

Utility of the FECS and ESR

Within the ACP curriculum there are two key forms that must be completed on an annual basis. These are the Faculty Educational Governance Statement (FECS) and the Educational Supervisor Report (ESR), previously known as the Supervisor Training Report or STR.

Faculty Educational Governance statement (FECS)

The FECS can only be started by an ACP Educational Supervisor who has successfully completed RCEM ACP Supervisor training (2022 curriculum) and has the ACP Educational Supervisor role assigned to their ePortfolio account. Please note, the ACP needs to add the ACP Educational Supervisor (in that role) to their ePortfolio themselves as well. Otherwise, even though the supervisor has the technical role assigned, they will not be able to access the correct forms on the ACP portfolio.

The FECS should state the shared view of the entire faculty regarding the performance and capability of the ACP, and their progression. The final FECS differs from the interim FECS as it confirms that “the Faculty present agree that the ACP is ready to credential and is practising at the level of a medical trainee in Emergency Medicine at the end of the third year of training across the breadth of the RCEM ACP curriculum.”

FECS are normally completed during, or soon after, a faculty meeting – this meeting should be attended by all consultants, senior ACPs and consultant nurses and, ideally, a departmental manager. There is no stipulation regarding the number of clinicians who should be present, but it is recommended that there should be at least 3 other consultants in addition to the trainee ACP’s named ES. Each member of the faculty should be named in full on the form, and their role noted.

FECS are important as they allow triangulation of evidence from the Educational Supervisor and those who have formally assessed the trainee ACP (tACP), with the views of those who work alongside the tACP on a daily basis but who may not have completed assessment forms. If possible, the FECS should include verbatim statements from the assembled faculty.

Interim FECS are intended to support the development of the tACP. They include only SLOs 1-8 and require the faculty to agree the entrustment level that the tACP is working at, with additional comments. For example, it may be that in SLO2 the faculty feels that the tACP needs to think more about patient safety or how they give advice. Each SLO in the interim FECS can be rated up to entrustment level 3 - this is intentional to allow recognition that the tACP is working at a high level. The supporting SLOs are deliberately excluded from the interim FECS.

The final FECS is different to the interim as the faculty are only required to agree that the tACP is working at the expected level for credentialing, i.e. 2b (except for SLO6). We recommend that the final FECS is completed no more than 3 months prior to the date of submission.

Educational Supervisor Report (ESR)

The Educational Supervisor Report is a key element in the record of an ACP’s progression. This supervisor report should be completed on an annual basis and look back at the previous 12 months (regardless of whether the ACP is full time or less than full time). The ESR can only be started by an RCEM-trained ACP Educational Supervisor and includes a record of the

approximate year of training and the hours of clinical contact a year. This is important to support the ACP in demonstrating their clinical experience. It pulls in reports from WBAs and from the FECS and allows the supervisor to record progress in entrustment across all SLOs. The supervisor is asked to comment on the logbook, and reflections by the ACP, as well as the annual mandatory MSF. It will also allow the supervisor to comment on the cases seen – in terms of numbers. For example, if due to the way the department runs, there are high acuity monitored patients recorded as being in majors – hence the number of resus patients appears relatively low – a mitigation statement might be helpful there. It also allows the ACP's Personal Development Plan (PDP) to be reviewed and objectives set for the next year with areas to focus on.

The final ESR is the same as the interim ESR but includes confirmation of the FECS statement about working across the curriculum/syllabus and has a specific field for the ES to confirm that the clinical syllabus has been reviewed and has adequate evidence. The patient contact field explicitly requires the ES to confirm more than 2100 patient contacts have been undertaken by the ACP and, if not, to explain why. The final ESR also requires the supervisor to confirm that the portfolio is ready for submission.