Entrustment Levels

The 2022 ACP curriculum utilises entrustment levels as a primary scale in confirming capability and competence. This 'judgement-based' assessment is designed to create a contextual, individualised global judgement on the performance and independence of the trainee ACP (tACP), moving away from judgements framed in terms of training stage (at the required level) or merit (e.g. poor, satisfactory, or good).

Knowing whether a trainee is capable of performing at a defined level is complex. It requires a clear working knowledge of what the tACP's responsibilities involve, and the ability to predict how they might respond when given responsibility. The introduction of entrustment levels aims to provide the ability to give an overall opinion of the tACP's level of practice in 'real life' terms. The entrustment scale is based on the level of supervision required for the tACP whilst in practice. It is expected that tACPs will progress from requiring direct supervisor involvement at the start of their training, through to working with a high level of independence with a supervisor within the hospital if required.

Each assessment should be graded to one of the entrustment levels (see table 1 below) according to the tACP's performance during that assessment. It is important not to grade the tACP according to the assessor's overall opinion of the tACP in day-to-day practice, rather to focus on the performance in the assessment at hand. A grading of entrustment level 4 is highly unlikely for a tACP during any point of their training as this is the level expected of a higher specialty trainee ready to progress to consultant practice.

Table 1: 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)

At the point of credentialling an EM-ACP is expected to be at entrustment level 2b for SLOs 1-4, 7, 8 and 12, and level 3 for SLOs 9-11. SLO6 procedural skills have varying levels of entrustment which are further discussed in a separate help sheet **'How to sign-off procedural skills'**. These levels have been chosen to maintain the pre-existing standard required by RCEM of the credentialled EM-ACP. The EM-ACP at the point of credentialing is not expected to lead the shift or work clinically in the absence of a supervisor on site, and so entrustment level 2b for the clinical SLOs and SLO12 reflects this. What individual trusts expect of their ACPs post-credentialing regarding supervision falls outside of the remit of this curriculum and, whilst the College recognises that many EM-ACPs are capable and do work with more responsibility, the level for credentialing for clinical SLOs is 2b.

Level 3 has been chosen for SLOs 9-11 to reflect the additional skills brought to the ED through the four pillars of advanced practice and can be largely met through the completion of the academic programme and involvement in quality improvement and management tasks.