

Overview of the Curriculum

The 2022 RCEM ACP curriculum reflects the changes in the RCEM curriculum for medical trainees and incorporates key principles. The standard required for the EM-ACP remains the same as for the 2017 curriculum – that the care delivered, and capability of the ACP, is the same as that of a medical trainee at the end of the third year of training.

There are important concepts that are different to the 2017 RCEM ACP curriculum:

Specialty Learning Outcomes (SLOs)

For the EM-ACP, there are 7 activities that happen in the emergency department, and these are framed as specialty learning outcomes (SLOs). They include managing the stable patient, identifying and caring for the acutely sick and injured patient, and working within the clinical team. These encompass many of the clinically related common competences.

SLO6: Deliver Key Procedural Skills is a very specific SLO, which lists the procedural competences that the trainee ACP (tACP) must master. It groups together all procedures in the clinical area.

In addition, there are 4 non-clinical SLOs which encompass, among other aspects, the 3 non-clinical pillars of advanced practice. In general, these encompass many of the previous common competences.

Table 1: SLOs (adult)

SLO1	Care for physiologically stable adult patients presenting to acute care across the full range of complexity
SLO2	Support the clinical team by answering clinical questions and making safe decisions
SLO3	Identify sick adult patients, be able to resuscitate and stabilise and know when it is appropriate to stop
SLO4	Care for acutely injured adult patients across the full range of complexity
SLO6	Deliver key procedural skills in adults
SLO7	Deal with complex and challenging situations in the workplace
SLO8	Provide clinical leadership to the department in the context of the multi-professional team
SLO9	Support, supervise and educate
SLO10	Participate in research and managing data appropriately
SLO11	Participate in and promote activity to improve the quality and safety of patient care
SLO12	Manage, administer and lead

Table 2: SLOs (children)

SLO1	Care for physiologically stable paediatric patients presenting to acute care across the full range of complexity
SLO2	Support the clinical team by answering clinical questions and making safe decisions
SLO3	Identify sick paediatric patients, be able to resuscitate and stabilise and know when it is appropriate to stop
SLO4	Care for and resuscitate children in the ED (incorporated into SLOs 1, 3, 4 and 6)
SLO6	Deliver key procedural skills in children
SLO7	Deal with complex and challenging situations in the workplace
SLO8	Provide clinical leadership to the department in the context of the multi-professional team
SLO9	Support, supervise and educate
SLO10	Participate in research and managing data appropriately
SLO11	Participate in and promote activity to improve the quality and safety of patient care
SLO12	Manage, administer and lead

Key Capabilities (KCs)

For each specialty learning outcome, the curriculum describes key capabilities (KCs) to give clarity and focus to what is required to deliver the SLOs, or activities. Each of these key capabilities form the definition of what must be assessed, and how the assessor needs to judge the level of supervision needed for this capability.

Entrustment

The concept of entrustment is introduced to ask the assessor to make a judgement about how independently this practitioner can work - in the specific key capability or SLO/activity. Clearly, for non-clinical SLOs, the concept of supervision is less about being able to give immediate direction/support or being able to attend the bedside, but the level of input and advice needed for the ACP to complete their task.

Table 3: RCEM entrustment levels

1	Direct supervisor observation/involvement, able to provide immediate direction/assistance
2a	Supervisor on the 'shop-floor' (e.g., ED, theatres, AMU, ICU), monitoring at regular intervals
2b	Supervisor within hospital for queries, able to provide prompt direction or assistance and trainee knows reliably when to ask for help
3	Supervisor 'on call' from home for queries, able to provide directions via phone and able to attend the bedside if required to provide direct supervision
4	Would be able to manage with no supervisor involvement (all trainees practice with a consultant taking overall clinical responsibility)

Clinical Syllabus

The curriculum no longer lists major and acute presentations. Instead, there is a clinical syllabus which is designed to be comprehensive, but not exhaustive, and lists both presentations and conditions or diagnoses within a clinical area such as cardiology or haematology. Clearly, a single condition or presentation may present within the resuscitation room, the majors or cubicle area, or the ambulatory area, although some are more likely to be in one physical area than another, and to present with physiological instability or be clinically stable. Thus, elements of the clinical syllabus will map and relate to activities in SLOs 1, 2, 3, 6 and 7.

For example, in the cardiology syllabus the following may be relevant:

A case presents with **low-risk chest pain** in the ambulatory area and may be appropriate for

SLO1 – Key Capability: gather appropriate information, perform a relevant clinical examination and be able to formulate and communicate a management plan that prioritises patient’s choices and is in their best interests, knowing when to seek help

or may present in the resuscitation room with an arrhythmia and need immediate procedures and/or referral relating to

SLO3 – Key Capability: recognise and manage the initial phases of any acute life-threatening presentation including cardiac arrest and peri-arrest situations

and need cardioversion

SLO6 – Key Capability: the knowledge and psychomotor skills to perform the ACP core procedural skills safely and in a timely fashion

and effectively refer to cardiology

SLO7 – Key Capability: work professionally and effectively with those outside the ED.

Table 4: Examples of how the cases within the clinical syllabus may provide evidence for a number of SLOs

CP1	Chest pain	SLO 1, 2, 3, 7
CP2	Breathlessness	SLO 1, 2, 3, 6, 7
CP3	Palpitations	SLO 1, 2, 3, 6, 7
CP4	Transient Loss of Consciousness	SLO 1, 2, 3, 7
CC1	Acute Coronary Syndromes	SLO 2, 3, 7
CC2	Myocardial infarction	SLO 2, 3, 7
CC3	Arrhythmias	SLO 1, 2, 3, 6, 7
CC4	Cardiac failure	SLO 1, 2, 3, 6, 7
CC5	Cardiac tamponade	SLO 2, 3, 6, 7
CC6	Congenital heart disease	SLO 1, 2, 3, 6, 7
CC7	Diseases of the arteries, including aortic dissection	SLO 1, 2, 3, 6, 7
CC8	Diseases of myocardium	SLO 1, 2, 3, 6, 7

CC9	Hypertensive emergencies	SLO 1, 2, 3, 6, 7
CC10	Pacemaker function & failure	SLO 1, 2, 3, 6, 7
CC11	Pericardial disease	SLO 1, 2, 3, 6, 7
CC12	Sudden Cardiac Death	SLO 2, 3, 6, 7
CC13	Valvular heart disease	SLO 1, 2, 3, 6, 7