ACP Credentialing Checklist (2017 curriculum) – Adults

The ACP Credentialing Checklist, a simplified version of which can be found on the ACP's ePortfolio dashboard, provides guidance on the minimum evidence required for credentialing, including the competences, presentations and procedures for which a mandated assessment is required. As part of the credentialing application, ACPs are required to identify the single most appropriate/relevant item (or items if more than one is indicated) that they wish to be considered as the primary evidence for each element of the curriculum and link this to the appropriate section of the checklist.

We recommend that ACPs link evidence to the checklist as they progress through training, rather than leave it until they are ready to submit their credentialing application, as they will be able to replace linked evidence with more appropriate evidence as they go. Multiple items should not be tagged unless indicated.

Please note that not all curriculum items are included in the checklist; therefore, ACPs and their supervisors should not rely on the checklist alone but always refer to the curriculum and the Guide to RCEM Emergency Care ACP Credentialing, published on the College website, to determine what is required.

All ACPs should ensure that the appropriate checklist has been assigned to their ePortfolio dashboard for the curriculum against which they are intending to submit their credentialing application, i.e. adult, paeds, or adult and paeds combined. If an incorrect checklist has been added, please email ePortfolio@rcem.ac.uk.

Checklist item	Evidence to be linked to the checklist
Career Pathway CV	Current CV that details: • Primary qualification/s • Higher education programme, including HEI, level and dates of study/completion. • Clinical experience as an EM tACP/ACP with dates, working pattern (hours per week direct clinical care) and other responsibilities. At time of submission, this must demonstrate at least 3 years in clinical practice as an EM-ACP with a minimum of 30 hours' direct clinical contact per week (whole time equivalent). Other responsibilities, e.g. education, management, etc. are likely to reduce this clinical time and must be specified on the CV. • Any significant periods of absence, e.g. parental leave or extended sickness absence, should be broadly described in the CV so that it is clear how much time (months) has been spent in clinical practice as a tACP/ACP.

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Academic Competences	• Evidence of successful completion (i.e. certificates and academic transcripts) of an advanced practice qualification at Level 7 (minimum of a PGDip) with the required modules. For ACPs who have completed all but the thesis for their Masters, i.e. they have sufficient credits for a PGDip but without award of the qualification, a letter from the University confirming that the ACP has achieved the equivalent of a PGDip must be provided. • Academic Credentialing Declaration (ePortfolio form) with the learning outcomes from the completed academic modules mapped to the RCEM-required learning outcomes. The advanced practice programme must contain modules covering the topics of history taking and physical assessment, and clinical decision-making and diagnostics, regardless of the title of the programme (the programme may not have modules with the specific titles listed above). To ensure level 7 academic learning has been achieved in these areas, the learning outcomes from the completed academic modules must be mapped to the learning outcomes required by the College, giving the module name and full text of the outcome. • Independent prescribing (IP) - evidence of annotation on the relevant professional register, e.g. NMC/HCPC screenshot or NMC Statement of Entry.
Structured Training Report	Structured Training Report (STR) for each year of training indicating how the tACP/ACP is making progress (min. 3 at yearly intervals). For established ACPs, 2 STRs ***may*** be acceptable but should include clear evidence of continued skills development, and the final report must explain why 3 are not available for review. STRs entered retrospectively are not helpful.
Faculty Educational Governance Statement	Faculty Educational Governance Statement (FEGS) for each year of training (min. 3 at yearly intervals). For an experienced ACP, one FEGS prior to submission ***may*** be acceptable but there must be an explanation as to why 3 are not available for review. FEGS that are completed retrospectively are not helpful as they are unlikely to represent the true opinion at the time. The final FEGS prior to submission must specifically state that the ACP: • is ready to credential; • is performing at a level equivalent to an EM trainee at the end of CT/ST3 for the requirements of the ACP curriculum; • has adequate experience and has demonstrated competence across the breadth of the curriculum and in all

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	• areas of the department including resus, majors and minors. **From Autumn 2022, 4 consultants must be present at each faculty meeting and contribute to the FEGS.**
Logbook output (curriculum item rating)	The named Educational Supervisor is required to confirm that they have reviewed all the evidence provided for common competences, presentations and procedures and, by using the descriptors in the curriculum, can confirm they are at the appropriate level, i.e. level 1-4 for common competences, and either 'achieved', 'not achieved' or 'some experience' for presentations and procedures. It is expected that there is a comment, i.e. curriculum item rating (CIR), that provides assurance of competence against each of the elements and this should reference the descriptors in the curriculum to demonstrate how the supervisor and ACP have reviewed the curriculum requirements and can satisfy the detail. It is unlikely that an ACP will be at level 3 or 4 in more than 4 of the common competences. It is expected that all presentations will be 'achieved'. All procedures should be 'achieved' except for 4 of the 7 mandated procedures that may be assessed by CbD rather than DOPS. These are PP1, PP3, PP5–PP8 and PP14 which, if assessed by CbD, should be rated as 'some experience'. No more than 4 CbD rated as 'some experience' will be accepted. All procedures assessed by DOPS must be 'achieved'. **NB:** the ACP is not required to link evidence to this item in the checklist.
Common Competences	The ACP and ES must assess every common competence, and all must be at minimum level 2. A reflective note from both the ACP and ES must describe how the evidence and personal performance supports the given rating. Evidence to be linked to checklist: • **CC19:** requires evidence of level 3 safeguarding children and level 2 safeguarding adults completed within the last 3 years, e.g. certificate or entry from Trust training record • **CC20:** requires evidence of GCP (NIHR online course) completed within the last 2 years, e.g. certificate.

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	CC4 Time management and decision making and **CC8 Team working and patient safety** require evidence of development throughout training. At least 2 x ACAT-EM and 2 x ESLE led by a consultant are required, with a minimum of one of each type of assessment linked to each CC.. The ESLEs would normally be completed towards the end of training and must include commentary on broader non-technical skills across the curriculum, not just CC4 and CC8.
Practical Procedures (Consultant DOPS)	Consultant DOPS is required for the following procedures. Each of these mandatory summative assessments must be in a patient where the focus is the named procedure: • PP11 Airway protection • PP16 Reduction of dislocation/fracture ***(this procedure must be the primary focus of the case assessed)*** • PP17 Large joint examination ***(this must be a different case to PP16)*** • PP18 Wound management • PP19 Trauma primary survey • PP20 Initial assessment of the acutely unwell • PP21 Secondary assessment of the acutely unwell
Practical Procedures (Consultant summative CBD or DOPS)	Consultant summative CBD or DOPS is required for the following procedures. Each of these mandatory summative assessments must be in a patient where the focus is the named procedure: • PP1 Arterial cannulation • PP3 Central venous cannulation • PP5 Lumbar puncture • PP6 Pleural tap and aspiration • PP7 Intercostal drain - Seldinger • PP8 Intercostal drain - Open • PP14 Knee aspiration

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Practical Procedures (Trained assessor DOPS)	DOPS by a trained assessor is required for the following procedures. Each of these mandatory summative assessments must be in a patient where the focus is the named procedure. For procedures where simulation can be accepted, the tACP/ACP must have led the scenario and it must be clear at the beginning of the description that it is a simulation and why that is being used. • PP2 Peripheral venous cannulation • PP4 Arterial blood gas sampling • PP12 Basic and advanced life support (BLS can be assessed in a simulation rather than on a cardiac arrest, but the form must confirm that this was undertaken by the practitioner in the presence of an appropriate assessor who is aware of the standard required. This is not part of an ALS course but a separate BLS evaluation) • PP13 DC cardioversion (sim not accepted) • PP15 Temporary pacing [external] (sim accepted) • PP46 Intra-osseous access (sim accepted)
Airway Management	Consultant summative MiniCEX or CBD is required, with the focus of the assessment being on airway management discussion.
Major Presentations	A Consultant summative CBD (generic) or MiniCEX specific to the presentation, e.g. MiniCEX: unconscious patient, is required for the following presentations: • CMP1 Anaphylaxis • CMP2 Cardiac arrest (or ALS) • CMP3 Major Trauma • CMP4 Septic patient • CMP5 Shocked patient • CMP6 Unconscious patient

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Acute Presentations	Consultant summative CBD (generic) or MiniCEX specific to the presentation, e.g. MiniCEX: mental health, is required for the following presentations. Alternatively, an ACAT (by a consultant) may be utilised which can cover up to 3 presentations, but there should be individual assessments for the others. • CAP1 Abdominal pain including loin pain • CAP6 Breathlessness • CAP7 Chest pain • CAP18 Head injury • CAP30 Mental health
Additional Major Presentations	Consultant summative assessment using MiniCEX: major trauma (describe the case) or summative CBD is required for the following presentations: • C3AP1a Major trauma chest • C3AP1b Major trauma abdominal injury • C3AP1c Major trauma spine • C3AP1d Major trauma maxfax • C3AP1e Major trauma burns For one patient with two injuries, two forms may be appropriate.
Additional Acute Presentations	Consultant summative MiniCEX or CBD is required for each of the following presentations. Alternatively, an ACAT may be utilised which covers these presentations. • C3AP2a & C3AP2b Traumatic limb and joint injuries – Lower and upper limb **(NB: 2 assessments required - one for upper and one for lower limb)** • C3AP3 Blood gas interpretation • C3AP4 Patient with abnormal blood glucose
Multi-Source Feedback	1 Multi-Source Feedback (MSF) summary report per year (minimum 3 required at regular intervals), each with a minimum of 2 consultants.

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Life Support Courses	All mandatory courses must be in date at the time of submission: • ALS • Paediatric Basic Life Support (Trust training) • ETC or ATLS (as a full candidate not observer) **NB:** RCEM is aware that some ACPs are still having difficulty accessing mandatory life support courses. If you have been unable to certify or re-certify in any of the required life support courses, you may still submit, providing you have evidence of a place allocated on a course within 6 months of the date of the Credentialing Panel (please refer to the RCEM website for dates).
Audit or Quality Improvement	Evidence of leadership and implementation of actions from an audit or quality improvement project with reflection, including evidence of actions completed and evaluation of the impact of those actions following recommendations or agreement by stakeholders. The role of the ACP in the audit and QI must be clear. There must be a formal assessment of the audit or QI using the appropriate form and an element of personal reflection in the reflective notes section of the portfolio.
Logbook or record of case mix and volume	Anonymised record of the number of patients seen in the 3 years prior to submission. There should be a summary sheet/table indicating the numbers of patients seen in the various parts of the department and the outcomes (admitted/discharged). There should also be a detailed list of patients that gives the area (resus, majors, ambulatory, minors, short stay), age (adult/child), acuity, diagnosis and disposition (admitted/discharged). If this is not possible from the hospital system, the summary table should include an explanation and confirmation by the Educational Supervisor that the ACP has been involved in the full breadth of case mix and acuity. Care must be taken to remove all patient identifiable information. It would be expected that, over a three-year period, an adult-only ACP would see a minimum of 2,000 patients and that 15% of those would be critically ill or injured patients. There should also be evidence of patient contact with ambulatory type patients with minor injuries to demonstrate curriculum coverage. If there are relatively small numbers in the portfolio, then an explanation from the Educational Supervisor to account for this must be provided.

Checklist item	Evidence to be linked to the checklist
Curriculum Evidence	The named Educational Supervisor is confirming that all evidence within the portfolio has been reviewed, is adequate and accurately represents the performance in the workplace. All competences, presentations and procedures, including the common competences, must have some evidence provided against them. The number of items and type of evidence will vary for each competence but, for presentations and procedures, a maximum of 7 items is permitted (excluding e-learning modules and CIRs). More items than this makes review of the portfolio difficult; ***much*** less than this suggests a lack of experience. For common competences, a maximum of 10 items (excluding e-learning modules and CIRs) may be included. No more than 5 e-learning modules should be linked to an individual competence. In general terms, 1 piece of evidence can be used for up to 2 competences, occasionally 3, except for the ACAT-EM which can cover up to 5. For clinical presentations, particularly the trauma presentations, it is expected that each trauma presentation has a different patient/form. **NB:** the ACP is not required to link evidence to this item in the checklist. When reviewing the portfolio for final sign-off, please refer to the Educational Supervisor Sign-Off Checklist (Appendix 2) in The Guide to RCEM Emergency Care ACP Credentialing (2017 ACP Curriculum) for further guidance.