

I have trainee ACPs in my department – how can I get involved in their training?

Who are ACPs and what do they do?

Advanced Clinical Practitioners (ACPs) are experienced nurses and paramedics (and, in some departments, pharmacists and therapists) who have been awarded an academic degree in advanced practice and who are working at a semi-independent level across a defined scope of practice. The RCEM has developed a credentialing - or qualification process - for ACPs to recognise, after submission of a portfolio of evidence, their level of competence.

The process of ACP credentialing

The RCEM credentialing process is rigorous and has regulations to ensure the decisions made are robust. This includes clear guidance on how evidence must be collected and who can sign off or confirm capability. As this is a credential awarded by a Royal College and affects future patient safety and workforce mobility/responsibility and, therefore, practitioner safety, the process relies heavily on observed practice documented in standard workplace-based assessment (WBA) forms by Emergency Medicine consultants for much of the mandatory evidence. However, the contribution that other practitioners, less senior doctors and experienced ACPs and nurse consultants make to the development of the ACP workforce is invaluable. Non-clinical managers can also contribute to supporting the programme.

The standard

RCEM defines the standard of a credentialed ACP as a practitioner who is able to work across the range of case mix with a supervisor within the hospital for queries, able to provide prompt direction or assistance, and the ACP knows reliably when to ask for help. The ACP will also have additional non-clinical skills which allow them to work with less supervision depending on the activity, including education and training, academic work, quality improvement and leadership activities. Understanding this standard is critical to supporting the ACP to develop.

The following guidance will help determine what your role may be and how you can contribute to developing the ACP workforce. It references other help sheets which may be of use to individuals.

1. Consultant in Emergency Medicine or Paediatric Emergency Medicine

Your role is crucial. There are two types of Educational Supervisor on the portfolio – both complete the regular (at least monthly) meetings with the ACP to review progress, collection of evidence, etc. and also to complete some workplace-based assessments.

There are, however, specific forms that must be signed-off before a credentialing submission and, to have access to these, you will need to have completed RCEM ACP supervisor training (2022 curriculum). This allows the **ACP Educational Supervisor** role to be assigned to you in the ePortfolio.

These forms include:

- Foundation skills sign off form
- Final ESR and FECS
- Final sign-off of the portfolio, i.e. resolution comments.

If you are unable to access these forms because you have not yet been approved as an ACP ES, you can still provide all other aspects of educational supervision and you can certainly provide clinical supervision on the shop floor and complete the mandatory consultant assessments. This role is **RCEM Educational Supervisor** in the ePortfolio.

Ideally you will undertake RCEM ACP supervisor training (2022 curriculum) which will allow you to provide *all* aspects of educational supervision for the ACP, including these specific forms.

2. Associate Specialist / Senior Specialty Doctor / ST4 equivalent and above

Some SAS doctors *may* be eligible to be an ACP Educational Supervisor (providing they have successfully completed the RCEM ACP supervisor training) and so will be in the category above. Otherwise, doctors in these roles are critical in providing both clinical supervision and support on the shop floor, and also in completing assessments that the ACP can use in a formative manner to develop their skills. Understanding the standard required, and also being able to give constructive feedback, is critical to this role. You are the individuals who will encourage and guide but also role model the standard, the capabilities and the professional behaviours needed.

3. Credentialed ACP, Consultant ACP, Consultant nurse/paramedic

Whilst you are not able to provide educational supervision (that role of regular meetings, feedback and sign-off), you are critical to the ACP's development, and indeed may be asked to provide informal educational supervision because of your experience and clinical capabilities. Certainly, your contribution in completing assessments that can be used for developmental purposes and in providing evidence for some of the SLOs and clinical syllabus items is critical. You may also complete some of the leadership management task assessments. You can be added as an RCEM Clinical Supervisor in the ePortfolio to provide some input and complete some forms. Often you will have more contact with the ACP than the ES themselves as you work alongside them and can share your experience in both the clinical and supporting SLOs. You also have the capacity to create opportunities for the ACP to demonstrate and collect evidence – by inviting them to attend relevant meetings and participate in relevant activities, such as recruitment, SI investigation, complaints, risk registers, etc. and commenting on their performance in these elements.

4. Peer ACPs

Whilst you cannot assess a peer in any meaningful way (other than the MSF), your role in encouraging, sharing, exploring new skills, and feeding back is crucial. Departments where ACP groups learn together, have early morning case-based discussions, share educational opportunities, work together on QI and audit projects, brainstorm problems to be solved, point each other in the direction of good learning resources, etc. are often the most successful in achieving credential. Remember the process is not competitive – it is criterion-based - and commenting and guiding each other to reach the standard can be really helpful. Being able to calibrate yourself against others and to learn from them (good and bad) is critical.

5. Non-clinical managers

Clearly, the role of the non-clinical manager in assessing the clinical SLOs 1, 2, 3, 4 and 6 is limited. However, you can contribute evidence for the ACP in their portfolio on some of the other SLOs including 8, 10, 11 and, particularly, 12. This observational role and

taking the time to feedback, including completing some forms, can be really helpful. Your contribution to an MSF is also important.

However, your role is *critically* important in understanding the ACP programme and facilitating some of the needs of the ACP in fulfilling the requirements. These include (but are not limited to):

- Time out in another department /clinic to gain experience
- Rotations between adults and children's departments
- Personal development time of 7 hours per week (pro-rata) to complete the non-clinical experience
- Opening meetings and leadership opportunities (SIs, complaints, rotas, business cases, etc.) to the ACPs
- Enabling the educational supervisors to have a minimum of 0.25 SPA/week for each ACP supervised.