**Autumn 2025 ACP Credentialing Submission**

**Map of evidence (adult submission)**

All ACPs submitting within the Autumn 2025 application window are required to complete a ‘**map of evidence’** directing the ACP Credentialing Panel to where their mandated evidence can be located within the portfolio.

Please complete and upload this form ***as a*** ***Word document*** to your ePortfolio ***no later than Sunday 31 August 2025***. When naming the file, please include your **name** followed by **Map of evidence Autumn 2025**.

**Please note:** this document *must not* be saved as a PDF file as the Panel will be using this form to add their comments as your portfolio is reviewed.

If you have any questions regarding this form, please email ACP@rcem.ac.uk.

**Completing the form**

Please complete **column 2** (location and title of primary item of mandatory evidence) of the form. For each element, ***only one item*** of evidenceshould be identified, unless otherwise specified. You are not required to enter anything in column 3 or in the greyed-out boxes marked ‘please leave blank’.

* For each ***assessment*** that you list, please specify the **location**, **type of assessment**, e.g. DOPS, ESLE, CbD, etc., the **name of the assessor** and the **date the form was created**, e.g.



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| --- | --- | --- |
| **Column 1: Mandatory evidence required** | **Column 2: Location and title of primary item of evidence** | **Column 3: Comments (Panel only)** |
| **Majors/trolley area** | Respiratory  | **SLO3/KC1**MiniCEX (name of consultant, 16/06/2025) | **Please leave this column blank** |

* For each ***document*** that you list, please give the **location**, **title of the document** and the **date it was created**, e.g.



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| **Column 1: Mandatory evidence required** | **Column 2: Location and title of primary item of evidence** | **Column 3: Comments (Panel only)** |
| **Academic qualification**  | Advanced practice qualification at Level 7, 120 credits (min. PGDip) which meets the RCEM-required learning outcomes. | **Timeline / documents**MSc Advanced Clinical Practice certificate, 18/06/2025MSc Advanced Clinical Practice\_module transcripts, 18/06/2025 | **Please leave this column blank** |

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| **Name of ACP** |  | **Professional registration PIN** |  |
| **Hospital** |  | **Name of ACP ES** |  |
| **Level 7 advanced practice qualification (include HEI and year awarded)** |  |

| **Mandated evidence**  | **Location and title of primary item of mandated evidence**  | **Comments (for Credentialing Panel use only)** |
| --- | --- | --- |
| **Experience** |
| **CV** demonstrating the following:* Primary and secondary qualifications, including the name of the awarding body/HEI and year of completion
* Employment history reflecting a minimum of 5 years of post-registration experience completed prior to starting ACP training
* Experience working in an ED as an EM tACP/ACP. Posts must equate to a min. of 30 hrs p/wk (clinical) for 3 years. For each post, dates and clinical hrs p/wk must be stated.
* Periods of absence longer than 3 consecutive weeks (e.g. parental leave, sickness, etc.), incl. dates and reasons for absence
 | **Timeline / documents** |  |
| **Academic qualification**  |
| **Certificate and transcripts/diploma supplement** demonstrating the successful completion of a relevant advanced practice qualification at Level 7, 120 credits (min. PGDip) which meets the RCEM-required learning outcomes.  | **Timeline / documents** | ***Note:*** *if the ACP has completed all but the thesis for their Masters, i.e. they have sufficient credits for a PGDip, but without award of the qualification, there must be a letter from the University confirming that the ACP has achieved the equivalent of a PGDip in advanced practice.* |
| **Academic Component** |
| **Academic Credentialing Declaration** form with learning outcomes from completed academic modules mapped to the RCEM-required learning outcomes listed in the declaration. ***Note:*** *this form is not required for programmes accredited by the NHSE Centre for Advancing Practice, but the specific course and module numbers must be clearly indicated on this form.* | **Please leave blank** |  |
| **Independent prescribing** |
| **Evidence of independent prescriber status** on the appropriate professional register, such as an NMC Statement of Entry or a screenshot of the HCPC register entry. | **Timeline / documents** |  |
| **Life support** |
| **Certificate** valid on the date the portfolio is submitted for:* Advanced Life Support (ALS)
* Paediatric Basic Life Support (Trust training)
* Advanced Trauma Life Support (ATLS) or European Trauma Course (ETC) - as a candidate, not observer

***Note:*** *for Trust training, a* ***screenshot*** *from the ACP’s electronic staff record will be accepted. If the ACP has been unable to certify or re-certify in one or more of the mandatory life support courses, evidence of a place allocated on a course within 6 months of the date the Credentialing Panel sits is required.* | **Timeline / documents** |  |
| **Safeguarding** |
| **Valid certificate** (or, for Trust training, a screenshot from the ACP’s electronic staff record) for:* Safeguarding children level 3, completed within the last 3 years
* Safeguarding adults level 2, completed within the last 3 years
 | **Timeline / documents** |  |
| **Logbook or record of case mix and volume** |
| Evidence of the ACP having seen a minimum of 2100 patients, of which 20% should be resus/critically ill or significantly injured, and 50% of the remaining cases being ones that are referred for ongoing or expert opinion. Evidence must include:* an anonymised list of patients, presented in a table format, detailing each patient’s age, gender, presenting complaint, diagnosis, the department area where they were treated (i.e. resus/high acuity, majors, ambulatory/minors), and their outcome (admitted, discharged, or referred to an inpatient specialty). When possible, the list should also indicate where the ACP acted as the primary clinician or took handover of care.
* A summary of annual and overall totals, using the templates provided on the RCEM website.
 | **Timeline / documents** | ***Note:*** *where an anonymised list of patients has not been provided, or the ACP has been unable to provide the recommended level of detail, the ACP ES should comment on the ACP’s experience across all areas for which data has not been presented.* |
| **Multi-Source Feedback (MSF)** |
| Minimum of 3 MSF reports (one per year, and created no less than 8 months apart), each with a minimum of 12 respondents, including 2 consultants. The final MSF must be completed within 6 months of submission. | **Please leave blank** |  |
| **Educational Supervisor Reports (ESRs)** |
| A minimum of 3 ESRs (completed annually by the ACP ES) are required in total, including the ***Final Educational Supervisor Report for Credential*** which must be completed within 3 months of submission. There must be evidence of participation in audit/QI in every ESR.  | **Please leave blank** |  |
| **Faculty Educational Governance Statement (FEGS)** |
| A minimum of 3 FEGS (completed annually by the ACP ES with faculty contribution) are required in total, including the ***Final FEGS for Credential*** which must be completed within 3 months of submission. | **Please leave blank** | ***Note:*** *A minimum of 4 consultants, including the ACP ES, must be present at each faculty meeting and the role of each faculty member present must be listed.* |
| **SLOs and Key Capabilities (KCs)** |
| **SLO1**Care for physiologically stable adult patients presenting to acute care across the full range of complexity | **KC1** | **Please leave blank** |  |
| **KC2** | **Please leave blank** |  |
| **KC3** | **Please leave blank** |  |
| **KC4** | **Please leave blank** |  |
| **Majors / trolley area**Consultant MiniCEX / CbD(entrustment level 2b) | **GI / abdominal** |  |  |
| **GU** |  |  |
| **O&G** |  |  |
| **Neurology**  |  |  |
| **Endocrinology** |  |  |
| **Respiratory** |  |  |
| **Cardiology** |  |  |
| **Psychiatry** |  |  |
| **Frail elderly** |  |  |
| **Ambulatory EM**Consultant MiniCEX / CbD(entrustment level 2b) | **Eyes** |  |  |
| **ENT** |  |  |
| **Dermatology** |  |  |
| **Wounds**  |  |  |
| **Trauma** |  |  |
| **MSK non-traumatic** |  |  |
| **SLO2**Support the clinical team by answering clinical questions and making safe decisions | **KC1** | **Please leave blank** |  |
| **KC2** | **Please leave blank** |  |
| **KC3** | **Please leave blank** |  |
| **KC4** | **Please leave blank** |  |
| **KC5** | **Please leave blank** |  |
| **KC6** | **Please leave blank** |  |
| **SLO3**Identify sick adult patients, be able to resuscitate and stabilise and know when it is appropriate to stop | **KC1** | **Please leave blank** |  |
| **KC2** | **Please leave blank** |  |
| **KC3** | **Please leave blank** |  |
| **SLO4**Care for acutely injured adult patients across the full range of complexity | **KC1** | **Please leave blank** |  |
| **KC2** | **Please leave blank** |  |
| **KC3** | **Please leave blank** |  |
| **KC4** | **Please leave blank** |  |
| **Resus** Consultant MiniCEX / CbD (entrustment level 2b) | **Significant trauma in resus room (as team leader)** |  |  |
| **Respiratory condition** |  |  |
| **Cardiology** |  |  |
| **Cardiac arrest (as team leader)** |  |  |
| **Other condition treated in resus** |  |  |
| 3 additional MiniCEX / CbD (trained assessor, entrustment level 2a) for itemswithin the **resus** domain of the clinical syllabus notpreviously assessed by Consultant MiniCEX / CbD above | **Assessment 1** |  |  |
| **Assessment 2** |  |  |
| **Assessment 3** |  |  |
| **SLO6**Deliver key procedural skills**Foundation Skills** (entrustment level 4) | **ACP Adult Foundation Sign off** (ePortfolio form) confirming capability by the ACP Educational Supervisor | **Please leave blank** |  |
| **SLO6 KC1 / KC2****Core Procedural Skills** Consultant DOPS(entrustment level 3)\* DOPS by consultant ***or*** another appropriate assessor ^ may be in sim situation (1:1) but still requires Consultant DOPS | **Arterial blood gas sampling\*** |  |  |
| **Pleural aspiration of air or fluid^** |  |  |
| **Manipulation of fracture/dislocation** |  |  |
| **Plastering\*** |  |  |
| **Vascular access in emergency – IO\*^** |  |  |
| **External pacing^** |  |  |
| **DC Cardioversion\*** |  |  |
| **Non-invasive ventilation\*** |  |  |
| **ED management of life-threatening haemorrhage^** |  |  |
| **Airway management (including iGel/LMA with or without drugs)** |  |  |
| **SLO6 KC3 / KC4****Additional Procedural Skills** Consultant DOPS (entrustment level 2b) for those procedures that the ACP is expected to perform in practice**OR**Consultant CbD based on a real case(entrustment level 1) for procedures that the ACP is not expected to perform in practice (as agreed by the consultant faculty), but for which the ACP must be able to explain the procedure, and understand the diagnostic value and complications involved.^ may be in sim situation (1:1) but must still be assessed by Consultant DOPs to entrustment level 2b (if required locally) or Consultant CbD to entrustment level 1 | **Chest drain: Seldinger and open technique** |  |  |
| **Establish invasive monitoring CVP** |  |  |
| **Establish invasive monitoring arterial line** |  |  |
| **Vascular access in emergency – femoral vein** |  |  |
| **POCUS Fascia iliaca block**  |  |  |
| **POCUS vascular access** |  |  |
| **Lumbar puncture**  |  |  |
| **Procedural sedation in adults** |  |  |
| **Resuscitative thoracotomy^** |  |  |
| **Lateral canthotomy** |  |  |
| **Emergency delivery^** |  |  |
| **SLO7** Deal with complex and challenging situations in the workplace | **KC1** | **Please leave blank** |  |
| **KC2** | **Please leave blank** |  |
| **KC3** | **Please leave blank** |  |
| **KC4** | **Please leave blank** |  |
| **KC5** | **Please leave blank** |  |
| **KC6** | **Please leave blank** |  |
| **KC7** | **Please leave blank** |  |
| **KC8** | **Please leave blank** |  |
| **KC9** | **Please leave blank** |  |
|  |
| **SLO8**Provide clinical leadership to the department in the context of the multiprofessional team | **KC1** | **Please leave blank** |  |
| **KC2** | **Please leave blank** |  |
| **KC3** | **Please leave blank** |  |
| **KC4** | **Please leave blank** |  |
| **KC5** | **Please leave blank** |  |
| **KC6** | **Please leave blank** |  |
| **SLO9**Support, supervise and educate | **KC1** | **Please leave blank** |  |
| **KC2** | **Please leave blank** |  |
| **KC3** | **Please leave blank** |  |
| **KC4** | **Please leave blank** |  |
| **KC5** | **Please leave blank** |  |
| **KC6** | **Please leave blank** |  |
| **Min. one teaching observation assessment** |  |  |
| **SLO10**Participate in research and manage data appropriately | **KC1** | **Please leave blank** |  |
| **KC2** | **Please leave blank** |  |
| **KC3** | **Please leave blank** |  |
| **GCP:** Valid certificate (or, for Trust training, a screenshot from the ACP’s electronic staff record) for GCP (NIHR online course) completed within the last 2 years |  |  |
| **SLO11**Participate in and promote activity to improve the quality and safety ofpatient care | **KC1** | **Please leave blank** |  |
| **KC2** | **Please leave blank** |  |
| **KC3** | **Please leave blank** |  |
| **KC4** | **Please leave blank** |  |
| **Min. one QIAT** **based on a completed project** |  |  |
| **SLO12**Manage, Administer and Lead | **KC1** | **Please leave blank** |  |
| **KC2** | **Please leave blank** |  |
| **KC3** | **Please leave blank** |  |
| **KC4** | **Please leave blank** |  |
| **Complaint response assessment** |  |  |
| **Incident investigation assessment** |  |  |
| **One other management task assessment, e.g. Leadership Assessment Tool** |  |  |
| **Other assessments (ACATs, ESLEs, Clinical Syllabus)** |
| **ACAT**3 ACATs in total, with at least one focusing on SLOs 3 and 4 (resus/high acuity patients) and one covering the KCs in SLO2 | **ACAT 1** |  |  |
| **ACAT 2** |  |  |
| **ACAT 3** |  |  |
| **ESLE**3 ESLEs in total. All four domains of the ESLE (management and supervision, teamwork and cooperation, decision making and situational awareness) must be covered between the 3 ESLEs | **ESLE 1** |  |  |
| **ESLE 2** |  |  |
| **ESLE 3** |  |  |
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|  | **Evidence** | **Comments (for Credentialing Panel use only)** |
| **30 additional MiniCEX / CbD spread across the clinical syllabus (please provide syllabus item number, type of assessment, i.e. MiniCEX or CbD, name of assessor and date created)**Please select the 30 assessments that you would like to present to the Panel as your best evidence. These must not be assessments already used elsewhere in this document. |
| **Clinical Syllabus****30 MiniCEX / CbD** by trained assessor(entrustment level 2a) | 1. |  |  |
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| **Clinical syllabus sign-off** | Appropriate coverage of the clinical syllabus confirmed within the final ESR by the ACP Educational Supervisor | **Please leave blank** |  |

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| **For Credentialing Panel use only** |
| **Other comments (non-mandated evidence, reflection, CSCs, resolution comments, etc.)** |
|  |
| **Is there sufficient evidence to confirm that all Key Capabilities within each SLO have been achieved to the appropriate entrustment level?** |
| **SLO**  | **YES / NO** | **If no, please state why** |
| **SLO1** (entrustment level 2b) | **YES / NO** |  |
| **SLO2** (entrustment level 2b) | **YES / NO** |  |
| **SLO3** (entrustment level 2b) | **YES / NO** |  |
| **SLO4** (entrustment level 2b) | **YES / NO** |  |
| **SLO6** (variable entrustment levels) | **YES / NO** |  |
| **SLO7** (entrustment level 2b) | **YES / NO** |  |
| **SLO8** (entrustment level 2b) | **YES / NO** |  |
| **SLO9** (entrustment level 3) | **YES / NO** |  |
| **SLO10** (entrustment level 3) | **YES / NO** |  |
| **SLO11** (entrustment level 3) | **YES / NO** |  |
| **SLO12** (entrustment level 2b) | **YES / NO** |  |
| **Recommended** **outcome** | **Credential / Immediate resubmission / Limited resubmission / Unsuccessful** |
| **Reason for recommended outcome / areas requiring further discussion**  |
|  |
| **Supervisor feedback (if applicable)** |
|  |