

Society of Diagnostic Medical Sonography (SDMS) Statement to the OBMI
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Thank you for the opportunity to address the Board. As you know, SDMS, along with other stakeholders within the communities of interest have long supported the need for education and practice standards that include certification. When invited by OBMI to collaborate to develop certification regulations for sonographers in Oregon, SDMS reviewed the Commission on Accreditation of Allied Health Education Programs (CAAHEP) programmatic education standards and American Registry of Diagnostic Medical Sonographers (ARDMS), as well as the other certification organization test categories, and has suggested four sonography licensure categories to align with clinical practice. We have distributed handouts for your consideration.

In spite of the fact that sonography certification has followed a growing trend toward advanced or *subspecialty* certification, such as breast and musculoskeletal, the education accreditation world has remained less fragmented and the learning concentrations that are accredited by CAAHEP have remained broad and encompass entry-to-practice level education in the licensure categories that are included in your handout. Accredited education programs choose to offer curriculum and competency development in learning concentrations of general, vascular or cardiac -- or combinations. General includes abdomen and ob-gyn and other areas such as basic breast and MSK curriculum; vascular includes peripheral, cerebrovascular and visceral; and cardiac is self-explanatory. All graduates of CAAHEP accredited programs are eligible to take certification exams for which the program offers learning in its learning concentrations.

It is understandable that currently practicing Oregon sonographers, whether it is in rural or other settings, may feel nervous or threatened by the need to take a certification test in an area in which they may have been practicing ---in some instances ---for many years. We acknowledge that it *can* be frightening -- but it is achievable. We must

remember that certification represents *entry-to-practice* qualifications. Just as in other professions, such as an airline pilot being certified to fly certain aircraft, passing the exam and maintaining the credential in your area of practice tells your colleagues and more importantly, your *patients* that you have and maintain the knowledge and skills necessary to perform your role.

Let's look at the categories of practice that we are discussing for regulatory purposes. Just as the CAAHEP accredited education programs have the categories of General, Vascular and Cardiac, so have we proposed these categories for certification/licensure regulations.

Let's use the ARDMS tests and credentials as an example. General covers the credential RDMS. This means a sonographer in Oregon who has the RDMS (regardless if it is in AB or OB) would be licensed to perform abdomen, breast, fetal echo, neuro, and OB-Gyn. These are the *same* content areas that are required to be covered in a CAAHEP accredited general program.

If you hold the RDCS credential you are licensed to perform adult echo, fetal and Pediatric echo. On the other hand, a person who holds ONLY the RVT credential is licensed to perform vascular technology examinations, for example, but not Abdomen or OB gyn. Similarly, a person who holds ONLY the specialty credential of breast (BR) or the new musculoskeletal (MSK) credential would not be able to be licensed for General examinations without additional certification. So, you can see that the general and cardiac categories are intentionally intended to be inclusive.

With regard to access to test eligibility, there would be no barriers to the proposal/licensure categories we've presented--it is a quirky but real feature of the Sonography credentials that *all currently practicing sonographers who hold one of the ARDMS certifications are eligible to take subsequent exams*. For example, if you are an RDMS with the abdomen (AB) credential you are eligible to take the RVT-vascular exam. Similarly, you would be able to take the OB exam. Similar access models also exist for the American Registry of Radiologic Technologists (ARRT) and Cardiac Credentialing International (CCI) sonography certification tests. Also, it is worth noting that the recent change to a single physics exam by ARDMS means that currently practicing AB or OB sonographers would not need to take a physics exam if they certify in Vascular, for example.

Generally speaking, no one would need to go back to school for formal education courses in order to take a second or third certification test---there are numerous Continuing Medical Education (CME) courses (free and for a fee) to provide an educational boost to those who may feel threatened or challenged by taking an exam--perhaps in some instances many years after the person obtained their original certification.

SDMS is sensitive to the concerns that exist for people who may find they need or want to pursue additional credentials. From a financial point of view, the SDMS Education

Foundation offers grants to eligible members to defray costs and compensate for the cost of a certification exam.

SDMS recognizes the need for registry review education and has developed a Registry Review Track at its annual meeting. Additionally, it has created the NCER; a series of affordable books (the National Certification Education Review Series) for each test/certification category. And, for those who cannot attend a conference, Webinars by nationally known speakers have also been developed and will soon be available. Other organizations have also developed similar offerings for their members, and many vendors offer case studies, lectures and e- book chapters free of charge.

In closing, we want to state that it is easy for rumors to spread that a model of certification in these four broad categories would prohibit or restrict currently practicing sonographers in Oregon with the RDMS credential from providing services in, for example, abdominal Doppler studies. We respectfully but firmly want to say that this is not true. We urge the OBMI to carefully and thoughtfully review the proposed licensure categories and our comments at this hearing as to how such a model would work-- it is our sincere hope that it has helped to alleviate ungrounded, but understandable fears for those who may feel threatened by change.

Thank you again for the opportunity to address the board. We realize that this testimony is very sonography specific and those of you are not sonographers may have questions about it. We would be happy to answer any questions any of you may have.