Physician extenders, including but not limited to nurse practitioners, physician assistants, paramedics, and emergency medical technicians, provide medical care in a variety of acute and non-acute settings.

To assist its members, the American College of Osteopathic Emergency Physicians (ACOEP) has developed the following guidelines for the role of physician extenders (PE’s) in an Emergency Department. These guidelines should not be interpreted as mandatory by legislative, judicial, or regulatory bodies, or by the American College of Osteopathic Emergency Physicians.

A. Physician extenders should only be placed in clinical situations where they will supplement, but not replace, the medical expertise and patient care provided by emergency medicine physicians.

B. The emergency medicine physician must evaluate the care of each patient and assume the ultimate responsibility for patient care.

C. The scope of a PE’s practice must be clearly delineated and should minimally include:
   1. The number of PE’s that can be supervised by one (1) emergency medicine physician.
   2. A description of the role and responsibility of a PE.
   3. A list of conditions that the PE is credentialed to treat.
   4. A list of conditions that require the immediate consultation of the emergency medicine physician.
   5. A list of procedures the PE many perform.

D. Physician extenders should have specific experience or specialty training in emergency medicine.

E. Physician extenders should maintain appropriate continuing medical education in emergency medicine.

F. Physician extenders must participate in the quality assessment activities of an emergency department.

G. Credentialing procedures must be specifically stated and should be similar to those required of other allied health professionals.

H. All PE’s should be nationally certified or meet the requirements of the state or federal jurisdiction in which they practice.