Critics may argue that RDMS certification is merely a technician “merit badge.” However, there are a number of valid counterarguments to this claim. First, there are qualifying pathways for RDMS or Registered Diagnostic Cardiac Sonographer certification that are provided specifically for physicians. One new vascular sonography certification separate from RDMS is available only to physicians.

Second, the concept that a certification for one group excludes its applicability to another group is misplaced. There are certifications designed for nonphysicians that have proven to be very helpful for the medical field. Although initially designed for manufacturing efficiency, “Black Belt” certification in Six Sigma is now popular for physician administrators.

Third, some emergency physicians have experienced barriers for reimbursement by third-party payers related to perceived training and certification by emergency physicians. If such a reimbursement issue becomes widespread, then having a local emergency medicine ultrasonographic director with RDMS certification may prove valuable.

In accordance with the American Medical Association’s 1999 resolution, only the successful completion of the credentialing pathway outlined in the ACEP ultrasonographic guidelines is required to perform point-of-care sonography. Neither RDMS certification nor an emergency medicine ultrasonographic fellowship is necessary. However, until such fellowships are recognized by the Accreditation Council for Graduate Medical Education, RDMS certification may provide the only cross-specialty recognition of additional ultrasonographic expertise available to help win administrative and cross-specialty battles during emergency point-of-care sonography program implementation.

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REFERENCES

RDMS CERTIFICATION FOR EMERGENCY PHYSICIANS

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Point-of-care ultrasonography is a core component of emergency medicine practice. Residency training requirements ensure that graduates have the knowledge and skills necessary for safe and effective use of ultrasonography in their practice. To date, there is no evidence showing that current training standards are insufficient or inadequate, yet there is ongoing debate about the incremental value of the registered diagnostic medical sonographer certification for emergency physicians. Guidelines for appropriate training and ongoing quality assurance are available from the American College of Emergency Physicians, the Society for Academic Emergency Medicine, and the Council of Emergency Medicine Residency Directors. Furthermore, the American Board of Emergency Medicine 2011 model of the clinical practice of emergency medicine lists both diagnostic and procedural point-of-care ultrasonography as “integral to the practice of emergency medicine.”

The knowledge and skill required for emergency practice do not overlap with those required for the registered diagnostic medical sonographer certification. The American Registry for Diagnostic Medical Sonography recommendation of 800 ultrasonographic examinations is an arbitrary number that does not assess the breadth of ultrasonographic applications performed by the emergency physician and, in the case of registered diagnostic medical sonographer, does not require cardiac examinations. The registered diagnostic medical sonographer and the registered diagnostic cardiac sonographer certification examinations assess components of image acquisition alone and do not measure the examinee’s ability to determine when ultrasonographic evaluation is indicated or to interpret and integrate ultrasonographic findings into patient care, arguably the very essence of point-of-care ultrasonography. This certification therefore neither measures nor ensures a physician’s ultrasonographic competency.
The time to fulfill the registered diagnostic medical sonographer training requirements and the cost of the certification examination can be prohibitive. To obtain the registered diagnostic medical sonographer certification, the examinee must pass 2 examinations requiring up to 5 hours of testing time. Moreover, the time required in obtaining 800 examinations (which may or may not be pertinent to emergency point-of-care ultrasonography) is not negligible. This does not include time for study and the additional cost of a test preparation course, if taken. The examinee must be willing to pay a processing fee per test, as well as the 2 examination fees, one for physics and one for a specialty examination. There is a cost differential for some of the specialty tests (more expensive for physicians), in addition to an annual maintenance-of-certification fee.

Moreover, the pursuit of American Registry for Diagnostic Medical Sonography certification creates a perceived class of “expert” point-of-care ultrasonography users, comparatively diminishing the perceived training and expertise of board-certified emergency physicians who have not acquired this certification. Hospital administrators and other medical specialists share this perception. This has also been evidenced by some insurance carriers’ reimbursement concerns about point-of-care ultrasonographic examinations performed by non–registered diagnostic medical sonographer board-certified emergency physicians.

A landmark resolution by the American Medical Association in 1999 (Resolution 802, policy H-230.960) clearly states that ultrasonography is “within the scope of practice of appropriately trained physicians” and that each specialty should decide the necessary training requirements for sonographic competency.  The American Registry for Diagnostic Medical Sonography has no such authority over the specialty of emergency medicine.

In summary, current residency training requirements provide the skills and knowledge necessary for the safe and competent use of point-of-care ultrasonography in the practice of emergency medicine. Registered diagnostic medical sonographer training requirements provide little relevant additional expertise, and emergency physicians need not pursue this tangential certification external to our specialty. Point-of-care sonography is an integral component of our practice, and there is only 1 certification required: board certification in emergency medicine.

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REFERENCES