Checklist for EC-ACP seeing adults and children

Area of Curriculum	Evidence Required
Overview of progression	CV detailing experience as ACP (incl. sessional commitment) and primary /secondary qualifications. For dual credentialing, there must be adequate evidence in the CV of time spent in a children's emergency department gaining the required experience.
Academic competences	• Academic declaration including learning outcomes for modules undertaken mapped to the RCEM learning outcomes. • All academic transcripts, including the name and certificate of postgraduate qualification, indicating level 7 attained. • Independent prescribing - the qualification, and evidence of annotation on the relevant register (NMC/HCPC screenshot)
STRs	Structured Training Report covering each year of training declared – three required over three years
Faculty View	Faculty Educational Governance Statement – three required over three years. The final FGS must make specific reference to: • Faculty confirmation performing at the level equivalent to ST3 • The ACP has adequate experience and demonstrates competence in all areas of the department including resus, majors, minors and paediatrics.
Logbook output	All competences /presentations/ procedures reviewed by supervisor and are satisfactory – comments should be provided to indicate why the evidence demonstrates competence using the descriptors for each level. This includes curriculum item rating ("red man/blue man") and level attained for each of the clinical presentations and procedures.
Curriculum	All curriculum elements have evidence linked to them with reflection wherever possible. Maximum 7 items per major, acute or procedural competence, more permitted for common competences (within reason). There must be sufficient evidence relating to the care of children. There should be evidence in all competences of consideration of children with this presentation and approximately 25% of all mandated adult assessments must have an additional assessment in a child.

Area of Curriculum	Evidence Required
Common competences	Minimum of level 2 for all CCs – self and supervisor assessment. Note reflection is needed on all CCs demonstrating consideration of the descriptors has been undertaken.
	CC19 requires level 3 safeguarding children within last three years CC19 requires level 2 adult safeguarding within last three years
	CC20 needs GCP – NIHR online course completed in the last two years
	For CC4 and CC8 we require evidence of development throughout training. To that end we require at least 2 x ACAT-EM AND 2 x ESLE led by consultant. The ESLEs would normally be completed towards the end of training. The ESLEs must include commentary on broader non-technical skills across the curriculum and not just CC4 and CC8. The ESLE should include one or more children cared for during the period of time assessed.
	CC4 Time management and decision making
	CC8 Team working and patient safety
Practical procedures – adults/children	**By a consultant using DOPS. Each of these mandated summative assessments must be in a patient where the focus is this procedure. One of those marked with * should include a paediatric case in addition to adult.**
	PP11 Airway protection
	PP16 Reduction of dislocation/fracture* ***This procedure must be the primary focus of the case assessed***
	PP17 Large joint examination* ***This must be a different case to PP16***
	PP18 Wound management*
	PP19 Trauma primary survey
	PP20 Initial assessment of the acutely unwell
	PP21 Secondary assessment of the acutely unwell

Area of Curriculum	Evidence Required
Practical procedures – adults/children	**By a consultant using summative CBD or generic DOPS (the comments on the form should indicate discussion about differences in children)**
	PP1 Arterial cannulation
	PP3 Central venous cannulation
	PP5 Lumbar puncture
	PP6 Pleural tap and aspiration
	PP7 Intercostal drain - Seldinger
	PP8 Intercostal drain - Open
	PP14 Knee aspiration
Adults	**By a trained assessor using DOPS**
	PP2 Peripheral venous cannulation
	PP4 Arterial blood gas sampling
	PP12 Basic and advanced life support
	PP13 DC cardioversion (sim not accepted)
	PP15 Temporary pacing [external] (or by sim)
	PP46 Intra-osseous access (or by sim)
Airway management in the adult	Consultant assessment for ACP3 using generic summative mini-CEX or CBD - the focus of the assessment must be on airway management discussion

Area of Curriculum	Evidence Required
Major presentations - adult	**Consultant summative assessment (use the generic summative CBD or the specific mini-CEX for each presentation, e.g. mini-CEX unconscious patient).**
	CMP1 Anaphylaxis
	CMP2 Cardiac arrest (or ALS)
	CMP3 Major Trauma
	CMP4 Septic patient
	CMP5 Shocked patient
	CMP6 Unconscious patient
Acute presentations - adult	**Consultant summative assessment. Use the generic summative CBD or the specific mini-CEX for each presentation, e.g. mini-CEX unconscious patient. Alternatively, an ACAT (by a consultant) may be utilised which covers up to three presentations, but there should be individual assessments for all the others.**
	CAP1 Abdominal pain including loin pain
	CAP6 Breathlessness
	CAP7 Chest pain
	CAP18 Head injury
	CAP30 Mental health
Additional Presentations - adult	**Consultant assessments using mini-CEX major trauma and describe the case, or use summative CBD. One patient two injuries, two forms may be appropriate**
	C3AP1a Major trauma chest
	C3AP1b Major trauma abdominal injury
	C3AP1c Major trauma spine
	C3AP1d Major trauma maxfax

Area of Curriculum	Evidence Required
	C3AP1e Major trauma burns
Additional acute presentations	**Consultant assessments using a summative generic mini-CEX or summative CBD. Alternatively, an ACAT may be utilised which covers these presentations for:**
	C3AP2a & C3AP2b Traumatic limb and joint injuries – Lower and upper limb ***Must have one for upper and one for lower***
	C3AP3 Blood gas interpretation
	C3AP4 Patient with abnormal blood glucose
Paediatric Major presentations	**Consultant assessment - use the generic summative CBD or the specific mini-CEX for each presentation, e.g. mini-CEX unconscious patient**
	PMP1 Anaphylaxis
	PMP2 Apnoea stridor and airway obstruction
	PMP3 Cardiorespiratory arrest (or APLS/EPLS)
	PMP4 Major trauma
	PMP5 Shocked child
	PMP6 Unconscious child
Paediatric Acute presentations	**Consultant led assessment. Use the generic summative CBD or the specific mini-CEX for each presentation (e.g. mini-CEX mental health). Alternatively, an ACAT (by a consultant) may be utilised which covers up to three presentations, but there should be individual assessments for the others.**
	PAP1 Abdominal pain
	PAP3 Acute life-threatening event
	PAP5 Breathing difficulties
	PAP6 Concerning presentation
	CAP18 Head injury in a child

Area of Curriculum	Evidence Required
	CAP30 Mental health in a child
Paediatric Practical procedures PEMPs	**Consultant led assessment (using generic DOPS or summative CBD) for:**
	PEMP2 Airway assessment and maintenance
	PEMP5 Primary survey in a child (major trauma)
Paediatric Practical procedures PEMPs	**Trained assessor DOPS**
	PEMP1 Venous access in children
	PEMP4 Paediatric equipment and guidelines in the resuscitation room
Multisource feedback	1 MSF per year with at least 15 respondents of which 4 are EM consultants (minimum three required)
Life support courses	ALS
	APLS/EPLS
	European Trauma Course/ATLS (as a full candidate not observer)
Audit or quality improvement	Evidence of leadership and implementation of actions from audit or quality improvement project with reflection. There must be evidence of action taken and monitoring effect of actions
Logbook or record of casemix and volume	Anonymised record of the number of patients seen over the last three years. Ideally this will be by area of department, disposition, diagnosis and age of patient. If not possible from hospital systems, a statement from the Educational Supervisor confirming the relevant experience obtained must be included. It is anticipated that approximately 20-25% of time working, and cases seen, will be children in the dual credentialing ACP.