



Australasian College
for Emergency Medicine



Recommended Process for Recognition of Prior Learning

This document has been provided by the ACEM and EMUGs Collaboration Working Group to assist Clinical Leads in Ultrasound in developing ED ultrasound training programs at their hospital/health service. The suggestions outlined are not a requirement for accreditation for the FACEM Training Program. ACEM does not credential practitioners to perform emergency medicine ultrasonography, this is the responsibility of the hospital/health service.

Due to the variation in size and resources available at sites throughout Australia and Aotearoa New Zealand, the guidance provided in this document may or may not be appropriate for your hospital/health service.

Recommended Process for Recognition of Prior Learning (RPL)

Statement of intent: ACEM does not credential practitioners to perform emergency medicine ultrasonography; this is the responsibility of each health authority. However, ACEM does provide a recommended credentialing pathway for hospital/health services as outlined in its policy on *Recommendations for Health Service Credentialing – EM Ultrasonography (P733)*.

The recommended Recognition of Prior Learning (RPL) process outlined below provides a pathway for experienced ultrasound practitioners without formal qualification who have not undergone a formal hospital/health service credentialing process. It is important to demonstrate that clinicians have followed the process of hospital/health service credentialing or recommended RPL, should there be an adverse event.

Process for Recognition of Prior Learning

If an emergency medicine clinician is currently practicing ultrasound in the core areas (Procedural Guidance, AAA, eFAST, Lung and FELS) but is unable to provide evidence of hospital/health service credentialing, then the emergency medicine clinician may undergo an assessment in one or more of the core areas. An appropriate assessor is a Clinical Lead in Ultrasound (CLUS) or other appropriately qualified faculty as advised in ACEM P733 - Policy on Recommendations for Health Service Credentialing - EM Ultrasonography.

After discussion with an assessor, the emergency medicine clinician can choose to undergo a summative assessment or initial formative assessments and then a summative assessment. The decision to do either formative or summative assessments is based on the emergency medicine clinician's understanding and knowledge and a discussion with the assessor.

During the formative assessment, the assessor goes through requirements for adequate image acquisition while the emergency medicine clinician scans, with the assessor providing tips and tricks, and filling in the gaps. The formative assessment should be under real-time supervision by the assessor.

Once the emergency medicine clinician and assessor feel confident that the emergency medicine clinician is consistently able to produce adequate scans, and safely interpret scans including any limitations of the images acquired, then the emergency medicine clinician can undergo a summative assessment that includes clinical integration to example scenarios. The final summative assessment must be completed under the supervision of an Emergency Clinician (FACEM) who is themselves credentialed in that modality, which will most likely be the CLUS.

In the summative assessment, the emergency medicine clinician must:

- i acquire adequate ultrasound images of all the appropriate anatomical structures;
- ii identify any relevant artefacts or pathology present during real time scanning and/or on recorded scans and /or hard copy of scans;
- iii recognise an inadequate scan;
- iv demonstrate an understanding of the indications and limitations of ultrasound examination for the condition in question;
- v demonstrate appropriate machine care, image labelling and documentation of their findings in the

patient's electronic medical record using the ED 'Focused or Point of Care Ultrasound Report';

- vi integrate their findings into the overall clinical picture and generate a treatment recommendation if appropriate.

If the emergency medicine clinician does not reach the level of competence required for the summative assessment, then they will require a further period of POCUS re-training. Following this, they may undertake the summative assessment again. There are no limits to how many times they can attempt the summative assessment, nor constraints on the period of POCUS re-training required before re-attempting the summative assessment.



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