

## Ultrasound Restricted Approval

Please review this information before applying for Restricted Ultrasound Approval.

Modality approval is a process that was put into place that requires applicants to meet a standard of training and experience to bill the Alberta Health Care Insurance Plan (AHCIP) for interpretation of diagnostic imaging modalities. The AHCIP considers the billing code to be applicable only in situations where consultative imaging is performed. For example, a physician refers a patient for a diagnostic consultative ultrasound imaging study. The study is performed in a CPSA accredited diagnostic imaging facility and a report is submitted back to the referring physician who uses that report to guide a clinical decision.

As defined in College bylaws:

**Point of Care Ultrasound (POCUS)** can be an invaluable ultrasound examination provided in various settings and/or facilities at the point of care. The intent of the study is to clarify uncertain findings of the physical exam, identify important conditions in the context of acute care of the unwell patient, or provide image guidance that improves the success and safety of procedures in the acute care setting, particularly when time saving for diagnosis or treatment is critical. POCUS evaluations are limited to the scope of exam types included in the training of those individuals performing the exam. If a POCUS provider extends scanning beyond the scope of their usual practice pattern, education and experience, the likelihood of medical misadventure may cause a potential detrimental effect on diagnosis, treatment and patient care and is therefore to be avoided. Patients on whom POCUS is performed should be informed of the limited scope of a POCUS examination, and be advised that a POCUS exam does not compare to, or replace a consultative diagnostic examination.

**Consultative Diagnostic Ultrasound** aims to systematically map out normal and disordered anatomy, assess function and dysfunction in the body and/or provide guidance for a wide range of interventional procedures. Necessary components for a consultative sonographic exam include: 1) a professional mastery of the imaging technology (as evidenced by Ultrasound Modality approval by the College), 2) a systematic approach that results in a thorough diagnostic imaging assessment of the patient to include image recording, and 3) an interpretation of the exam provided in a well documented and recorded report of the findings and conclusions – all performed in a College accredited facility. There is robust quality control and assurance around image recording, retention, disaster and back up recovery, report generation, transcription, physician report validation, report audits, equipment preventative maintenance, and confirmation of appropriate regulatory body sonologist credentialing and approvals.

**In addition:** “48(6) in this section and for the purposes of Section 8(g) of Schedule 21 of the Act\* “prescribed health services” include:

- (a) diagnostic imaging services; **except for unaccredited point-of-care ultrasound\* on a physician’s own patient;** “

*\*Health Professions Act*

If you plan on practicing consultative diagnostic ultrasound in an accredited facility, please proceed to page 2.

Diagnostic Imaging Modality  
Application for Physician Approval  
**Ultrasound – Restricted**

**APPLICANT INFORMATION**

Last Name: _____	First Names: _____
CPSA _____	
Registration _____	Email: _____
Street _____	
Address: _____	
City: _____	Postal Code: _____
Telephone _____	Fax _____
Number: (     ) _____	Number: (     ) _____

**PHYSICIAN REQUIREMENTS (please check appropriate)**

You are a specialist in:

- OB/GYN
- PM&R
- Urology\*
- Cardiology\*
- OTHER \_\_\_\_\_

**AND**

Do you hold an active license to practice in the province of Alberta?

- Yes: Registration #: \_\_\_\_\_
- No
- In Process

**Physicians and Surgeons applying for approval in a focused area of ultrasound imaging relevant to their area of practice will be considered on a case by case basis, but at minimum:**

- Minimum of 6 months full-time training in ultrasound imaging focused on the specific area consistent with their specialty, completing a documented minimum of 500 studies of which 150 are personally performed at a tertiary care centre teaching ultrasound centre that is recognized and acceptable to the College; **AND**
- Shall provide a letter from the preceptor attesting to competence and satisfactory completion of the training.

**\*Urologist**

- Minimum of **1** month of full-time training in ultrasound imaging of the prostate gland completing a minimum of **80** studies, at a tertiary care teaching ultrasound centre that is recognized and acceptable to the College; **AND**
- Shall provide a letter from the preceptor attesting to competence and satisfactory completion of the training.

**\*Cardiologist for Carotid Doppler**

- College approval in echocardiography; **AND**
- Shall have successfully performed and interpreted a minimum of **200** carotid doppler studies:
  - Under the direct supervision of a physician approved in cardiac ultrasound by this College (or with equivalent qualifications, if outside Alberta); **AND**
  - In a facility acceptable to the Committee as meeting university level training standards for these studies.

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## DOCUMENTATION

Your original Residency / Fellowship program provider must submit signed documentation confirming your training and competence before the College can process your application. Please outline training time chronologically in months.

### Residency/Fellowship Training history:

DATES:	From (mmm/yyyy)	To (mmm/yyyy)	INSTITUTION

### Current Active practice history:

DATES:	From (mmm/yyyy)	To (mmm/yyyy)	INSTITUTION

Expected Practice date: \_\_\_\_\_

Will you be practicing in a CPSA Diagnostic (DI) accredited facility?  Yes  No

### Definition of a CPSA DI accredited facility:

- A diagnostic imaging facility that holds current CPSA DI facility accreditation in the modalities according to scope and complexity of provided imaging services
- DI modalities include: Radiography, Fluoroscopy, Bone Mineral Densitometry, Nuclear Medicine, Positron Emission Tomography, Computed Tomography, Magnetic Resonance Imaging, Echocardiography, Ultrasound, Mammography (CAR, Non-CAR), PACS

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit supporting documentation to:

**College of Physicians & Surgeons of Alberta**

Email: [PhysicianApprovals@cpsa.ab.ca](mailto:PhysicianApprovals@cpsa.ab.ca)

Or:

Attention: Diagnostic Imaging Physician Approvals

Fax: 780-428-2712

Mail: 2700 – 10020 100 ST NW, Edmonton AB T5J 0N3

### Your privacy is important to us!

We collect, use and /or disclose your personal information with your consent unless otherwise authorized or required by legislation. As per our CPSA Privacy Statement, we collect and use your personal information to do our College work, which is to protect the public and to guide and regulate Alberta physicians.