Other Evidence

In addition to the mandated WPBAs that are required for credentialing, there are a wide range of other professional activities that can provide evidence of capability and coverage of the SLOs, providing there is associated reflection. This includes activity that specifically relates to the supporting SLOs (9-12) but where the clinical content of such activity (i.e. the topic taught, the clinical challenge for the QI, the research question, etc.) naturally may also cover clinical syllabus elements.

The majority of this evidence should have some kind of reflection associated with it - either within the actual form or document itself or linked to the evidence. For example, the slides of a teaching session you have given should have a document accompanying it that indicates the nature and number of the audience, some evidence of feedback from the audience on your teaching, and reflection from yourself on what you did well and what you might do differently. The Credentialing Panel will be looking for reflective practice, they will not be judging the quality of your presentation.

Other items have to demonstrate your role, for example the minutes of an M&M meeting that you attended should have evidence of you actually taking on an action or making a contributory comment alongside your reflection on how the cases discussed affect your own clinical practice.

Other evidence that would be helpful to demonstrate your capability include:

- Case presentations – either the slides or a case review document analysing the problem
- M&M meetings - attendance, contribution including presentations and audits
- Informal WPBAs completed by non-consultant members of staff
- Formal courses attended
- Attendance at local teaching sessions with reflection on what you have learnt
- Clinical skills teaching you have attended or delivered, with feedback
- Delivering teaching to others when associated with feedback, including anonymised WPBAs for others
- Simulation sessions you have been part of (or been faculty for)
- E- learning certificates
- Journal clubs where you have presented or have evidence of contribution
- Research and audit projects completed by you individually or in a team
- Reflection on podcasts, journal articles or blogs that you have read/listened to
- Conference presentations
- Governance activity - attending quality and safety meetings, undertaking complaints, SI investigations, developing risk registers, developing guidelines
- Management tasks (rota management, interviews, appraisal of others, etc.)

Any evidence linked to part of the curriculum or clinical syllabus must be directly relevant to the linked area. The reflection can be a document linked/tagged straight to the SLO/KC and/or syllabus item, or an appropriate reflection form completed within the portfolio (and tagged). Linking a form of any kind is done by selecting from the drop-down options at the bottom of the form or can be completed afterwards by going back to the form and adding a tag/link. In

addition, a curriculum/syllabus comment can support your evidence if written clearly and referencing that element of the syllabus directly.

Procedural Log

The procedural log (ePortfolio form) is used to provide evidence of development of capability and independence, but also maintenance of skills. There is no absolute number of procedures you must undertake; a number spread over the years is sufficient to evidence the capability. This is in addition to any mandatory DOPS required.

Patient Log

For the 2022 ACP curriculum, we have specified the ***minimum*** number of patients that must be seen; this is 2100 for adults or children over a three-year period (WTE). See the curriculum for further detail regarding case mix.

The patient log must be anonymised and summarised. The Credentialing Panel will not benefit from seeing just an Excel spreadsheet, downloaded directly from your department IT recording system, listing all of the patients you have seen. Whilst this helps to scan to get a feel for the types of patients and their diagnoses, a summary document is needed so that the Panel can see at a glance what your clinical contact has been like. This should be similar to the table below (template available on the RCEM website):

Patient logbook summary table (adults)

Patient logbook summary (adults)		Training year		Period covered	
Name		Registration no.		Hospital site	

Month / year	Patient total	Resus / high acuity	Majors	Ambulatory / minors	Admitted	Discharged	Referred
Totals							

Patient logbook summary table (children)

Patient logbook summary (children)		Training year		Period covered	
Name		Registration no.		Hospital site	

Month / year	Patient total	Age category			Resus / high acuity	Majors	Ambulatory / minors	Admitted	Discharged	Referred
		0 – 1	1 – 5	5+						
Totals										

If there are particular geographical or physical patient flows in your department that affect where patients are seen (limited resus space, extensive monitored majors) then this should be described by the ACP and their Educational Supervisor in an explanatory note.