

January 30, 2018

Notice of Change to the National Competency Profile

Entry to Practice Qualifications for Canadian Sonographers

Recent feedback from employers and educators across Canada indicates a level of concern in respect of the credentialing of recent Canadian Registered Generalist Sonographers (CRGS®) in regard to extracranial artery (carotid) examinations.

It appears that the training and testing of students to achieve a competent clinical skill level for performing carotid examinations has, over time, become increasingly difficult due to several factors. The most crucial being the decreasing number of clinical sites and patients with pathologies in need of specific examinations.

Sonography Canada recognizes the complexities of this issue. Therefore, the requirements outlined in the National Competency Profile (NCP) for the CRGS extracranial components have been changed from a clinical competence (C level) to a simulated competence (S level). This means effective February 1st, 2018 that extracranial arteries will no longer be a required component for the Sonography Canada CRGS Canadian Clinical Skills Assessment (CCSA™). Please find the revised NCP Appendix 1.6 attached.

What does this mean for employers?

Employers should familiarize themselves with the minimum level of competency expected of newly credentialed employees outlined in the [NCP 5.1](#). Please refer to the following sections: **Conceptual Framework and Definitions & Utilization of the NCP in Sonography Education Programs** for guidance on how entry to practice is defined and designated.

For example, using the attached Appendix 1.6 it is expected that an entry-level sonographer should:

- be clinically competent in scanning lower extremity peripheral veins, and
- have experienced scanning of extracranial arteries in a simulated learning environment, and
- have only an academic level of knowledge regarding the use of pulsed Doppler for assessing the brachial, basilic and cephalic veins.

While the NCP outlines the minimum standards for entry to practice, some sonography programs teach above the NCPs. For example, even though extracranial arteries have now been changed from a clinical to a simulated competency level, certain educational programs with access to adequate clinical placements will continue to teach to the clinical level.

Understanding the learning environment of the individual entry-level sonographer will enable the employer to identify the level of skill they possess in each area of scanning – be it clinical, simulated or academic. Ongoing experience and development facilitated by the employer will allow sonographers to develop the required clinical skills in areas of more advanced practice, such as musculoskeletal (MSK), Breast and now extracranial arteries.

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What does this mean for current CRGS sonographers?

Changing the minimum level for which extracranial arteries are taught and tested does not change the scanning skills of those who have already obtained their Sonography Canada CRGS credential.

Sonographers have an obligation to only conduct examinations which are within their scope of practice (i.e. examinations for which they have the knowledge, skill and judgement to conduct).

Determining a sonographer's scope of practice should be a joint effort between the employer and employee. Both parties play a role in ensuring that the sonographer has the knowledge, skill and judgement to properly conduct the required examinations.

What does this mean for students?

Students and new graduates must ensure that upon entering the practice environment, they only perform examinations in areas where they have the knowledge, skills and judgement; and should seek out opportunities to develop new skills while maintaining competence in existing skill areas.

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APPENDIX 1.6: EXAMINATION TECHNIQUES FOR THE GENERALIST SONOGRAPHER EXTRACRANIAL ARTERIES AND PERIPHERAL VEINS

STRUCTURE / CHARACTERISTIC	TECHNIQUES				
	real time assessment	measure (2D)	pulsed wave Doppler assessment	measure - pulse wave Doppler	colour Doppler assessment
Extracranial arteries					
Common carotid artery	S	S	S	S	S
Internal carotid artery	S	S	S	S	S
External carotid artery	S	S	S	S	S
Vertebral artery	S	S	S	S	S
Subclavian artery	S		S	S	S
Peripheral veins, upper extremity, for DVT					
Jugular vein	S		S		S
Innominate vein	S		S		S
Subclavian vein	S		S		S
Axillary vein	S		S		S
Brachial vein	S		A		S
Basilic vein	S		A		S
Cephalic vein	S		A		S
Peripheral veins, lower extremity, for DVT					
Common femoral vein	C		C		C
Femoral vein	C		C		C
Popliteal vein	C		C		C

Sections in yellow indicate the assessment criteria that were changed from a clinical competence (C level) to a simulated experience (S level).

Assessment Environment ¹	Definition	Criterion for Student Success
Academic, A	Academic education takes place in a classroom or through guided study involving cognitive and / or affective learning.	Academic assessment consistent with the definition of entry-level proficiency.
Simulation, S	Simulation involves cognitive, affective and / or psychomotor learning in a setting that simulates a practice activity.	Simulated performance consistent with the definition of entry-level proficiency.
Clinical, C	Clinical education involves cognitive, affective and / or psychomotor learning where learners work directly with human patients in a setting designed to provide patient care. Learners are supervised throughout their clinical education, in a manner that facilitates their development of independent clinical abilities while ensuring safe, effective and ethical patient care.	Reliable clinical performance consistent with the definition of entry-level proficiency.

¹ Assessment Environment table is found on page 6 of the National Competencies Profile 5.1.

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