

Selecting a Curriculum

The 2022 ACP Curriculum offers two separate curricula - adult and children. Many trainee ACPs (tACPs) will work in a department where they are only expected to see one of these types of patients and, therefore, it will be a straightforward decision to select the adult curriculum for those working in an adult-only Emergency Department, and trainee Paediatric Emergency Medicine (PEM) ACPs will select the Children's curriculum. There are areas of commonality within these curricula, particularly in the non-clinical SLOs, but otherwise they are specific to the patient group.

For those ACPs who work in an ED that sees both adults and children, the selection of curricula is more complex. The options are to credential for both adults and children concurrently, i.e. at the same time, or sequentially, i.e. credential for adults then children or vice versa. This decision should be taken in conjunction with the Educational Supervisor, local ACP faculty and clinical leads and managers.

Concurrent credentialing

Those tACPs who select this option will be required to submit sufficient evidence across both curricula to demonstrate they are practising at the level of an ST3 EM trainee in both adult and children's areas of the ED across the breadth of each curriculum. Whilst some evidence will be able to be linked to both curricula, such as for the non-clinical SLOs, the tACP will need to demonstrate competence in the clinical and procedural SLOs in patients across the entire age range. It is likely that the training period required for concurrent credentialing will be a minimum of four years whole time equivalent. The tACP should always consider the requirement for all evidence to be less than 5 years old, with the majority of evidence within 3 years, at the point of submission.

Sequential credentialing

For those who elect to credential sequentially, it is recommended that the adult curriculum is completed first. This is to gain the required number of patient contacts across the breadth of presentations seen in the ED. It is also likely that the academic programme will have predominantly focused on adult patients and so evidence gained during this time can be linked to the adult SLOs, providing it is within timescale.

Following successful credentialing as an EM-ACP, the practitioner may then choose to spend some focused, dedicated time collecting evidence whilst caring for children. It is anticipated that this will take a minimum of one year whole time equivalent in order to collect the evidence required. The ACP and local faculty may need to consider how to consolidate learning from the adult programme and how skills are maintained during this period.

Procedural competences

Where Core ACP procedures appear in both the adult and children's curricula, they must be demonstrated in both patient groups as there are key differences in managing these patients.