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, selecting a curriculum 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 ACP 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 expected level of entrustment 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 4 years whole time equivalent with a total of 3000 patient contacts (1500 adult, 1500 children). There should be contact with adults and children in each year. The tACP should always consider the requirement for all evidence to be less than 5 years old, with the majority of evidence, including all mandated workplace-based assessments, within 3 years at the point of submission. Evidence for the clinical syllabus may be up to 5 years old but any evidence attained more than 3 years prior to submission should be accompanied by reflection to demonstrate maintenance or development of skills.

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 adult EM-ACP, the practitioner may then choose to spend some focused, dedicated time collecting evidence whilst caring for children. For ACPs who have had *regular* exposure to children, i.e. equivalent to a minimum 15% caseload, throughout their original ACP training, it is anticipated that this will take a minimum of 12-18 months whole time equivalent in order to collect the evidence required. During this time, an ACP will be expected to see a minimum of 1000 paediatric patients.

For ACPs who *did not* see children whilst credentialing for adults, the minimum additional period of time required rises to 3 years, and ACPs will be expected to see a minimum of 2100 paediatric patients during this time.

The ACP and local faculty may need to consider how to consolidate learning from the adult programme and how skills are maintained during this time.

Evidence requirements

The following will apply for ACPs wishing to complete both curricula:

- Where Core ACP procedures appear in both the adult and children's curriculum, they must be demonstrated in both patient groups as there are key differences in managing these patients.
- Mandated consultant assessments are specific to the age group and cannot be used for both curricula. Cross-representation is not possible in any mandatory consultant workplace-based assessment.
- Other evidence for similar KCs within the corresponding SLOs may be used for both adults and children providing the evidence is current (within 3 years) and reflection is included on the differences between adults and children.
- For SLOs 10 and 11, evidence can be used for both adults and children – no duplication is needed.
- SLOs 9 and 12 require some evidence of experience in teaching (SLO9) and leading (SLO12) in both age groups/departments and so additional evidence is likely to be required.
- For the clinical syllabus, cross coverage is possible providing either explicit reflection on the differences in adults and children is included, or the evidence (e-learning, teaching attended, etc.) covers both age groups.
- Separate MSFs should be completed in both the adult and children's departments.