Faculty Educational Governance Statement (FEGS), which confirms the entrustment level for all relevant SLOs

- An Educational Supervisor Report (ESR) which addresses all the portfolio, clinical and academic work undertaken that year, as well as formulating a plan for the next training period
- An appraisal in line with local HR policy *and* record of progression in the ACP training programme (these may be combined locally).

Details of evidence requirements

- Level 7 qualification certificates and transcripts – these should be scanned and uploaded (pdf format) to the document library on Kaizen and linked to the credentialing checklist
- Evidence of registration on the relevant professional register confirming applicant is an independent prescriber
- Learning outcomes must be provided for the academic programme of learning mapped to the RCEM learning outcomes. If the learning programme is accredited by HEE or is on a list of RCEM approved programmes, the academic learning outcomes are not required.
- The curriculum defines a number of mandatory WPBAs that are required for credentialing. Failure to provide the mandatory WPBAs by the correct assessor will result in an unsuccessful submission.
- An anonymised and *summarised* list of patients must be provided; this must show in tabular form the outcome and area of the department seen in (resus, majors, ambulatory/minors) and where concurrent adult and children submission, there must be separate table for adult and children activity. A *minimum* of 2100 patients over three years (pro-rata) is expected. Failure to provide evidence of appropriate clinical contact will result in an unsuccessful submission. Submission of lists of individual patient contacts will not be accepted – a summary table is mandatory.
- Evidence must be anonymised – any failure to anonymise documents will result in an unsuccessful submission
- Each KC within each SLO must have Educational Supervisor confirmation that the KC is achieved and comment on how the evidence submitted supports the statement.
- The ACP must personally reflect on their evidence for that SLO/Key Capability utilising the curriculum and syllabus form.
- The ACP is expected to provide evidence of self-directed learning, patient contact (including workplace-based assessments), or teaching received/delivered for all presentations and conditions in the clinical syllabus.
- Within SLO9 there must be evidence of teaching a minimum of one formal session, including a teaching plan, feedback on teaching and the teaching presentation given
- Within SLO10 there must be evidence of research, including the GCP certificate (NIHR) and evidence of participation in research. This can be from a Masters project from the HEI or engagement in local research. Other suitable evidence may include participation in journal clubs or critical appraisal discussions, teaching critical appraisal, recruitment of patients, activity as PI in a project, or writing a research proposal.
- Within SLO11 a quality improvement project, including engagement with stakeholders, implementation of change and monitoring of impact must be completed. A QIAT assessment form is required. In addition to this project, evidence

of engagement with QI is essential every year and must be confirmed by the Educational Supervisor on the ESR.

- Within SLO12 there must be evidence of leadership. Applicants are expected to have completed the response to a complaint (anonymised) and investigated a serious incident. In addition, one further management/leadership project is expected – management of a rota, recruitment project, introduction of a guideline, etc. However, any work in this must be separate to work undertaken for quality improvement.
- Mandated life support courses must be in date at the point of submission
- The GCP certificate must be in date.

Credentialing in adults and children

Sequential credentialing is recommended since it will allow a focus on the specific age group and is likely to be more successful. Sequential will also allow some cross over of evidence particularly for supporting SLOs. The recommendation is to credential in either adults or children working for three years and to then spend an additional period (minimum 1 year) focusing on the other age group. This presents some challenges for numbers of patients to be seen in that year but will allow greater focus.

Concurrent credentialing is acceptable. However this will require a minimum of 4 years in clinical contact and will require significant numbers of adults and children contacts each year to meet the patient contact requirements for both curriculum.

The following will apply for ACPs wishing to complete both curricula:

- Mandated consultant assessments are specific to the age and cannot be used for both curricula. There is no cross representation possible in any mandatory consultant workplace-based assessment.
- Other evidence for similar KCs within the corresponding SLOs may be used for both adults and children providing the evidence is current (within 3 years) and reflected on for the different age groups
- For SLOs 10 and 11, evidence can be used for both adult and children – no duplication is needed
- SLOs 9 and 12 require some evidence of experience in teaching (SLO9) and leading (SLO12) in both age groups/departments and so additional evidence is likely to be required.
- For the clinical syllabus, there is cross coverage possible providing either explicit reflection on the differences in adults and children is included or the evidence (elearning, teaching attended etc) covers both age groups.

Privileges associated with credentialing

- The Royal College of Emergency Medicine EM-ACP Credential confirms a standard of practice, and emergency departments may decide to accept the credential to support freedom of movement between departments.
- Whilst an RCEM credential does not confer any automatic promotional opportunity under AfC, it may support local decisions and processes
- A credentialed ACP will continue to have access to the RCEMLearning platform and other privileges conferred by associate membership of the College
- An RCEM credential does not confer a licence to practice.

Supervisor regulations

ACP Educational supervisor

An ACP Educational Supervisor must:

- be on the Medical Register in the UK with no restrictions to practice, **AND**
- be on the Specialist Register in Emergency Medicine, be a RCEM Fellow in good standing, be in a substantive EM consultant role and be recognised by the GMC as a supervisor, **OR**
- be on the Specialist Register in Paediatrics, be a Member of the RCPCH in good standing, be in a substantive consultant role in a Paediatric Emergency department and be recognised by the GMC as a supervisor (for Children's credentialing only), **OR**
- be an Associate Specialist or Senior Specialty Doctor, be an associate Fellow of the RCEM, be in a substantive role in Emergency Medicine and be recognised by the GMC as a supervisor

AND must have attended RCEM ACP Educational Supervisor training.

- ACP Educational Supervisors are recognised by the College after attending RCEM ACP Supervisor training and are given an ACP ES role on Kaizen
- Only approved ACP Educational Supervisors can complete the ESR and FECS and the final sign-off for an ACP credentialing submission.

Responsibilities of an ACP Educational Supervisor

An ACP Educational Supervisor must:

- Complete the ESR
- Complete the FECS
- Monitor and support progress and develop appropriate plans with the ACP where progress is insufficient
- Complete an annual record of progress form within the portfolio (with the faculty input)
- Sign-off the final portfolio prior to submission
- Ensure others, including assessors, know the standard

ACP Educational Supervisor training

- All ACP Educational Supervisors must attend and complete the RCEM ACP Supervisor training programme before being designated as an RCEM-approved ACP ES
- An ACP Educational Supervisor must have been approved within the first year of supervision to ensure the ESR is valid
- Refresher training is required every 3 years
- The ACP Credentialing Panel may determine that a supervisor should re-attend the training – this will be communicated verbally to the supervisor by a senior member of the Panel.

ACP Clinical Supervisors – eligibility and responsibilities

Clinical Supervisors must:

- Be a permanent member of staff of sufficient seniority to supervise, i.e. consultant, locum consultant, specialty doctor, credentialed ACP
- Be aware of the curriculum content and standard required, which would normally require them to attend RCEM ACP Supervisor training
- Be an approved supervisor by the GMC or other relevant regulator
- Contribute to the FEG discussions
- Understand the principles of entrustment.
- Understand the standard of practise required and how to document and give feedback on the assessment forms
- Follow the curriculum requirements for mandatory consultant assessments: only clinical supervisors who are medically trained are eligible to complete mandatory assessments for submission. Assessments completed by clinical supervisors from other professions are valuable as formative evidence.
- Be able to act as an educational supervisor in the first year of the tACP training if there is not a suitable approved ACP ES.

Assessors

Trained assessors must:

- Be competent in the procedure or situation being assessed.
- Understand the standard against which the ACP is to be assessed
- Understand the principles of entrustment
- Maintain a high standard of documentation and provide feedback to the ACP

ACP Credentialing Panel Regulations

The responsibility for awarding this credential rests with members of the ACP Credentialing Panel. Appointment of these members is the responsibility of the Credentialing Sub-Committee who are responsible to the Education Committee of the RCEM.

Recruitment of panel members

Eligibility criteria for membership of the ACP Credentialing Panel:

Essential

Working in an emergency department for at least 20 hours a week. This may be a paediatric emergency department

Either

- a Fellow of the RCEM by examination, **OR**
- an RCEM credentialed ACP, **OR**
- a consultant practitioner with more than 5 years' experience as a consultant practitioner working in Emergency Medicine

<p>AND</p> <ul style="list-style-type: none"> • Clinical Supervisor to ACPs and tACPs or to RCEM ACCS trainees OR • Educational Supervisor for tACPs or RCEM ACCS trainees
<p>AND</p> <ul style="list-style-type: none"> • Completed RCEM ACP Supervisor training
<p>AND</p> <ul style="list-style-type: none"> • With the agreement of the head of department for the time required
<p>Desirable</p>
<p>Successfully supervised a credentialed ACP</p>

Application process

- Invitations to apply are extended to all College Fellows and credentialed ACPs once a year
- Applicants must have approval and support from their clinical director / line manager / head of department to ensure appropriate time is available for the process
- The credentialing subcommittee considers the applicants and approves in principle.

Training and participation as an observer

- Approved applicants attend a virtual half day training session
- Having completed the training, new panel members register as an observer for a credentialing window within one year of training
- The panel member will participate in a minimum of two panels as an observer before being confirmed as a full panel member
- Once confirmed as an observer, the panel member must arrange for an informal discussion with the lead for a panel subgroup (see below).
- **Panel 1:** observers will be expected to participate fully with the review process. Observers will be required to review all portfolios allocated to their subgroup and contribute to the group discussions; one portfolio must be reviewed in detail with their recommendations presented to the group. The observer will also be expected to attend and contribute to the Panel meeting where recommended outcomes are discussed and ratified. Following the Panel, observers will receive formal feedback from their subgroup lead.
- **Panel 2:** observers will be expected to review all portfolios allocated to their subgroup and contribute to the group discussions. The observer will be expected to lead one full review and present to the group, following which they will present the portfolio and the group's recommendations to the full Panel for ratification. This will be a full application / resubmission. Following the Panel, the group lead will provide further feedback to the observer and to the ACP Credentialing Sub-Committee.
- The subgroup lead will submit a recommendation to the ACP Credentialing Sub-committee that either:

- the observer is confirmed as a full Panel member
 - the observer is asked to participate in one further credentialing window and Panel meeting as an observer (panel 3)
 - the observer is thanked for their work but advised that they will not be approved as a full Panel member. This will be accompanied by clear feedback and will only be in exceptional circumstances.
- **Panel 3:** for some observers, a third credentialing window and Panel meeting may be needed. This is either because engagement and availability for the full process has not been sufficient, or it is thought that the observer requires more experience to establish their understanding of the standard and evidence required and fully contribute. Feedback will be provided as above.

Observer evaluation

Formal evaluation completed by the subgroup lead will fall within the following domains:

- **Contribution:** evidence of commitment/work to prepare for Panel including appropriate attendance at meetings
- **Understanding of the standard and content of evidence required**
- **Equality and fairness:** judgement and final decision making.

Confirmation of senior panel members/leads

- Once the panel member has undertaken a minimum of 2 panels as a full member, they may be considered for subgroup leads
- The decision to undertake the lead role is a collaboration between the Chair of the ACP Credentialing Committee and the individual member
- It is expected that the majority of panel members will become leads of subgroups, but it is not mandatory.

Establishing the panel

- Approved panel members will be asked to confirm availability a minimum of four months before the panel is due to meet
- Sufficient panel members will be recruited to establish subgroups of a minimum of three members of which one will be a Fellow of the College and one a credentialed ACP or consultant nurse
- The number of panel members recruited will be in excess of that required, with a maximum of 4 portfolios (new) to review
- Observers will be limited to a maximum of two observers per subgroup and registration for the observers will be opened 3 months before the panel
- Members of subgroups will be notified of their grouping 2 months before the panel and a lead for each subgroup established.