



Frequently Asked Questions Sheet

Training Physicians and Advanced Clinical Providers to Evaluate and Interpret Limited Obstetric Ultrasounds

Version dated 8/16/2023

1. What are the AIUM (American Institute of Ultrasound Medicine) Training Guidelines for Evaluating and Interpreting Ultrasound Exams?

The AIUM Training Guidelines are criteria for medical practices seeking to be accredited by AIUM as a full scale “ultrasound practice.” NIFLA is not advocating that pregnancy centers seek accreditation by AIUM as the scans being performed at pregnancy centers are “limited obstetric ultrasounds.” Therefore, while we acknowledge and appreciate the expansive standards established for AIUM accredited practices, we adjust those standards to be applicable for the limited obstetric ultrasound practice at pregnancy centers. There are three AIUM guidelines that provide relevant information for training guidelines for limited obstetric ultrasound practices at pregnancy centers.

- a. “Official Statement regarding Training Guidelines for Advanced Clinical Providers in Women’s Health Performing and Interpreting Limited Obstetric Ultrasound” dated March 25, 2018
<https://onlinelibrary.wiley.com/doi/10.1002/jum.14677>
- b. “Training Guidelines for Licensed Medical Providers (PA, NP, NMW, DPT and DC) who Evaluate and Interpret Diagnostic Ultrasound Examinations” dated March 10, 2023 <https://www.aium.org/resources/training-guidelines>
- c. AIUM’s “Training Guidelines for Physicians Who Evaluate and Interpret Diagnostic Ultrasound Examinations” dated March 10, 2023
<https://www.aium.org/resources/training-guidelines/view/training-guidelines-for-physicians-who-evaluate-and-interpret-diagnostic-ultrasound-examinations>

2. What kind of ultrasound scans are performed at pregnancy centers?

“Limited Obstetric Ultrasounds” are performed at pregnancy centers. A limited obstetric ultrasound examination is a focused obstetrical ultrasound examination performed to answer a specific clinical question or concern. It does not include a comprehensive evaluation of fetal anatomy but assumes that a standard or detailed fetal anatomic survey will be performed later in the pregnancy. AIUM Official Statement “Limited

Obstetrical Ultrasound Examination” dated June 16, 2020.

<https://www.aium.org/resources/official-statements/view/limited-obstetrical-ultrasound-examination>

At pregnancy centers, limited obstetric ultrasounds are performed to answer the clinical question as to whether the patient is indeed pregnant by doing the following:

- a. confirming a viable intrauterine pregnancy
- b. confirming cardiac activity
- c. estimating fetal age

3. Which medical providers are eligible to be trained to *evaluate and interpret* limited obstetric ultrasounds?

- a. Licensed Physicians: MDs and DOs
- b. Licensed Advanced Clinical Providers (ACPs) such as NPs, PAs and CNM
(As long as it is within their state licensing board’s scope of practice to learn this advanced skill, which it usually is.)

4. Does the scan interpreter have to be licensed in the state where the center is located?

Yes, to practice medicine, the physician or ACP must be licensed in the state where the medical services are being provided to the patient. He/she does not have to reside in the state, but must be licensed in the state.

5. Can retired physicians/ACPs serve in this capacity?

Yes, as long as they maintain an active license. Some states have a special license for physicians who volunteer for nonprofit medical facilities who do not charge patients. The center would most likely have to provide the physician/ACP with medical malpractice insurance in this situation.

6. May an RN or RDMS be trained to *evaluate and interpret* limited obstetric ultrasounds?

No. An RN and RDMS may perform (assuming qualified and competent) the ultrasound test, but it is not within their scope of practice to evaluate and interpret an ultrasound. They perform the test for the physician or ACP to interpret.

7. What are the NIFLA training guidelines, based on the relevant AIUM guidelines, for a Physician/ACP to learn how to evaluate and interpret limited obstetric ultrasounds?

a. 30 AMA PRA Category 1 Credits

This can be accomplished by taking NIFLA's Basic and Advanced Ultrasound Courses which together total 43 CMEs.

i. NIFLA's Basic Ultrasound Course (21 CMEs)

<https://membership.nifla.org/institute-in-limited-obstetric-ultrasound.asp>

ii. NIFLA's Advanced Ultrasound Courses (22 CMEs)

<https://membership.nifla.org/training-ailou.asp>

b. Documentation of the evaluation, interpretation and reporting of at least 30-50 limited obstetric ultrasound scans under the supervision/mentorship of a "qualified practitioner" (defined in FAQ 8 below).

c. If the Physician/ACP has previous training/experience with limited obstetric ultrasound, these guidelines can be adjusted accordingly.

8. Who would be a "qualified practitioner" to accomplish the supervision/mentoring required by 7.b. above and what kind of supervision does the physician/ACP need during their training?

a. The supervisor/mentor may be a physician or an ACP who is experienced and competent in the evaluation and interpretation of limited obstetric ultrasounds. Preferably the supervisor would be an OBGYN, Radiologist or other licensed medical provider who has attained the AIUM Training Guidelines for Physicians who Evaluate and Interpret Obstetric Ultrasound Exams or is otherwise competent to interpret limited obstetric ultrasounds. (An RDMS is not a qualified practitioner for supervising/mentoring.)

b. The supervisor/mentor should review, discuss, and confirm the diagnosis of all examinations interpreted by the trainee during the training period. The supervisor/mentor does not need to be present at the time of the initial interpretation, however the exams must be under the supervision of or with support from (direct or via telemedicine) the supervisor.

c. Practically speaking, this is what the supervision/mentoring could look like:

First the training physician or ACP ("trainee") successfully completes the Basic and Advanced NIFLA courses. Then they can start interpreting 30-50 scans performed at the center while under the supervision of a qualified physician or ACP. The scans will be performed at the center by the qualified RN or RDMS and uploaded into the electronic medical records. The trainee will log on to the electronic record and evaluate and interpret the scans, noting his/her findings accordingly. Then the supervising physician/ACP will log on to the electronic record and review the scan and the trainee's performance. Guidance will be given to the trainee accordingly.

Once the supervisor physician/ACP ascertains that the trainee has mastered the skill of evaluating and interpreting the scans, he/she advises the trainee accordingly. The supervising physician/ACP should be available for any questions in the future, as necessary.

9. How does the Physician/ACP trainee know he/she has reached competency to evaluate and interpret limited obstetric ultrasounds independently?

The supervising/mentoring physician/ACP advises them accordingly.

10. How do you find a qualified supervisor/mentor to oversee the trainee's 30-50 scans?

a. Your current Medical Director or the Physician/ACP currently reading your scans would be ideal as he/she is already familiar with your electronic medical record system and your policies and practices.

b. You could recruit a local OBGYN or Radiologist to assist in supervising/mentoring the training physician/ACP. Often, the trainee physician/ACP will personally know other medical providers who can assist in this regard.

c. You could request the assistance of a neighboring center's Medical Director.

11. Does the mentoring physician have to be licensed in the state where the center is located?

Not necessarily as long as the Medical Director (who is licensed in the state) approves. The mentoring physician is not accepting legal responsibility for the scans, he/she is just educating and mentoring.

12. What medical malpractice insurance needs to be in place for these medical providers.

a. The center would ensure that the center's medical malpractice insurance covers the training and the trainees.

b. If the supervisor/mentor does not have their own medical malpractice that would cover them in this capacity, then the center would also endorse the supervisor/mentor on to the center's medical malpractice policy.

13. How does the Physician/ACP maintain competence after the initial training?

Every three (3) years the Physician/ACP should:

- a. Interpret at least 150 scans, and
- b. Complete 15 CMEs specific to ultrasound

https://www.aium.org/docs/default-source/resources/guidelines/accreditation-maintenance-chart-for-all-providers.pdf?sfvrsn=5d408b5d_2

14. Does the Physician/ACP have to specialize in or be credentialed in a Women's Health specialty to be qualified to be trained to interpret limited obstetric ultrasounds (i.e. a WHNP)?

Unless otherwise required by your Medical Director, and as long as the Physician's/ACP's scope of practice in the state where they are licensed permits them to be trained to evaluate and interpret limited obstetric ultrasounds, then a special credential is not absolutely necessary. However, reproductive health training and experience is obviously an asset and there are some fields in medicine that would not lend itself to scan interpreting. Professional judgment is required.

15. May a Physician/ACP be trained to *only* interpret limited obstetric ultrasounds and *not* to perform them?

Yes, the Physician/ACP does not need to be trained to perform the ultrasound in order to interpret the ultrasound.

If the Physician/ACP wants to learn how to perform the ultrasounds, they absolutely could learn that skill by performing 50-75 scans under the direct supervision of a qualified trainer (a qualified RDMS credentialed in OB or a qualified Physician/ACP) as they will have the didactic training component completed per the above. See NIFLA Clinic Tips "Essential Education and Training for Performing Limited OB Sonograms" for more details. https://membership.nifla.org/clinictips/ClinicTips_2022_02.pdf

16. May a Physician/ACP read the ultrasounds scans that he/she performs him/herself? For example, he/she is the one performing the scans on the patient and interprets it while performing it, properly documenting it.

Yes, if qualified and acting within the scope of practice under their license, they may both perform and read the scan. The Medical Director of the center would have to pre-approve this practice. If the Medical Director is the one performing and reading his/her own scans, he/she may do so according to his professional judgment.

17. May medical professionals retake the NIFLA Basic and Advanced Ultrasound courses in the future to obtain their continuing medical education requirements of 15 CMEs every three (3) years?

The medical professional would have to check with their state licensing board in this regard.

18. If an ACP is interpreting scans for the center, are there any supervision requirements?

A licensed medical provider who is qualified and competent to interpret limited obstetric ultrasound must be available for team-based care in an appropriate clinic time frame, unless not required by local/regional standards. For example, an OBGYN or other qualified physician would be available to the ACP if the ACP had any questions.

19. How quickly do ultrasounds scans need to be interpreted after they are performed?

NIFLA recommends the scans be interpreted within 24-48 hours. Confirmation of pregnancy cannot occur until the scans are interpreted by a Physician/ACP. Medical records of the scan cannot be provided to the patient until the scans are interpreted by the Physician/ACP.