

## Extending credentialing to adult or children from a 2017 curriculum base credential: guidance for applicants

Following the transition to the 2022 ACP curriculum, there may be ACPs who have credentialed on the 2017 curriculum in adults or children and now wish to credential in children or adults respectively. This help sheet provides advice on how this may be achieved. For ACPs whose base credential was on the 2022 ACP curriculum, the **Selecting a Curriculum** help sheet provides guidance for those wishing to credential in a second patient group.

### Time

If the ACP has not been exposed to the second patient group leading up to the initial credential, it is likely that an additional three years (whole time equivalent) of experience with the new age group will be required to successfully credential.

If the ACP has had *regular* previous exposure to the additional age group throughout their original ACP training, i.e. minimum 15% caseload, then it may be possible that the second credential can be successfully completed within 12-18 months (whole time equivalent). The key constraints are numbers of patient contacts required and the significant number of WBAs required in the additional patient group.

### Academic

Further academic study is not required for either age group.

### Mandatory courses

All mandatory courses (safeguarding, life support and GCP) must be completed and in date at time of submission for the relevant age group.

### Clinical SLOs 1-8

For the clinical SLOs, the mandated clinical workplace-based assessments (WBAs) and other evidence must be collected for the specific age group as per the curriculum. Adult WBAs cannot be substituted for children's WBAs and vice versa.

### Clinical syllabus

For the clinical syllabus, the 30 mandated WBAs, and additional evidence as appropriate, must be collected for the specific age group as per the curriculum. Adult WBAs cannot be substituted for children's WBAs and vice versa. Cross coverage within the syllabus for other evidence 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. Careful attention to this is critical and may take significant time.

### Supporting SLOs

- **SLO9 Support, supervise and educate:** some evidence of teaching clinical elements for the new age group must be included, accompanied by feedback. This can be limited to 1-2 teaching sessions only. No new teaching assessment is needed.
- **SLO10 Participate in research and manage data appropriately:** no additional evidence is mandated; however, it is advisable to have evidence of ongoing involvement in research, particularly if there has been a gap of more than one year since the original credential.

- **SLO11 Participate in and promote activity to improve the quality and safety of patient care:** the ACP does not need to present a new QIP but should be able to demonstrate ongoing involvement in improvement work since the original credential, e.g. participation in meetings, contribution to other colleagues' projects, attendance at conferences, etc. There is no need for an additional QIAT.
- **SLO12 Manage, administer and lead:** no additional WBAs are required but the ACP should be able to demonstrate ongoing leadership activity in the department since the original credential, e.g. participation in governance, rota management, etc.

### **Patient numbers**

For those ACPs who have not been exposed to the second patient group leading up to the initial credential, the minimum number of patients within the additional age group that the ACP should see over the subsequent three years (WTE) is 2100. For those ACPs who have had regular exposure (min. 15% caseload) to the second patient group throughout their original ACP training, a minimum of 1000 additional patients within the new age group are required over 12-18 months (WTE).