



**ACEP Ultrasound Guidelines
on Credentialing and Privileging
Endorsed by the Society of Emergency Medicine Physician
Assistants Board of Directors June 19, 2017**

The Society of Emergency Medicine Physician Assistants (SEMPA) recognizes and endorses the American College of Emergency Physicians (ACEP) [Ultrasound Guidelines: Emergency, Point-of-Care, and Clinical Ultrasound Guidelines](#) in Medicine released June 2016.

ACEP recognizes that emergency ultrasound (EUS) is a fundamental skill in the practice of emergency medicine. SEMPA also agrees that EUS is integral to the practice of emergency medicine. SEMPA believes that emergency medicine physician assistants (EMPA) should be credentialed and granted privileges by their institutions to perform EUS, if they have met the same training guidelines as emergency physicians, as outlined by the ACEP 2016 Ultrasound Guidelines.

The ACEP 2016 Ultrasound Guidelines specifically states, "Eligible providers to be considered for privileging in emergency ultrasonography include emergency physicians or other providers who complete the necessary training as specified in this document via residency training or practice based training (see Section 3 - Training and Proficiency). After completing either pathway, these skills should be considered a core privilege with no requirement except consistent utilization. At institutions that have not made EUS a core privilege, submission of 5-10% of the initial requirement for any EUS application is sufficient to demonstrate continued proficiency."

SEMPA believes that these guidelines, as stated, and specifically the term "provider," are inclusive of EMPAs. SEMPA therefore asserts that EMPAs who have met the training standards, as outlined within these guidelines, should be granted privileges to perform EUS.

For EMPAs practicing in rural and austere environments, such as critical access facilities, where direct EUS trained EM physician oversight is not available; SEMPA recommends EMPAs adhere to the recommendations in these guidelines. Specifically, comprehensive didactic education and skills training, as well as minimum benchmarks, need to be completed prior to EUS utilization. Beyond initial training, EUS faculty should provide ongoing quality assurance review. Telemedicine may provide the opportunity for real time patient assessment, assistance with image acquisition, and immediate review of patient images when needed.