

2022 ACP Curriculum – Transition Guidance

Key messages

- Transition to the 2022 ACP curriculum should not result in more work for tACPs or their supervisors.
- The only potential duplication will be for mandated consultant assessments which must be on the 2022 ACP curriculum-specific forms confirming the level of entrustment.
- All other existing evidence can be re-linked to the 2022 curriculum, most usefully to the clinical syllabus but may also be used against specific Key Capabilities (KCs) in the Specialty Learning Outcomes (SLOs), and to demonstrate progression over the period of training.
- All non-clinical evidence (QI, management, educational activity, etc.) will be relevant to SLOs 9-12 and will not need to be repeated if good quality.
- Existing evidence will also be useful for annual reviews.

Definitions

Clinical Syllabus: the breadth of clinical presentations and pathophysiological processes that EM-ACPs need to demonstrate experience of, divided into presenting conditions and diagnoses. Evidence will be required to cover the entire syllabus.

Specialty Learning Outcomes (SLOs): the activities that an EM-ACP will be expected to be able to do, and the level of entrustment (or degree of independence) required at the point of credentialing. These are divided into clinical and non-clinical SLOs:

- **Clinical SLOs:** specialty learning outcomes focussing on clinical activities. Each of these is subdivided into Key Capabilities.
- **Non-Clinical SLOs:** specialty learning outcomes focussing on education and supervision, research and quality improvement, management and leadership.

Key Capabilities (KCs): the specific, contextualised aspects of the SLOs that are fundamental to the practice of EM in the UK. Key Capabilities form the basis of how the SLOs will be assessed.

Entrustment: entrustment defines the level of supervision that the assessor predicts will be needed in the future based on the performance just seen. It is a proactive decision which supports future practice.

Entrustment takes time to develop. tACPs are unlikely to demonstrate capabilities that allow remote supervision from within the department when they start advanced practice. Therefore, whilst early work-place based assessments (WPBAs) will provide evidence of progression for the clinical SLOs, it should be noted that tACPs intending to credential from Spring 2024 onwards are unlikely to be at the required entrustment levels across the curriculum at point of transition. For this reason, all mandatory WPBAs supporting credentialing applications will need to be completed post-transition, using the new forms created specifically for the 2022 ACP curriculum, with the level of entrustment indicated (not just copied onto a new assessment form).

Early WPBAs, where the relevant entrustment level was not met, may still be helpful to demonstrate development of capability (formative) and should be linked to the appropriate SLOs within the 2022 curriculum.

It is strongly recommended that tACPs and supervisors meet as soon as possible after transition to complete a gap analysis to identify evidence that can be used moving forward. The same guidance relating to currency of evidence applies to the 2022 curriculum as for the 2017 curriculum, i.e. the majority of evidence must be within 3 years at the point of credentialing, with some evidence acceptable up to 5 years providing it is supported by reflection and commentary on existing practice. This will therefore need to be considered by the tACP and supervisor when linking existing evidence to the 2022 curriculum.

To request transition to the 2022 ACP curriculum within the ePortfolio, tACPs should click on **Create a new event** and complete the **Curriculum Migration** form. tACPs must also email ePortfolio@rcem.ac.uk to notify the ePortfolio team that this form has been submitted. Migration should be completed within 10 working days.

Please note: prior to submitting a transition request, the tACP must ensure all open forms/tickets are closed and all requested MSF responses received. The Educational Supervisor will also need to ensure they have completed (and saved as final) the STR and FECS for the year leading up to transition as the 2017 forms will no longer be accessible once the tACP has been migrated to the 2022 curriculum.

If a tACP has already transitioned to the 2022 ACP curriculum without the STR and FECS being completed for the year prior to transition, the Educational Supervisor will need to complete these reports using the templates provided on the RCEM website. These should be saved as a PDF file, uploaded to the document library within the ePortfolio by the tACP and linked to the credentialing checklist prior to submission.

Faculty Educational Governance Statements (FECS), Supervisor Reports (STR/ESR) and Multi-Source Feedback (MSF)

ACPs will still require a Faculty Educational Governance Statement (FECS), Supervisor Report (STR/ESR) and multi-source feedback (MSF) for each year of training (min. of 3 of each) to credential. Depending on the date of transition to the 2022 curriculum, it may be necessary to include MSF summary reports, FECS and STRs completed prior to transition. However, as a minimum for credentialing on the 2022 ACP curriculum, the last Faculty Educational Governance Statement prior to submission must be completed using the new **Final FECS for Credential - ACP Adult [or Children]**, and the last supervisor report must be completed as an **Educational Supervisor Report (ESR)** confirming syllabus coverage.

Mandatory WPBAs and other evidence

For tACPs transitioning to the 2022 ACP curriculum, the following **mandatory** evidence will need to be completed **post-transition** depending on the date of submission.

Spring 2024:

- All mandatory consultant assessments for Resus, Majors and Ambulatory on new forms (see section 5.2 of the curriculum for the mandated presentations)
- Completion of foundation procedural skills sign-off form (**ACP Adult [or Children] sign off**)
- All core and additional procedural skills on new forms (see section 5.2 of the curriculum for the mandated procedures)
- 2 ACATs on new forms focussing on SLOs 2, 3 and 4 (provided the pre-existing ACAT was completed in a resus environment)
- 3 ESLEs on new forms
- 1 management task
- Evidence of teaching with reflection
- Evidence of presentation at critical appraisal or journal club
- 1 Quality Improvement Assessment Tool (**QIAT ACP**).

Autumn 2024:

- All mandatory consultant assessments for Resus, Majors and Ambulatory on new forms (see section 5.2 of the curriculum for the mandated presentations)
- Completion of foundation procedural skills sign-off form (**ACP Adult [or Children] sign off**)
- All core and additional procedural skills on new forms (see section 5.2 of the curriculum for the mandated procedures)
- 2 ACATs on new forms focussing on SLOs 2, 3 and 4 (provided the pre-existing ACAT was completed in a resus environment)
- 3 ESLEs on new forms
- 2 management tasks
- Evidence of teaching with reflection
- Evidence of presentation at critical appraisal or journal club
- 1 Quality Improvement Assessment Tool (**QIAT ACP**) and evidence of participation in quality improvement work in every ESR.

Spring 2025:

From Spring 2025 onwards, all **mandatory** WPBAs **must** be on the 2022 ACP curriculum-specific forms. **Non-mandatory** WPBAs completed prior to September 2022 will still be accepted for Spring 2025 but, from Autumn 2025, they may only be included as formative evidence to demonstrate capability and progression.

- All mandatory consultant assessments for Resus, Majors and Ambulatory on new forms (see section 5.2 of the curriculum for the mandated presentations)

- Completion of foundation procedural skills sign-off form (**ACP Adult [or Children] sign off**)
- All core and additional procedural skills on new forms (see section 5.2 of the curriculum for the mandated procedures)
- 3 ACATs on new forms
- 3 ESLEs on new forms
- 2 management tasks
- Evidence of teaching with reflection
- Evidence of presentation at critical appraisal or journal club
- 1 Quality Improvement Assessment Tool (**QIAT ACP**) and evidence of participation in quality improvement work in every ESR

Non-mandatory work-place based assessments (WPBAs)

In addition to the mandatory consultant/named assessor assessments identified in the curriculum, it is expected that the clinical syllabus will have a minimum of 30 **additional** assessments, with the rest covered by eLearning and other evidence. This is the *minimum* number of assessments required for credentialing, and many tACPs will find additional assessments helpful. As with the mandatory assessments, it is unlikely that tACPs will be practising at the required entrustment level at point of transition and therefore tACPs and their supervisors will need to carefully consider which existing evidence is appropriate for credentialing within the earlier application windows and which assessments must be completed post-transition.

Foundation skills

ACPs must be able to demonstrate capability at entrustment level 4 in all foundation skills, ideally within the first three months of commencing or transitioning to the 2022 RCEM ACP curriculum. Sign-off of these procedures supports a mixed approach dependent on previous experience but, for credentialing, **all** ACPs will be required to have an **ACP Adult [or Children] Foundation Sign-off** form completed by their RCEM ACP Educational Supervisor. Please refer to the RCEM help sheet **How to sign-off procedural skills (SLO6)** for further guidance.

Credentialing in adults and children

For tACPs intending to credential in both adults and children concurrently, a combined syllabus has been incorporated within the ePortfolio dashboard. For the clinical syllabus, cross coverage is 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. The guidance relating to existing and new evidence (above) will still apply.

Further guidance for ACPs intending to credential in adults and children, either sequentially or concurrently, can be found in the [Regulations for Adult or Children's Credentialing](#).

Additional evidence		
Element	Evidence requirements (2022 curriculum)	Existing evidence from 2017 curriculum that will be accepted
Previous / current experience	<ul style="list-style-type: none"> CV detailing experience as an ACP (incl. sessional commitment), and primary / secondary qualifications 	Same requirement as for 2017 curriculum - existing evidence will be accepted.
Academic competences	<ul style="list-style-type: none"> Level 7 Advanced Practice qualification (min. PGDip but may be a full Masters) certificates and transcripts Academic declaration (ePortfolio form) Independent prescribing certificate and/or transcript (incl. annotation on professional register) 	<p>Same requirement as for 2017 curriculum - existing evidence will be accepted.</p> <p>NB: an academic declaration form is not required if completed course is on the HEE accredited course list.</p>
Educational Supervisor Report (ESR)	<ul style="list-style-type: none"> Educational Supervisor Report (ESR) for each year of training (minimum of 3 at yearly intervals). Final ESR must confirm syllabus coverage. 	<p>Structured Training Reports (STRs) must be provided for each year of training prior to transition.</p> <p>NB: Educational Supervisor Reports (ESRs) must be provided for each year of training post-transition (final ESR must confirm syllabus coverage)</p>
Faculty Educational Governance Statement (FEGS)	<ul style="list-style-type: none"> Faculty Educational Governance Statement (FEGS) for each year of training (minimum of 3 at yearly intervals). <p>The final FEGS must make specific reference to:</p> <ul style="list-style-type: none"> faculty confirmation ACP is performing at the required entrustment level (2b or 3) in each SLO ACP has adequate experience and has demonstrated competence in all areas of the department including resus, majors and minors ACP has adequate experience across the breadth of the clinical syllabus as evidenced in the portfolio. 	<p>FEGS (2017 format) must be provided for each year of training prior to transition.</p> <p>NB: FEGS (2022 format) must be provided for each year of training post-transition (minimum 1 interim and 1 final FEGS).</p>

Additional evidence		
Element	Evidence requirements (2022 curriculum)	Existing evidence from 2017 curriculum that will be accepted
Multi-source feedback (MSF)	<ul style="list-style-type: none"> One MSF summary report for each year of training (minimum of 3 at yearly intervals) with at least 12 respondents (incl. 2 consultants) 	<p>Previous summary reports will be accepted.</p> <p>NB: For the 2022 curriculum, the minimum number of respondents required has decreased from 15 to 12 (must include a minimum of 2 EM consultants)</p>
Mandated courses	<ul style="list-style-type: none"> Safeguarding Children Level 3 within the last 3 years Safeguarding Adults Level 2 within the last 3 years (adult submissions only) GCP (NIHR online course) within the last 2 years 	<p>Same requirements as for 2017 curriculum – existing certificates valid at time of submission or entry from Trust training record may be provided</p>
Life support courses	<ul style="list-style-type: none"> ALS (adult submissions only) APLS / EPALS (children’s submissions only) ATLS / ETC (as a full candidate not observer) Paediatric Basic Life Support - Trust training (adult submissions only) Adult Basic Life Support - Trust training (children’s submissions only) 	<p>Same requirements as for 2017 curriculum – existing certificates valid at time of submission may be provided</p>
Logbook of case mix	<ul style="list-style-type: none"> Anonymised record of patients over 3 years with indication of acuity of patient, and relevant ongoing care (referral, admission, etc.) Minimum number of contacts 2100 over 3 years If insufficient numbers, a signed explanation from the Educational Supervisor must be provided. 	<p>Same requirements as for 2017 curriculum - evidence may be provided in the same format.</p> <p>NB: templates are available to download from the RCEM website</p>
Annual review of progress	<ul style="list-style-type: none"> Annual review of progress required for each year of training post-transition (form available on ePortfolio). Trust forms may be provided. 	