

Sonologist – A Gifted Qualification?

Sohoni C

Medcliniq Health Centre, Radiology Department, Pune, Maharashtra, India

Sir,

In 2011, the honourable Delhi High Court asked the Medical Council of India (MCI) to clarify as to who should be considered a “sonologist”? Before we discuss what the MCI replied, we need to understand why this particular question arose. The confusion arose because the Pre-conception and Prenatal Diagnostic Test (PCPNDT) act used the unofficial term “sonologist” to describe a person practicing sonography. And the same was done because the officials realised that there were too many non-radiologist doctors practicing sonography without any valid qualification. Human beings have a very peculiar thought process – if something has been going on for too long and if many people are doing it, it is often perceived as “normal”, “usual” or even “right”. This is akin to the neuropsychological phenomenon “illusion of truth”, which is the tendency to believe information to be correct because one is exposed to it many times.¹ It is for this reason that one often hears defensive comments such as “it is a routine practice” or “everybody does it” whenever a long-standing unethical practice is challenged. The controversy regarding ultrasound practice by non-radiologist doctors draws a

parallel with another situation, and that is practice of allopathy by non-allopathic doctors. Despite a Supreme court verdict declaring the practice of allopathy by non-allopathic doctors illegal, the government is trying its best to legalise the same simply because too many non-allopathic doctors are already practicing allopathy.² In Maharashtra, a government resolution allows non-allopathic doctors to practice allopathy.² Legalisation of illogical and unethical “routine practices” simply to appease the masses is an unfortunate truth that we face in India.

The Board of Governors of MCI defined the term “sonologist” in a meeting held on 26th December 2011. According to the criteria specified by MCI, even an MBBS doctor can claim to be a “sonologist” on the basis of a certain level of experience, without the need for a specialist qualification. MCI has the authority to lay down the criteria for certifying competence of medical professionals. However, in the case of ultrasound practice, the criteria used by MCI appear to be more accommodative. The MCI would have been absolutely right in saying that there is no recognised qualification by the name “sonologist” and the professionals qualified to practice ultrasound are radiologists. The answer would have been even more appropriate in the light of the fact that ultrasound is being used for the crime of sex determination in India. The broad and inclusive definition used for defining a

Correspondence to: Dr. Chandrashekhar A. Sohoni, B-5, Common Wealth Hsg. Soc., Opp. Bund Garden, Pune- 411001, Maharashtra, India
Email ID: sohonica@gmail.com

sonologist also appears to be contradictory to the general trend of MCI of refining medical specialities by introducing subspecialty courses such as emergency medicine and geriatrics.

Conventionally, ultrasonography is considered a radiological modality and hence included in radiology curriculum by MCI and National Board of Examinations (NBE). Radiologists learn the subject of ultrasonography right from the basic physics to clinical application. Such learning is exhaustive. Correlation with clinical outcomes and other imaging modalities hones a radiologist's skill to a level that ultrasonography practice deserves. It is pure logic that one needs to have the basic knowledge of the broad speciality before qualifying to be an expert in a sub-speciality. The Maharashtra University of Health Sciences offers a fellowship course in ultrasonography and colour Doppler. The admission criterion for the same is a post-graduate degree in radiology. That is the correct and ethical way of achieving expertise in a sub-speciality like ultrasonography.

The acceptance of unrecognised titles such as "sonologist" sets a bad trend. By the same logic that Gynaecologists are considered competent sonologists, neurologists and neurosurgeons could be considered competent neuroradiologists without having the knowledge base of radiology. In the future, we may have a cadre of doctors claiming to be Computerised Tomologists and Magnetic Resonance Imagologists without being radiologists. What is the logic of creating an entity such as a sonologist when recognised degree and diploma courses in radiology are already existent? At that

rate, clinicians may also wish to be certified as competent enough to issue routine pathology reports like haemogram after 6 months of training under some neologistic title. Will that be acceptable to MCI? It is unethical to allow fragmentation of a speciality just to facilitate backdoor entry. If one is so keen to practice a medical speciality, he / she should also be prepared to go through the proper channel rather than looking for short-cuts.

There is no other sub-speciality in any other branch of medicine where a specialist qualification is awarded merely on the basis of experience without the pre-requisite of an entrance exam, merit-based admission, full-time residency and an exit-exam. Having merely experience as the criterion for award of the title of sonologist undermines the importance of merit and entrance exams. It mocks the years of hard work of a medical student who undergoes the rigors of post-graduate education to become a radiologist. Cardiology is a part of internal medicine; however, a post-graduate physician in internal medicine is not awarded the title of "Cardiologist" simply on the basis of work experience. Why should the case be any different for ultrasonography?

The ethics code regulation 7.20 states that a physician should not claim to be a specialist unless he / she has a special qualification in that branch. The ethics code regulation 1.4.2 states that a physician should suffix only recognised qualifications. We need to seriously rethink if the ethics code is being followed correctly when a specialist qualification is considered optional for the practice of a speciality. On the principle that it is unethical to expose patients to half-baked doctors, the allopathic medical

community has vehemently opposed the introduction of a short-term medical course by the central government.³ If lowering of standards for medical practice is unethical at graduate level, how can it be ethical at post-graduate level?

References

1. Ozubko JD, Fugelsang J. Remembering makes evidence compelling: retrieval from memory can give rise to the illusion of truth. *J Exp Psychol Learn Mem Cogn* 2011;37(1):270-6.
2. Jamal A. Ayurveda docs may get to practice allopathy. *The Times of India* [online]. [2013 Dec 20] [cited 2014 Feb 14].
3. Express News Service. IMA flays centre's proposed BRMS course. *The New Indian Express* [online]. [2011 Dec 28] [cited 2014 Feb 14].