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: “36(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.
APPLICANT INFORMATION

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

PHYSICIAN REQUIREMENTS (please check appropriate)

You are a specialist in:

☐ OB/GYN  ☐ PM&R  ☐ Urology*  ☐ Cardiology*  ☐ OTHER _____________

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:
  o Under the direct supervision of a physician approved in cardiac ultrasound by this College (or with equivalent qualifications, if outside Alberta); AND
  o In a facility acceptable to the Committee as meeting university level training standards for these studies.
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:

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Current Active practice history:

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Expected Practice date: ___________________________

Will you be practicing in a CPSA DI accredited facility?    ☐ Yes    ☐ No

Applicant Signature: ___________________________    Date: ___________________________

Please submit supporting documentation to:
College of Physicians & Surgeons of Alberta
Email: PhysicianApprovals@cpsa.ab.ca
Or:
Attention: Diagnostic Imaging Physician Approvals
Fax: 780-428-2712
Mail: 2700 – 10020 100 ST NW, Edmonton AB T5J 0N3

Submit Form

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