Royal College *of* Emergency Medicine

ACP Credentialing (2017 curriculum)

Quick guide to portfolio sign-off for Educational Supervisors

Spring and Autumn 2024

1. Introduction

The final opportunity for ACPs to credential on the 2017 ACP curriculum will be the Autumn 2024 application window. ACPs receiving a 'limited resubmission' outcome in Autumn 2024 will still be able to submit their additional evidence in Spring 2025 without having to transition to the 2022 curriculum. From Spring 2024 onwards, ACPs will only be able to credential on the 2022 ACP curriculum, including those who have previously submitted an unsuccessful application on the 2017 curriculum.

The following guidance provides Educational Supervisors of ACPs intending to submit a credentialing application in Spring or Autumn 2024 on the 2017 curriculum with advice on how to sign-off the portfolio for submission.

2. Credentialing application process

There will be two main credentialing opportunities in 2024 – Spring and Autumn. Within each there will be two separate application windows – one for ACPs submitting their first application or a full resubmission, and a later one for ACPs who received a 'limited resubmission' outcome within the previous credentialing opportunity and wish to submit their additional evidence to the subsequent Panel for review.

Educational Supervisors must be confident that ACPs wishing to apply will have appropriate evidence of acquisition of all required competences uploaded to their ePortfolio before the end of the appropriate application window (any evidence submitted after the closing date will not be considered except in exceptional circumstances and at the sole discretion of the Chair of the ACP Credentialing Panel).

To submit a credentialing application, ACPs will be required to complete an online registration form which can be accessed by a link that will be visible on the RCEM website for the duration of each application window. Details of the application fee structure can also be found on the website.

All portfolios must be signed-off by an Educational Supervisor who meets the eligibility criteria stipulated in the guidance.

ACPs submitting an adult or dual credentialing application must have an Educational Supervisor who:

- is on the GMC specialist register in Emergency Medicine
- is employed as a substantive consultant
- has completed RCEM ACP supervisor training (2017 curriculum)
- is a GMC-recognised trainer.

ACPs submitting an application to credential in children only must have a named Educational Supervisor who either meets the criteria above *OR*:

- is on the GMC specialist register in Paediatrics with sub-specialty accreditation in Paediatric Emergency Medicine
- is employed as a substantive consultant
- has completed RCEM ACP supervisor training (2017 curriculum)
- is a GMC-recognised trainer.

3. EM-ACP Credentialing application dates (2017 curriculum) for 2024

Spring 2024 (first application or full resubmission)	
Application window opens	09:00, Monday 05 February 2024
Application window closes	23:59, Sunday 18 February 2024
Credentialing Panel	Friday 10 May 2024
Spring 2024 (limited resubmission)	
Application window opens	09:00, Monday 18 March 2024
Application window closes	23:59, Sunday 24 March 2024
Credentialing Panel	Friday 10 May 2024
Autumn 2024 (first application or full resubmission)	
Application window opens	09:00, Monday 05 August 2024
Application window closes	23:59, Sunday 18 August 2024
Credentialing Panel	Wednesday 06 November 2024
Autumn 2024 (limited resubmission)	
Application window opens	09:00, Monday 16 September 2024
Application window closes	23:59, Sunday 22 September 2024
Credentialing Panel	Wednesday 06 November 2024

4. Screening

Due to the volume of portfolios to be reviewed, all portfolios are screened upon submission. This process, undertaken by the College ACP Team, is designed to identify portfolios where there is missing mandatory evidence (non-clinical) or that cannot be assessed due to an excessive amount evidence or poor linking/layout. The criteria by which the portfolio is screened is attached as appendix 1.

In some instances, screening may result in the portfolio being rejected, the application fee refunded (a small administrative charge will be retained), and no further evaluation being undertaken. This decision will be taken by the Chair of the ACP Credentialing Panel. The ACP will be required to resubmit within a future credentialing window (full fee applicable).

Please note: it is particularly important that ACPs intending to submit in **Autumn 2024** ensure that all screening criteria are met. If the portfolio is rejected at screening, the ACP will be required to resubmit within a future credentialing window on the 2022 ACP curriculum. This will necessitate the ACP having to transition to, and meet all requirements of, the 2022 ACP curriculum and clinical syllabus.

5. Portfolio review and sign-off

The final sign-off of the portfolio prior to submission must be completed by the ACP's Educational Supervisor following a detailed and comprehensive review of the evidence. Sign-off requires the Educational Supervisor to confirm all elements of the curriculum have been achieved by completing Curriculum Item Ratings (CIRs) for all competences, presentations and procedures and marking all sections of the credentialing checklist as 'achieved'.

ACPs and Educational Supervisors should plan for the final sign-off of the portfolio to be

completed at least 2 weeks before the application window opens. This gives time for last-minute items to be completed and refinements to be made. Providing there has been good supervision and regular contact between ACP and supervisor, this should be a seamless process, although it shouldn't be underestimated how long it is likely to take to review all of the evidence, complete the curriculum item ratings and sign-off the credentialing checklist. Remember, the Panel will be spending a considerable amount of time reviewing the large number of portfolios submitted. This time is currently four to five hours per applicant. If the Educational Supervisor is not spending at least that amount of time checking the evidence, then it is likely that important elements will be overlooked and the ACP will not be successful.

Both the ACP and supervisor should ensure the requirements of the curriculum have been met in their entirety, and all mandated evidence identified in the checklist is present. The named Educational Supervisor is confirming, by signing off the portfolio, that they believe the evidence presented within the portfolio demonstrates that the ACP is practising at the level of a medical trainee at the end of their third year of EM specialty training across the breadth of the ACP curriculum and that the evidence is complete and appropriate. This requires the ES to review the entire portfolio of evidence.

To help Educational Supervisors confirm that all evidence is present, a sign-off checklist is provided as appendix 2.

5.1 Curriculum item rating

The Educational Supervisor is required to complete curriculum item ratings (CIRs) for all common competences, presentations and procedures.

For the **Educational Supervisor**, curriculum item ratings (CIRs) are a summary view confirming that they have reviewed the evidence, seen the ACP in practice and, by referring to the descriptors in the curriculum, can confirm they are at the appropriate level. This must be completed for *all* common competences, presentations and procedures. As the credential confirms *current* competency, the Panel will expect to see a final CIR completed within 12 months (preferably 6) of the submission date. Comments that are much older than this could raise concern.

It is expected that there will be a comment that provides assurance of competence against each of the elements. These comments should reference the descriptors in the curriculum to demonstrate how the ES and the ACP have reviewed and understood the curriculum requirements and can satisfy the detail. Please be aware that the same comment against multiple elements will raise concerns.

Remember the rules:

- **Common competences:** Common competences (CCs) are rated level 1-4. To credential, an ACP is expected to demonstrate competence to level 2 in all CCs (level descriptors for each CC can be found in the curriculum document). Whilst an experienced ACP may be able to demonstrate up to level 4 in many CCs, it is unlikely that most ACPs will be at level 3 or 4 in more than 4. If a CC is rated level 4, the Panel will expect to see evidence within the portfolio supporting the higher rating.

- **Presentations:** Presentations are rated as 'achieved', 'some experience', or 'not achieved'. To credential, an ACP is expected to 'achieve' all presentations (descriptors for the presentations can be found in the curriculum and Assessment Descriptors document).

- **Practical Procedures:** Practical procedures (PPs) are rated as 'achieved', 'some

experience', or 'not achieved'. To credential, an ACP is expected to 'achieve' all PPs (descriptors for some practical procedures can be found in the curriculum and Assessment Descriptors document). However, recognising that in some departments an ACP may not be permitted to perform certain procedures for local governance reasons, there are 7 mandated procedures (PP1, PP3, PP5–PP8 and PP14) that may be assessed by CbD rather than DOPS. For credentialing, a maximum of 4 of these 7 procedures may be assessed by CbD; these should be rated as 'some experience'. All procedures assessed by DOPS must be 'achieved'.
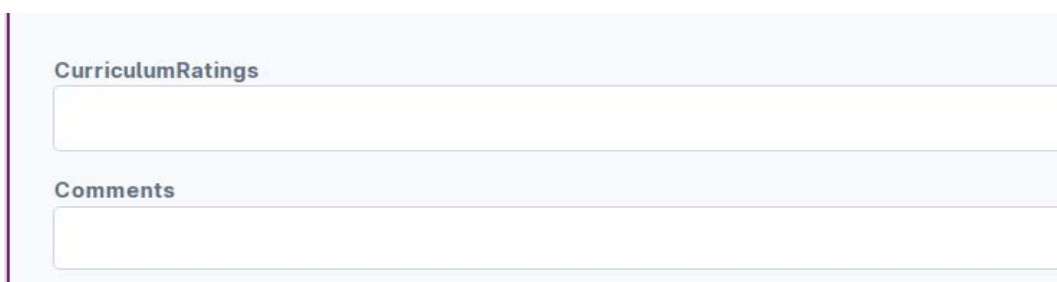
In risr/advance, Supervisor curriculum item ratings are created by the ES as an event on the ACP's timeline:

And linked to the relevant curriculum item using the drop-down menu within the form:

The curriculum item rating is selected from the drop-down menu at the bottom of the form and a comment added:

For the ACP's curriculum item rating, the ACP must enter some reflection for each common competence, presentation and procedure. This personal reflection should analyse their own capability – not just a description of the activity or list of evidence, but how the evidence demonstrates the development of their capability and progression to independent practice and the standard required for credentialing.

Curriculum item ratings are not included in the maximum 7 items of evidence (10 for common competences) permitted for each item.

Goal Marking

Curriculum sign-off using the 'Mark Goal as' function will no longer be permitted as an alternative to Curriculum Item Rating (CIR). The ACP Credentialing Panel will expect to see a CIR completed by the Educational Supervisor for all common competences, presentations and procedures. A portfolio without CIRs will be rejected at screening.

5.2 ACP Credentialing Checklist

The ACP Credentialing Checklist, which can be found on the ACP's ePortfolio dashboard, identifies the mandatory 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 specifically 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.

Please note that not all curriculum items are included in the checklist; therefore ACPs and Educational 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. Further detailed guidance on the requirements for each element of the checklist is available on the College website and it is recommended that Supervisors and ACPs refer to this guidance when selecting what evidence to link to the electronic checklist on the dashboard.

- ACP credentialing checklist (2017 curriculum) – adults
- ACP credentialing checklist (2017 curriculum) – children
- ACP credentialing checklist (2017 curriculum) – adults and children

All ACPs *must* ensure that the appropriate checklist has been added 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 ask them to email ACP@rcem.ac.uk.

Your final action immediately prior to submission will be to mark each section of the checklist as **achieved**. Please be aware that, to sign-off the checklist, you will need to access it via the **Goals** tab (you will not be able to sign-off the checklist directly from the dashboard).

Each section of the checklist includes a **goal description** indicating the specific evidence required, often a summative assessment, and **event target/s**, to which the ACP will have linked their evidence. You will need to ensure that the evidence the ACP has linked to their checklist is appropriate and does not exceed the maximum permitted.

Once you have reviewed the evidence and are able to confirm the evidence demonstrates the standard required, you should mark the goal as **achieved** and add a comment.

You will notice that not all sections of the checklist require the ACP to link evidence to the checklist, namely the logbook output (or curriculum item rating) and curriculum evidence. For these sections, you are required to confirm that curriculum item ratings have been completed for all common competences, presentations and procedures, and that appropriate evidence has been provided for all areas of the curriculum (within the maximum number of items allowed), including the correct assessment type where mandated.

6. **Further information**

   ACP credentialing

   The ACP curriculum, [assessment descriptors](#), and [The Guide to RCEM Emergency Care ACP Credentialing](#) are available on the [ACP page](#) of the College website, along with patient logbook templates and further advice for ACPs and supervisors regarding the academic declaration form and life support courses.

   ACPs (and supervisors) are also able to view a recording of a [webinar](#) hosted jointly by the ACP Forum and the College in June 2023, which gives final tips for submission.

   If you have any questions regarding ACP credentialing or supervisor sign-off, please contact [ACP@rcem.ac.uk.](mailto:ACP@rcem.ac.uk)

   ePortfolio

   ePortfolio user guidance and tutorial videos can be found within the FAQs section of risr/advance (within the Content tab).

   ePortfolio user guidance videos, specifically for ACPs, can be viewed on the [RCEM YouTube channel](#).

   If you require technical help with the ePortfolio platform, please contact ePortfolio@rcem.ac.uk

Appendix 1: Screening checklist

Screening Criteria	Yes	No
CV demonstrates a minimum of 3 years, 30 hours per week direct clinical contact (or pro rata) as an EM ACP/tACP by the time of submission (4 years if dual credentialing)	☐	☐
Level 7 advanced practice qualification (min. PGDip) - certificates and academic transcripts to be provided.	☐	☐
Academic declaration form completed with the learning outcomes from the academic modules mapped against the RCEM learning outcomes	☐	☐
Evidence of Independent Prescriber status on the professional register	☐	☐
ACP Credentialing checklist signed-off / countersigned by an Educational Supervisor who meets all eligibility criteria	☐	☐
Mandatory courses in date at time of submission **Adult:** safeguarding children level 3 and safeguarding adults level 2 completed within last the 3 years; GCP (NIHR online course) completed within the last 2 years; ALS, Paediatric Basic Life Support (Trust training), ETC or ATLS (as a full candidate not observer) **Paeds:** safeguarding children level 3 completed within the last 3 years; GCP (NIHR online course) completed within the last 2 years; Adult BLS (Trust training), APLS or EPALS, ETC or ATLS (as a full candidate not observer) **Dual:** safeguarding children level 3 and safeguarding adults level 2 completed within the last 3 years; GCP (NIHR online course) completed within the last 2 years; ALS, APLS or EPALS, ETC or ATLS (as a full candidate not observer)	☐	☐
Structured Training Report (STR) for each year of training (min. of 3 in total)	☐	☐
Faculty Educational Governance Statement (FEGS) for each year of training (min. of 3 in total)	☐	☐
MSF summary report for each year of training, each with at least 12 respondents, of which 2 must be EM consultants (min. of 3 in total)	☐	☐
Maximum of 7 items of evidence (excluding eLearning and curriculum item ratings) submitted for each presentation and procedure in the curriculum (up to 10 items may be submitted for common competences)	☐	☐
One item of evidence (or items if more than one is specifically indicated) linked to each section of the checklist as the most appropriate for consideration	☐	☐
Curriculum item ratings (ES) provided for all CCs, presentations and procedures	☐	☐
All common competences self-assessed / ES rated at minimum level 2 (the Panel will expect to see evidence within the portfolio supporting a higher rating)	☐	☐

Appendix 2: Educational Supervisor Sign-Off Checklist

	Criteria	Yes	No
Academic	Is the Advanced Practice qualification at level 7 (min. PGDip)?	☐	☐
	Are all academic certificates and transcripts linked to the checklist? **NB:** if the ACP has completed all but the thesis for their Masters, i.e. they have enough credits for a PGDip but without award of the qualification, there must be a letter from the University confirming that the ACP has achieved the equivalent of a PGDip.	☐	☐
	Has the Academic Declaration Form been completed and linked to the checklist? Learning outcomes from the academic modules undertaken must be mapped against the learning outcomes required by the College.	☐	☐
	Is the ACP qualified as an Independent Prescriber? Has the certificate and/or transcript, and evidence of annotation on the relevant professional register been linked to the checklist?	☐	☐
CV	Does the CV clearly demonstrate a minimum of 3 years (4 for a dual credential), 30 hours a week direct clinical contact (whole time equivalent) as an EM-ACP? If the ACP has had any periods of extended absence from work, is this recorded on the CV with an explanation?	☐	☐
	Is there evidence of experience of children for those who are dual credentialing? This should be dedicated time in the Paediatric ED or the children's area.	☐	☐
Faculty Educational Governance Statements (FEGS)	Are there 3 FEGS at yearly intervals? If not, is there an explanation?	☐	☐
	Does the final FEGS (preferably completed within 3 months of submission) specifically state that the tACP is ready to credential and is practising at the level of a medical trainee at the end of their third year of EM specialty training across the breadth of the department/curriculum in the opinion of all the consultants present?	☐	☐
	Was there a minimum of 4 consultants present at each faculty meeting from Autumn 2022 onwards?	☐	☐

Structured Training Reports (STRs)	Are there 3 STRs at yearly intervals? If not, is there an explanation?	☐	☐
	Are there comments on the assessments, summarising or explaining unsuccessful or unsatisfactory ratings?	☐	☐
	Has the previous STR been referenced, including how the learning objectives have been met in this period?	☐	☐
	Is there recognition of additional achievements that demonstrate competence, particularly for common competences?	☐	☐
	If there are areas needing development, is it clear whether these mean the ACP is not operating at ST3 level or just part of on-going professional development (and what they will be doing about it)?	☐	☐
	Does the final STR state that the tACP has reached and demonstrated the standard, and is ready to credential?	☐	☐
Case mix	Is there evidence of adequate clinical contact and experience? This should include children if relevant. Does this show the minimum number of 2000 patient contacts across the breadth of acuity and location? If dual credentialing, are there also 500 or more paeds cases? If there are not sufficient patient numbers, is this adequately explained?	☐	☐
Logbook output (curriculum item rating)	Have you reviewed all evidence, and does it confirm they are at the correct level?	☐	☐
	Have you read the CC descriptors to see what a level 2 needs to include – and have you commented on why the evidence does or does not support your assertion of level 2 (or higher)? If you have said this person is higher than level 2, is there evidence within the portfolio to support this?	☐	☐
	Is there a comment on all presentations and procedures in the main curriculum to demonstrate you have seen the evidence and believe it confirms the standard?	☐	☐
Mandated assessments	Are all the mandated assessments completed on the correct form and by the correct assessor – describing the right discussion for that presentation/competence?	☐	☐
	Is the balance of CbD and mini-CEX appropriate, i.e. is there sufficient evidence of direct observation?	☐	☐
	Are there any mandated assessments by a locum consultant – and, if so, have you explained why you feel they are suitable to assess in the STR?	☐	☐

Procedures	Where required, are these done on DOPS forms, and are the assessors eligible to sign them off?	☐	☐
	Is the evidence the right type of evidence? Is there too much "discussion" of what you would do (CbD) and not enough evidence of actually doing procedures?	☐	☐
Consultant assessors	Do you know all the assessors – have you explained to them the standard required, particularly if they are not EM consultants? Are they all eligible to be assessors? If any are locum consultants, is this appropriate, i.e. long-term locum, RCEM members, trained assessors?	☐	☐
Other elements	For elements such as QIP/audit, etc., are you satisfied that the evidence supports the level required and the descriptors in the curriculum? Is the audit loop closed, or the QIP have 2-3 PDSA cycles?	☐	☐
General comments	Are there too many items of evidence for each competence or too little (we recommend a maximum of 7, excl. curriculum item ratings and eLearning modules, with up to 10 permitted for common competences)?	☐	☐
	Does one WBA get linked to more than three competences? If so, there needs to be some tidying before submission and then reassess.	☐	☐
	Are WBAs simply 'tick-box' rather than include any learning points or note of discussion? The WBAs need to be rich in information and show the depth and breadth of knowledge.	☐	☐
	Are all the WBAs completed within a short period of time, suggesting a retrospective filling in of forms? Whilst practically this may be necessary, it reduces the validity of the evidence, unless there are contemporaneous reflections by the trainee on the case demonstrating their learning points. Having the majority of evidence completed in a short window, say two weeks, raises concerns for the Panel.	☐	☐
Other evidence	Is there sufficient evidence of other activity, demonstrating a commitment to life-long learning and helping others, as well as reflection?	☐	☐
Checklist	Is each section completed?	☐	☐
	Can you find the single piece of evidence (or more if specifically mandated) that they are asking the Panel to consider, and is it appropriate?	☐	☐