

Accreditation for Ultrasound Skills in Obstetrics and Gynaecology

This is a perennial and delicate problem and, after decades of debate, we seem to be no nearer the solution of how we recognize and accredit the specific and varying skills of practitioners in the field of obstetric and gynaecological ultrasound.

There are many specialists who have attended local and international courses and regularly updated themselves while there are others who have not attended a single course in ultrasound, but they maintain that they have the same standard of ultrasound skills and use the same tariff codes. In addition there are medical officers who were highly trained in the Ultrasound Departments of Obstetrics and Gynaecology at our academic hospitals and, despite not being recognized as specialists, they have developed enormous skill and experience and have consistently demonstrated their exceptional abilities in O&G ultrasonography. They deserve to be ultrasound specialists. Lastly there are many general practitioners who dabble in ultrasound with no training apart from that given by the salesperson.

The patient is in the middle of all this chaos and really does not know what to believe. It is not surprising that the level of litigation concerning ultrasound imaging has risen at an alarming rate. The Health Professions Council of South Africa (HPCSA) has recently requested draft standards and guidelines for the accreditation of ultrasound practices. What we have debated about for so long may become a reality. We will have to grasp the nettle or if we do not, we may well lose our position as the appropriate clinicians to provide an obstetric and gynaecological imaging service.

Documents submitted to HPCSA have statements like: "Studies have shown that non-radiologist practitioners miss significant pathology and score poorly when interpreting imaging procedures compared with radiologists" and "There is concern that this leads to the ethical problem of self-referral. This has been shown to be wasteful and results in unnecessary procedures to a scale of nine-fold" We must refute these statements and show that we can manage our own affairs

Every developed country has an accreditation process guiding the use of ultrasound imaging and in South Africa we need to develop our own model.

The South African Society of Ultrasound in Obstetrics and Gynaecology (SASUOG) has studied the various possibilities. Initially we were enthusiastic about a diploma model which would be developed by the College of Obstetricians and Gynaecologists (South Africa). This would possibly be the best solution and, available to clinicians working in this area. Both the theoretical and practical training would obviously have to be adapted to the busy schedule of medical practitioners. The Colleges of Medicine of South Africa have not yet allowed us to pursue this course. Although we will not abandon this model,

SASUOG has developed a more practical alternative based on the very successful example of the Fetal Medicine Foundation (London) for training in first trimester scanning.

Using all the academic heads of ultrasound departments in South Africa and adding the experience of competent ultrasonologists in private practice we have compiled guidelines for 3 levels of scanning - basic, intermediate and advanced (or Level 1, 2 and 3). These guidelines are available from the SASUOG website. We propose to build up knowledge to the level at which the doctor wishes to practice through multiple short courses and to monitor the doctor's progress and expertise by requesting a logbook with sonar pictures to show that she/he understands the concepts and can apply them. In addition the College of Obstetricians and Gynaecologists (SA) has, for the first time, defined the number of sonar scans that must be recorded in a candidate's logbook before writing the Part II examination for the FCOG (SA). The candidate must receive signed accreditation from the head of the ultrasound service in his/her training institution that a basic level of competence has been achieved. The specialist can then build on this basic level by attending short courses and submitting a logbook and photographs to an accrediting body - still to be defined.

This does not solve the problem of medical practitioners doing ultrasound imaging without training, but it can be a starting point for further expansion of training and accreditation. To make this model sustainable we need more skilled ultrasonologists in South Africa. We have travelled a long way. Virtually every academic ultrasound department has Fetal Medicine specialists, but we need more posts in Fetal Medicine departments. We believe that the recent registration of the subspecialty of Maternal and Fetal Medicine with the HPCSA will help us to achieve this. Specialists who decide to train in this sub-specialty will automatically be trained to an advanced level of fetal scanning and will help educate and maintain standards.

The future is bright, but we must take responsibility for the ultrasound imaging in our discipline by setting standards and requiring that colleagues abide by these standards. All medical practitioners who do ultrasound imaging should inform their patients at which level they are scanning and what the expectations should be for an ultrasound scan done at that level. Written informed consent is recommended. We trust that after decades of debate we will develop an attainable and sustainable model to maintain a high level of ultrasound imaging in Obstetrics and Gynaecology.

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