Royal College of Emergency Medicine

RCEM Emergency Medicine Advanced Clinical Practitioner (EM-ACP) Credentialing

2022 ACP Curriculum

Credentialing Regulations for Adults or Children

First edition: September 2022
Second edition: April 2025

Contents

1. Introduction

These regulations pertain to the credentialing process for the 2022 ACP Emergency Medicine Curriculum (Adult or Children) which was implemented in September 2022. These regulations are subject to annual review. The first edition, published in September 2022, has been amended to include:

- New academic requirement from Spring 2026
- Appeals process
- Clarification of annual requirements
- ePortfolio platform name change from Kaizen to risr/advance
- New mandatory requirement to add post dates and locations to ePortfolio
- New timeframe for completion of DOPS, MiniCEX and CbD
- New ACP ES eligibility criteria for children-only submissions
- Introduction of additional application windows for limited resubmissions.

2. Privileges associated with credentialing

- The Royal College of Emergency Medicine EM-ACP Credential confirms a standard of practice, and Emergency Departments may decide to accept the credential to support freedom of movement between departments;
- Whilst an RCEM credential does not confer any automatic promotional opportunity under AfC, it may support local decisions and processes;
- A credentialed ACP will continue to have access to the RCEMLearning platform and other privileges conferred by associate membership of the College;
- An RCEM credential does not confer a licence to practice.

3. Eligibility

At the time of submission, applicants must:

- be practising as an Advanced Clinical Practitioner in an Emergency Department (adult or children);
- be on the relevant professional register without limitation on their practice;
- **(for submissions up to and including Autumn 2025)** have an advanced clinical practice qualification at level 7 (minimum of a PGDip [120 credits]) awarded by a UK Higher Education Institution covering the RCEM-required learning outcomes;
- **(for submissions from 2026 onwards)** have a full Master's degree in Advanced Clinical Practice awarded by a UK Higher Education Institution covering the RCEM-required learning outcomes;
- have a minimum of 5 years' (whole-time equivalent) experience in clinical practice, with a minimum of 3 years (whole-time equivalent) in advanced clinical practice in Emergency Departments (minimum of 4 years WTE for concurrent adult and children's applications);
- have the *equivalent* of 30 hours of clinical contact per week over 3 years (4 years for concurrent adult and children's applications) excluding long term sickness or maternity leave;

- collect evidence on the RCEM electronic portfolio, risr/advance (formerly known as Kaizen).

4. General requirements for adults and children

- Clinical contact must be the *equivalent* of 30 hours per week for 3 years for an adult application;
- Clinical contact must be the *equivalent* of 30 hours per week for 3 years for a children's application;
- Concurrent applications for adult and children's credentialing will require an absolute minimum of the *equivalent* of 30 hours clinical contact per week for 4 years between both adult and children's departments;
- Those working less than full time must plan their clinical work and personal development to ensure clinical contact is sufficient to meet the capabilities required;
- Planned or unplanned time away will need to be considered when identifying the anticipated date of submission for credentialing;
- Extended time away or part-time working may have an impact on *currency* of evidence and some of the *mandated* evidence may need repeating (see below);
- Any extension to total training time should be discussed with the ACP Educational Supervisor, and both applicants and individual organisations should plan how they can meet the currency and pro rata time requirements.

5. Academic component

Up to and including Autumn 2025

Evidence of successful completion of an advanced clinical practice qualification at level 7 (minimum of a PGDip [120 credits]) must be provided. The advanced clinical practice programme must contain modules covering the topics of:

- History taking and physical assessment
- Clinical decision making and use of diagnostics
- Independent prescribing.

The programme may not have modules with the specific titles listed above, but they must meet the learning outcomes specified by the College.

The academic component of RCEM EM-ACP training is evidenced by provision of post-graduate certificates and transcripts, and completion of the **Academic Credentialing Declaration** in risr/advance.

It is the responsibility of the applicant to ensure that the required RCEM EM-ACP curriculum learning outcomes identified in the academic declaration are met by the learning outcomes specified by the HEI. The applicant will demonstrate this by mapping the HEI learning outcomes to the RCEM-required learning outcomes within the **Academic Credentialing Declaration** form, giving the HEI course module name and full text of the learning outcome.

If the ACP has attained a Master's degree in Advanced Clinical Practice that has been accredited by the NHSE Centre for Advancing Practice, completion of the academic credentialing declaration form is not required. A list of NHSE accredited programmes can be found on the Centre for Advancing Practice website.

Spring 2026 onward

Evidence of attainment of a **full Master's degree** in Advanced Clinical Practice awarded by a UK Higher Education Institute covering the RCEM-required learning outcomes. The advanced clinical practice programme must contain modules covering the topics of:

- History taking and physical assessment
- Clinical decision making and use of diagnostics
- Independent prescribing.

The programme may not have modules with the specific titles listed above, but they must meet the learning outcomes specified by the College.

The academic component of RCEM EM-ACP training is evidenced by provision of post-graduate certificates and transcripts, and completion of the **Academic Credentialing Declaration** in risr/advance.

It is the responsibility of the applicant to ensure that the required RCEM EM-ACP curriculum learning outcomes identified in the academic declaration are met by the learning outcomes specified by the HEI. The applicant will demonstrate this by mapping the HEI learning outcomes to the RCEM-required learning outcomes within the **Academic Credentialing Declaration** form, giving the HEI course module name and full text of the learning outcome.

If the ACP has attained a Masters in Advanced Clinical Practice that has been accredited by the NHSE Centre for Advancing Practice, completion of the academic credentialing declaration form is not required. A list of NHSE accredited programmes can be found on the Centre for Advancing Practice website.

6. ePortfolio

- Applicants must be an Associate Member of RCEM and have an RCEM ePortfolio account (risr/advance);
- Applicants must ensure that the appropriate curriculum (adult or children) has been added to their ePortfolio account. An additional curriculum can be requested at a later date if required;
- Applicants must select and add an RCEM-approved ***ACP*** Educational Supervisor to their ePortfolio account (please note this is a separate role to that of ***RCEM*** Educational Supervisor);
- Applicants must add a post to their ePortfolio account for each stage of training (to include dates and hospital location);
- All evidence for credentialing must be uploaded to the portfolio by the closing date of the application window in which the ACP intends to submit;
- All documents uploaded to the portfolio must be in PDF format (unless otherwise indicated);

- All workplace-based assessments (WBAs) must be on RCEM electronic forms – scanned paper forms will not be accepted.

7. Evidence required

7.1 Generic courses

Prior to credentialing the applicant must successfully complete the following mandatory courses. Certificates valid as of the closing date of the submission window must be provided as evidence.

Adult credentialing	Children's credentialing
Advanced Life Support (ALS)	Adult Basic Life Support (Trust training)
Paediatric Basic Life Support (Trust training)	Advanced Paediatric Life Support (APLS) ***or*** European Paediatric Advanced Life Support (EPALS)
Advanced Trauma Life Support (ATLS) ***or*** European Trauma Course (ETC) - as a candidate, not observer	Advanced Trauma Life Support (ATLS) ***or*** European Trauma Course (ETC) - as a candidate, not observer
Good Clinical Practice (GCP) - NIHR course	Good Clinical Practice (GCP) - NIHR course
Safeguarding adults (level 2) Safeguarding children (level 3)	Safeguarding children (level 3)

For concurrent adult and children's submissions, the mandated life support courses for both adults *and* children are required.

7.2 Annual requirements

Applicants undertaking the EM-ACP curriculum will often be combining academic studies with workplace-based assessments (WBAs) and, therefore, there is not one prescribed way to collect all of the required evidence needed for credentialing. It is not within the remit of this document to advise on an order of evidence collection; however, the minimum yearly requirements for this training programme are outlined below. Please see the section on concurrent adult and children's credentialing where relevant.

- **MSF (Multi-Source Feedback)** with at least 12 responses, of which 2 must be consultant faculty. A minimum of 3 MSF summary reports are required, completed no less than 8 months apart. The final MSF must be completed within 6 months of submission;
- **Faculty Educational Governance Statement (FEGS)** which confirms the entrustment level for all relevant SLOs. A minimum of 3 FEGS are required, completed at regular intervals. The Final FEGS must be completed within 3 months of submission;
- **Educational Supervisor Report (ESR)** which addresses all of the portfolio, clinical and academic work undertaken that year, as well as formulating a plan for the next training period. A minimum of 3 ESRs are required, completed at regular

intervals. **NB:** for ACPs who have transitioned from the 2017 ACP curriculum, STRs will be permitted for the early stages of training, but all submissions will require a Final ESR. The final ESR must be completed within 3 months of submission;

- **Evidence of appraisal in accordance with local HR policy**;
- **Record of progress for ACP credentialing**. If the ACP's progress towards credentialing is not discussed within the ACP's Trust appraisal, then an additional record of progress will be required. It is recommended that the **Annual Record of Progress** form available on the ePortfolio platform is utilised for this purpose;
- **Personal development plan (PDP)** in which the ACP sets personal objectives for the subsequent training year. It is not mandatory for a PDP to be completed each year but is strongly recommended.

7.3 Other evidence requirements

- Level 7 qualification certificates and transcripts;
- Evidence of registration on the relevant professional register confirming applicant is an independent prescriber;
- Academic Credentialing Declaration (eP form) with the learning outcomes from the completed level 7 academic modules mapped to the RCEM learning outcomes. If the ACP has attained a Master's degree in Advanced Clinical Practice that has been accredited by the NHSE Centre for Advancing Practice, completion of the academic declaration is not required. A list of NHSE accredited programmes can be found on the Centre for Advancing Practice website;
- The curriculum defines a number of mandatory WBAs that are required for credentialing. Failure to provide the mandatory WBAs by the correct assessor will result in an unsuccessful submission;
- All DOPS and MiniCEX for patients seen after 01 April 2024 must be created by the ACP and sent to the assessor within one week of the event, and be completed by the assessor within 4-6 weeks of receipt. CbDs must also be created and sent to the assessor within one week, but completion will be permitted up to 6 months following receipt;
- An anonymised annual list of patients must be provided which shows, in tabular form, each patient's age and gender, presenting complaint and diagnosis, the area of the department in which they were treated (resus[1]/high acuity, majors, ambulatory/minors), and whether they were admitted, discharged or referred to an inpatient specialty. Where possible, the data should also indicate where the ACP has been the primary clinician or took handover of care. For concurrent adult and children's submissions, there must be separate tables for adult and children activity.

  For single curriculum submissions, 2100 patients are expected over 3 years (pro-rata). For concurrent adult and children's submissions, a total of 3000 patients (1500 adult, 1500 children) are expected over 4 years (pro rata). Failure to provide

[1] Resus patients are defined as those patients determined to be critically ill or significantly injured (identified by high NEWS2/PEWS scores, acuity 1 or 2 Manchester Triage, or requiring immediate intervention and resuscitation)

evidence of appropriate clinical contact will result in an unsuccessful submission. Submission of lists of individual patient contacts alone, i.e. the raw data, will not be accepted; an annual breakdown of numbers using the summary table templates available on the RCEM website must also be provided.

- Evidence must be anonymised, i.e. not contain any patient identifiable data (PID). Failure to remove PID will result in an unsuccessful submission;
- Certificates evidencing successful completion of the mandatory life support courses must be valid as of the closing date of the submission window;
- The GCP certificate must be within 2 years of the closing date of the submission window;
- Each KC within each SLO must have confirmation by the ACP Educational Supervisor that the KC has been achieved, with comment on how the evidence submitted supports the statement;
- The ACP must personally reflect on their evidence for each SLO/Key Capability utilising the Curriculum and Syllabus Comment (CSC) form;
- The ACP is expected to provide evidence of self-directed learning, patient contact (including workplace-based assessments), or teaching received/delivered, for all presentations and conditions in the clinical syllabus;
- Within SLO9 there must be evidence of teaching a minimum of one formal session, including a teaching plan, feedback on teaching and the teaching presentation given where relevant;
- Within SLO10 there must be evidence of research, including the GCP certificate (NIHR) and evidence of participation in research. This can be from a Master's project from the HEI, or engagement in local research. Other suitable evidence may include participation in journal clubs or critical appraisal discussions, teaching critical appraisal, recruitment of patients, activity as PI in a project, or writing a research proposal;
- Within SLO11 a quality improvement project, including engagement with stakeholders, implementation of change and monitoring of impact must be completed. A QIAT assessment form is required. In addition to this project, evidence of engagement with QI every year is essential and must be confirmed by the Educational Supervisor within the ESR;
- Within SLO12 there must be evidence of leadership. Applicants are expected to have completed the response to a complaint (anonymised) and investigated a serious incident. In addition, one further management/leadership project is expected, e.g. management of a rota, recruitment project, introduction of a guideline, etc. However, any work in this must be separate to work undertaken for quality improvement.

8. Credentialing for adults and children

Sequential credentialing is recommended since it will allow a focus on the specific age group and is more likely to be successful. Sequential credentialing will also allow some crossover of evidence, particularly for the supporting SLOs. The recommendation is to credential in either adults or children, seeing a minimum of 2100 patients over 3 years (whole time equivalent), and to then spend an additional period of time focusing on the

second age group. This may present some challenges for the number of additional patients to be seen but will allow greater focus.

- For ACPs who had regular previous exposure (equivalent to 15% caseload) to adult patients whilst credentialing for children, or vice versa, an additional 12-18 months (whole time equivalent) of experience with the second age group will be required to successfully credential. A minimum of 1500 patients in the new age will be required over this additional time period.

- For ACPs who ***did not*** have regular previous exposure (equivalent to 15% caseload) to adult patients whilst credentialing for children, or vice versa, an additional 3 years (whole time equivalent) of experience with the second age group will be required to successfully credential. A minimum of 2100 patients in the new age will be required over this additional time period.

Concurrent credentialing is acceptable, i.e. submitting for both adults and children at the same time. However, this will require a minimum of 4 years' whole time equivalent clinical contact and a total of 3000 patient contacts (1500 adult, 1500 children). There should be contact with adults and children in each year. Currency for concurrent applications will require reflection or updating of evidence that was attained in the first of the four years.

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

- The **mandated workplace-based assessments (WBA)** are specific to the age group and cannot be used for both curricula. Cross-representation is not possible in any mandatory WBA. Adult WBAs cannot be substituted for children's WBAs and vice versa;

- **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 included on the differences between adults and children;

- **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.;

- **For the clinical syllabus**, the 30 mandated WBAs must be collected for the specific age group as per the curriculum, i.e. 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;

- Separate MSFs should be completed in both the adult and children's departments.

9. Supervisor regulations

9.1 ACP Educational Supervisor

All ACP Educational Supervisors **must**:

- be on the Medical Register in the UK with no restrictions to practice, ***and***
- be a GMC-recognised trainer, ***and***
- have successfully completed RCEM ACP Supervisor Training (2022 curriculum).

For ACPs credentialing in **adults**, or **adults and children *concurrently***, the ACP Educational Supervisor **must also**:

- be on the GMC specialist register in Emergency Medicine (with or without PEM) and be employed as a substantive EM consultant, ***OR***
- be an Associate Specialist or Senior Specialty Doctor and be employed in a substantive role in Emergency Medicine.

For ACPs credentialing in ***children only***, the ACP Educational Supervisor **must also**:

- be on the GMC specialist register in Emergency Medicine (with or without PEM), and be employed as a substantive EM or PEM consultant working *mainly* in a paediatric emergency department, ***OR***
- be on the GMC specialist register in Paediatrics (with or without PEM) and be employed as a substantive PEM consultant working *mainly* in a paediatric emergency department, ***OR***
- be an Associate Specialist or Senior Specialty Doctor and be employed in a substantive role working *mainly* in a paediatric emergency department.

ACP Educational Supervisors are recognised by the College upon successful completion of RCEM ACP Supervisor training (2022 curriculum) and are assigned the ACP Educational Supervisor role on risr/advance.

Only approved ACP Educational Supervisors (with the ePortfolio ACP ES role assigned) can complete the ESR, FEGS, Foundation Skills Sign-off form and the final portfolio sign-off for an ACP credentialing submission.

Responsibilities of an ACP Educational Supervisor

An ACP Educational Supervisor must:

- complete each ESR, including the Final ESR;
- complete each FEGS, including the Final FEGS;
- complete the Foundation Skills sign-off form;

- monitor and support progress, and develop appropriate plans with the ACP where progress is insufficient;
- sign-off the final portfolio of evidence prior to submission, including resolution comments;
- ensure others, including assessors, know the standard.

ACP Educational Supervisor training

- All ACP Educational Supervisors must successfully complete RCEM ACP Supervisor training (2022 curriculum) before being designated as an RCEM-approved ACP ES;
- An ACP Educational Supervisor must have been approved within the first year of supervision to ensure the ESR is valid;
- Refresher training is required every 3 years;
- The ACP Credentialing Panel may determine that a supervisor should repeat the training – this will be communicated verbally to the supervisor by a senior member of the Panel.

9.2 RCEM Educational Supervisor

An RCEM Educational Supervisor who meets all eligibility criteria as defined for an ACP Educational Supervisor (above), but has not completed RCEM ACP Supervisor training, can be responsible for the supervision and management of a tACP's educational progress until an approved ACP Educational Supervisor can be assigned (no more than 12 months after the tACP has commenced training). An RCEM Educational Supervisor cannot complete the ESR, FEGS, Foundation Skills Sign-off form or the final portfolio sign-off for an ACP's credentialing submission.

Once an ACP Educational Supervisor has been assigned to the tACP, an RCEM ES can continue to provide some of the day-to-day educational and clinical supervision, including completion of the mandatory consultant assessments.

9.3 RCEM Clinical Supervisor

An RCEM Clinical Supervisor with responsibility for ACPs must:

- be a permanent member of staff of sufficient seniority to supervise, i.e. consultant, locum consultant, specialty doctor, credentialed ACP;
- be aware of the curriculum content and standard required;
- be an approved supervisor by the GMC or other relevant regulator;
- contribute to the FEG discussions;
- understand the principles of entrustment;
- understand the standard of practise required and how to document and give feedback on the assessment forms;
- follow the curriculum requirements for mandatory consultant assessments. Only clinical supervisors who are medically trained are eligible to complete mandatory consultant assessments for submission. Assessments completed by clinical supervisors from other professions are valuable as formative evidence;
- be able to act as an Educational Supervisor in the first year of the tACP's training if there is not a suitable approved ACP ES (medically qualified Clinical Supervisors only, who meet the eligibility criteria to be an RCEM ES as described above).

9.4 Assessors and shop floor supervisors

Trained assessors must:

- be competent in the procedure or situation being assessed;
- understand the standard against which the ACP is to be assessed;
- understand the principles of entrustment;
- maintain a high standard of documentation and provide feedback to the ACP.

10. Credentialing application process

- Applicants must submit within the formal credentialing application windows (advertised on the RCEM website); this applies to new applications, limited resubmissions and full resubmissions. Applications will not be accepted at any other time unless indicated otherwise;

- There will be a minimum of two credentialing opportunities per year - Spring and Autumn. Within each credentialing opportunity, there will be two separate application windows – one for new applications and full resubmissions, and a slightly later window for limited resubmissions;

- Submission is via completion of an online registration form on the RCEM website; the link to the form will be available for the duration of the credentialing application window;

- Credentialing submissions are subject to an application fee (the fee structure is published on the RCEM website). The application fee must be paid at the point of registration (this includes limited and full resubmissions);

- It is the applicant's responsibility to ensure they have uploaded all required evidence by the advertised deadline;

- Applicants will receive confirmation of registration;
- Arrangements for 'immediate resubmissions' will be communicated to ACPs via email;

- There is no limit on the number of attempts for credentialing, but applicants are advised to be aware of the limits on currency of evidence detailed in the curriculum.

11. Credentialing Panel and review process

- There will be a minimum of two credentialing panels per year - Spring and Autumn; additional panels may be considered in future depending on demand and capacity;

- All submissions will be screened by RCEM staff to ensure minimum non-clinical requirements are met;

- If a submission does not meet the screening criteria, the Chair of the ACP Credentialing Panel will make a judgement as to whether the submission may proceed, consulting with panel members as required;

- If a submission is rejected at screening, the application fee will be refunded (minus a small administration fee) and the applicant will be required to submit within a subsequent credentialing window;

- All decisions at screening will be recorded and confirmed to applicants by email;
- Additional information may be requested following screening; this is at the discretion of the Chair of the ACP Credentialing Panel. There is no option for appeal for refused submissions;
- After screening has been completed, the submission will be allocated to a small sub-group of the panel for evaluation;
- Each sub-group will be comprised of one senior panel member, and at least two other full members, with additional trainee panel members as appropriate. Each sub-group will usually include a minimum of one RCEM Fellow and one credentialed ACP or consultant practitioner;
- The sub-group will review the portfolio of evidence in detail and, after discussion, complete a 'pre-panel recommended outcome form' for circulation a minimum of one week before the full panel meets;
- The sub-group will present the evidence and recommendations for discussion at the full ACP Credentialing Panel;
- The full ACP Credentialing Panel will consider the recommendation, review evidence as required and agree the final outcome;
- Applicants (and their ACP ES) will be informed of the outcome by email within two weeks of the full panel meeting.

12. Credentialing outcomes

There are four possible outcomes that may be awarded by the ACP Credentialing Panel:

1. **Credential:** the credential will specify adults, children, or adults and children
2. **Immediate resubmission:** the Panel believes that evidence exists within the portfolio to demonstrate that the ACP is practising at the required standard across the breadth of the EM-ACP curriculum, but the evidence cannot be accessed or located by the Panel.
    - Applicants are allowed three 3 from the date the outcome is awarded to provide clarification of existing evidence;
    - The evidence is reviewed by the original sub-group and the credential is awarded (if appropriate); validation of the outcome is by the Chair of the ACP Credentialing Panel;
    - There is no fee payable for an immediate resubmission;
    - If new evidence is required, immediate resubmission is not possible.
3. **Limited resubmission:** the Panel believes that the additional evidence required for the ACP to demonstrate they have met the required standard should be achievable within 6 months. A limited resubmission outcome may be awarded when up to 8 elements of ***new*** evidence and/or additional reflection or qualitative evidence is required.
    - Applicants will receive feedback on the specific evidence required; only this additional evidence will be reviewed upon resubmission;.
    - Applicants will be permitted to submit the additional evidence within the next application window for a reduced fee. If the applicant is unable to present the

additional evidence at the next Panel, they will need to submit within a subsequent application window; this will be considered a new application (full resubmission) and the full portfolio of evidence will be reviewed against the curriculum and guidance valid at that time. The full fee will become applicable;
- A limited resubmission will always require an additional Faculty Educational Governance Statement (FEGS) and Educational Supervisor Report (ESR) and therefore the ACP must still be in clinical practice;
- The additional evidence submitted is reviewed by the Panel, considering the Panel's original recommendations.

4. **Unsuccessful:** the Panel agrees that the ACP has failed to demonstrate they have met the required standard. Either multiple elements of evidence are missing, or the standard of evidence or performance is not appropriate; a full resubmission will be required.

    - The ACP may resubmit in full to a future application window; this will attract the full fee, as for a new application;
    - In most cases, it would be unlikely that an ACP would be ready to resubmit in less than one year; therefore, currency of evidence will need to be reviewed. Full resubmission in less time than this is possible, but applicants should consult their ACP ES and carefully consider the work required;
    - A full resubmission will always require an additional Faculty Educational Governance Statement (FEGS), Educational Supervisor Report (ESR), annual record of progress and an MSF for each year of work since the original submission;
    - A full resubmission will be reviewed against the curriculum and guidance valid at that time.

13. Feedback

- Feedback for immediate or limited resubmissions will be specific as to the evidence required for resubmission;
- For a full resubmission, individual written feedback will not be provided. The ACP and ACP ES will be advised of the common reasons for an unsuccessful application that have been specific to that window and be provided with guidance on how to address these issues. Oral feedback will be available for the ACP Educational Supervisor on request;
- ACPs who have been unsuccessful on more than one occasion will be offered a meeting with a member of the Panel to discuss how future submissions can be improved;
- The ACP Forum will be available to provide support for the applicant (if required); the Forum will not have access to any confidential information.

14. Appeals process

All EM-ACPs who submit evidence for credentialing have the right to appeal an 'unsuccessful' or 'limited resubmission' outcome, providing the grounds for appeal, as described below, are met. EM-ACPs who appeal in good faith will not be disadvantaged in future credentialing submissions.

The sole grounds for appeal are:

1. There is evidence of a procedural irregularity (including administrative error);
2. There were exceptional circumstances that adversely affected the EM-ACP's

submission.

Appeals will not be granted on the grounds that an EM-ACP:

- was not aware of, or did not understand, the regulations;
- considers that their efforts were mis-represented;
- seeks to question the academic or professional judgement of the ACP Credentialing Panel.

In the event that an appeal is upheld:

- EM-ACPs who received an initial 'unsuccessful' outcome will be entitled to resubmit their application within the next credentialing application window free of charge;
- EM-ACPs who received an initial 'limited resubmission' outcome will be entitled to submit their additional evidence (as identified on the credentialing outcome form) within the next credentialing application window, or to have their additional evidence reviewed by the Chair of the ACP Credentialing Panel and the Lead Reviewer of the original submission prior to the next credentialing application window, free of charge.

The Appeals Panel does not have the authority to overturn or change the original outcome.

The full appeals procedure can be found on the RCEM website.

15. ACP Credentialing Panel regulations

The responsibility for awarding the RCEM EM-ACP credential rests with members of the ACP Credentialing Panel. Appointment of these members is the responsibility of the ACP Credentialing Sub-Committee who are responsible to the Academic Committee of the College.

15.1 Recruitment of Panel members

Eligibility criteria for membership of the ACP Credentialing Panel:

Essential
Working in an emergency department (or paediatric emergency department) for at least 20 hours a week.
Either • a Fellow of the RCEM by examination, ***OR*** • an RCEM credentialed ACP, ***OR*** • a consultant practitioner with more than 5 years' experience as a consultant practitioner working in Emergency Medicine
AND • **Clinical Supervisor** for tACPs/ACPs or RCEM ACCS trainees/higher trainees, ***OR*** • **Educational Supervisor** for tACPs/ACPs or RCEM ACCS trainees/higher trainees

AND • Completed RCEM ACP Supervisor training
AND • With the agreement of the head of department for the time required
Desirable
Successfully supervised a credentialed ACP

15.2 Application process

- Invitations to apply are extended to all RCEM Fellows and credentialed ACPs once a year or when vacancies arise;
- Applicants must have approval and support from their clinical director / line manager / head of department to ensure appropriate time is available for the process;
- The ACP Credentialing Sub-committee considers the applicants and approves in principle.

15.3 Training and participation as a trainee Panel member

- Approved applicants attend a formal training session;
- Having completed the training, trainee panel members must register for a credentialing window within one year of training;
- The trainee panel member will participate in a minimum of two panels before being confirmed as a full panel member:

  Panel 1: trainee panel members will be expected to participate fully with the review process. Trainee panel members will be required to review all portfolios allocated to their subgroup and contribute to the group discussions; one portfolio must be reviewed in detail with their recommendations presented to the group by the trainee panel member. The trainee panel member will also be expected to attend and contribute to the Panel meeting where recommended outcomes are discussed and ratified. Following the Panel, trainee panel members will receive formal feedback from their subgroup lead.

  Panel 2: trainee panel members will be expected to review all portfolios allocated to their subgroup and contribute to the group discussions. The trainee panel member will be expected to lead one full review and present to the group, following which they will present the portfolio and the group's recommendations to the full Panel for ratification. This will be a full application / resubmission. Following the Panel, the group lead will provide further feedback to the trainee panel member and to the ACP Credentialing Sub-Committee.

The subgroup lead will submit a recommendation to the ACP Credentialing Sub-committee that either:

- the trainee panel member is confirmed as a full Panel member;
- the trainee panel member is asked to participate in one further credentialing window and Panel meeting as a trainee (panel 3);

- the trainee panel member is thanked for their work but advised that they will not be approved as a full Panel member. This will be accompanied by clear feedback and will only be in exceptional circumstances.

  Panel 3: for some trainees, a third credentialing window and Panel meeting may be needed. This is either because engagement and availability for the full process has not been sufficient, or it is thought that the trainee panel member requires more experience to establish their understanding of the standard and evidence required and fully contribute. Feedback will be provided as above.

15.4 Trainee panel member evaluation

Formal evaluation completed by the subgroup lead will fall within the following domains:

- **Contribution**: evidence of commitment/work to prepare for Panel including appropriate attendance at meetings
- **Understanding of the standard and content of evidence required**
- **Equality and fairness**: judgement and final decision making.

15.5 Confirmation of senior Panel members/leads

- Once the panel member has undertaken a minimum of 2 panels as a full member, they may be considered for the role of sub-group lead
- The decision to undertake the lead role is a collaboration between the Chair of the ACP Credentialing Committee and the individual member
- It is expected that the majority of panel members will become leads of sub-groups, but it is not mandatory.

15.6 Establishing the Panel

- Approved panel members will be asked to confirm availability a minimum of four months before the panel is due to meet;
- Sufficient panel members will be recruited to establish sub-groups of a minimum of three full members, of which one will be a Fellow of the College and one a credentialed ACP or consultant practitioner;
- The number of panel members recruited will be in excess of that required, with a maximum of 4 portfolios (new) to review;
- Trainee panel members will be limited to a maximum of two per sub-group and registration for the trainees will be opened 3 months before the panel;
- Members of sub-groups will be notified of their grouping 2 months before the panel and a lead for each sub-group established.