



Endocrine Certification in Neck Ultrasound ECNU - Recertification Process Manual

**For candidates who have successfully completed the
Endocrine Certification in Neck Ultrasound process**

The Endocrine Certification in Neck Ultrasound Program is governed by the AACE ECNU Certification Committee. The Committee reserves the right to expand the testing content for the CCE and ECNU validation process as new information or procedures arise over time and become incorporated into the scope of thyroid ultrasound practice. Candidates for ECNU will be notified in advance of any changes.

Version – 2017-1

TABLE OF CONTENTS

I.	BACKGROUND	2
II.	PATHWAY TO PHYSICIAN RECERTIFICATION	2
III.	RECERTIFICATION FEES	3
IV.	INSTRUCTIONS FOR SUBMITTING RECERTIFICATION CASES FOR REVIEW	3
	4.1. General Instructions	3
	4.2. Format for Images and Reports	4
	4.3. What to Submit	4
	4.4. How to Label Your Reports	5
	4.4.1. What Information to Include in All Reports	6
	4.5. Scoring Procedures and Content Criteria for Reports & Images	7
	4.5.1. Thyroid Diagnostic U/S Reports	7
	4.5.2. Failure to meet the Recertification submission instructions for ultrasound procedure reports	9
V.	ATTESTATION OF ULTRASOUND PROCEDURES	10
VI.	FAILURE TO COMPLETE THE CERTIFICATION PROCESS.....	11
VII.	CONTACT INFORMATION	11
VIII.	RECERTIFICATION APPLICATION FORM	12
	Section 1: Candidate Information	12
	Section 2: Recertification Fee Payment.....	13
	Section 3: Attestations	14



THE ENDOCRINE CERTIFICATION IN NECK ULTRASOUND RECERTIFICATION PROCESS

I. BACKGROUND

The American Association of Clinical Endocrinologists (AACE) represents subspecialty physicians who are recognized for their expertise in the care of patients with thyroid and parathyroid diseases. These clinicians routinely perform consultations and diagnostic evaluations for patients with thyroid and parathyroid disorders, which include both diagnostic ultrasonography (US) and ultrasound-guided fine needle aspiration (UGFNA). The American College of Endocrinology (ACE), which is the scientific arm of AACE, recognizes that the certification process for US and UGFNA provides assurance for optimal quality in patient treatment outcomes.

This handbook has been developed to provide you with the information you will need to apply for ECNU recertification. AACE recognizes the responsibility you take in participating in this re-certification program, and it is our aim to provide you with a smooth and positive application process.

If you have further questions after reading this Handbook, please contact the Certification Manager via e-mail nmizell@aace.com or phone (904) 353-7878, ext. 145. You can also visit the ECNU site at <https://www.aace.com/ecnu>.

II. PATHWAY TO PHYSICIAN RECERTIFICATION

Recertification is required at ten (10) year intervals effective as of the date of ECNU certification. Recertification requires documentation of both continuing clinical activity in diagnostic US and UGFNA procedures and maintenance of high level skills in this activity. To complete the recertification process, the candidate must complete the following:

1. Perform on average at least 100 diagnostic thyroid US examinations and/or UGFNA procedures annually (at least 30 of the total 100 must be USGFNA).
2. Provide written attestation of compliance with II.1 above, and to the total number of all diagnostic US examinations and UGFNA procedures performed within the twelve (12) months preceding the recertification process.
3. Present documentation verifying the completion of a minimum of 50 CME hours of ECNU approved AMA recognized Category 1 CME in ultrasound performed during the prior ten year interval. Documentation must be in the form of certificates or letters issued by the accrediting organization.



Note: ECNU approved course subjects for CME credit include: thyroidology, parathyroidology, thyroid and parathyroid cancer, advanced procedures (interventional ultrasonography, PEI, etc.), Doppler applications in neck ultrasound and vascular ultrasonography.

See <https://www.aace.com/ecnu> for CME Courses approved for approved recertification CME courses available.

4. Submit the images and US reports for 5 diagnostic ultrasounds performed within the 12 months preceding recertification for which FNA biopsy was performed.

It is the sole responsibility of the candidate to successfully complete the requirements for a ten (10) year ECNU Recertification Certificate. Failure to complete the recertification process at each ten (10) year interval will result in revocation of the ECNU certification.

During any 10-year recertification cycle, it is the responsibility of a certificate holder to maintain a current address and contact information with the AACE/ECNU office. Changes to a certificate holder's professional information will be updated regularly in the AACE/ECNU Certification Registry.

III. RECERTIFICATION FEES

AACE Member: **\$450**

Non-AACE Member: **\$650**

- ◆ Full payment must be submitted with ultrasound reports and completed Recertification Application Form. Reports will not be graded until the fee has been received by the Certification Manager. Do not send advance payment for Recertification.
- ◆ Complete the Recertification payment found in Section 2 of the Recertification Application Form. If paying by check, please make checks payable to the **American Association of Clinical Endocrinologists (AACE)**.

IV. INSTRUCTIONS FOR SUBMITTING RECERTIFICATION CASES FOR REVIEW

4.1 GENERAL INSTRUCTIONS

Ultrasound examinations may be performed by either the ECNU-qualified physician or by an ARDMS-certified sonographer under the direct supervision of the ECNU-qualified physician candidate. **Although the static images may be obtained by the physician or ARDMS-certified sonographer, it is mandatory that the physician candidate participate in and view the images in real-time ultrasound. The physician candidate must also author the ultrasound reports and personally perform the USGFNAs that are submitted for review.**

Again, without exception, the physician candidate must author the ultrasound reports.



4.2 FORMAT FOR IMAGES AND REPORTS

Ultrasound **images and reports submitted** for evaluation must be technically acceptable, properly annotated, and submitted in **CD, USB Flash Drive or online download of stored images in PowerPoint® format only. Images and reports submitted on paper will not be accepted, and will be returned to the candidate ungraded.** All submitted ultrasound examinations must be in accordance with the **Recertification Instructions for Ultrasound Procedure Reports. Please utilize the ECNU PowerPoint® submission blank available under the download tab at <https://www.ace.com/ecnu>.**

IMPORTANT

In accordance with HIPAA regulations, all patient identifying information **must** be removed from **the images and/or patient and cytology reports, prior to submission to the AACE office.** Patient identifying information includes name, address, phone number, birth date, social security number and medical record number. Images and reports with patient identifying information **will not** be accepted and will be returned to the candidate unprocessed.

4.3 WHAT TO SUBMIT

A total of five (5) separate thyroid nodule ultrasound cases for which you performed a complete diagnostic thyroid and FNAB along with the corresponding reports, using a different patient for each case. These must include the criteria for Thyroid Diagnostic US reports outlined in 4.5.1 in the Recertification manual and the corresponding cytology report for each nodule biopsied.

A total of **five (5)** separate US cases and reports, using a **different patient** for each case. These must include:

- 1. Five (5) diagnostic nodule cases for which FNA biopsy was performed (see submission guidelines).**

IMPORTANT

All images and reports must be submitted in **PowerPoint® format.** Paper images or reports will **NOT** be accepted.

All original reports must be scanned as they would appear in the patient records and must be HIPAA compliant. If reports are in a language other than English, a **TYPED** English translation is to accompany the original report.

Reports that have been cut and pasted and are not in their original format will be returned.

All images and reports, including cytology, **must contain the original date(s)** the examination or procedure was performed. All cytology reports must have corresponding dates to ultrasound guided FNA procedure reports.



All ultrasound reports must be in a narrative form!

**Cases not submitted in this format will be returned.
Computer/ultrasound machine-generated reports will be returned.**

IMPORTANT

A physician applying for recertification must attest that he/she participated in performing the real-time ultrasound. (See Section 3: Attestation of Ultrasound Procedures)

A patient's US reports/images can only be used **by one physician** for recertification submission. For example, US reports/images previously submitted by Physician A **cannot** be used by Physician B, even if both Physicians A & B participated in real-time ultrasound for the same patient. Physician B must use reports/images from another patient.

The Validation Panel will not accept previously submitted patient reports/cases that have been used by another physician for the VCP or recertification. **All U/S reports must be in a narrative form. Cases not submitted in this format will be returned.**

- ① Proper submission of diagnostic-quality ultrasound (US) images with interpretation, (submitted online or USB Flash Drive, **in PowerPoint® format**).
- ② Signed attestation of the total number of US examinations and UGFNA procedures performed by the candidate in the twelve (12) months preceding submission of the required images and reports.

4.4 HOW TO LABEL/FORMAT VCP SUBMISSION

Each slide in your PowerPoint® submission and each corresponding image must be labeled in the manner listed below. All cytology reports must also be labeled. Recertification packages that are not labeled in this required format will be returned to the candidate. All images and corresponding reports must contain an original, corresponding date. By complying with the following instructions, the VCP package can be graded in a timely fashion.

The submission of the cases should be a single and continuous PowerPoint® presentation labeled as follows:

- ❖ **Cases 1-5:** Diagnostic thyroid Nodule US for which FNA biopsy was performed

Each case study in the PowerPoint® presentation should start with the ultrasound report, followed by the cytology reports and then the corresponding images.

Images should be submitted for each case with **one (1) image per slide**.

PLEASE NOTE THAT THE ECNU CERTIFICATION PANEL HAS THE RIGHT TO REJECT IMAGES THAT ARE JUDGED TO BE OF INADEQUATE QUALITY.



Each slide associated with the required case study should be clearly labeled in the header with the case number and descriptor. Utilize the ECNU PowerPoint® submission blank available under the download tab at <https://www.aace.com/ecnu>.

For example: Page 1 of your report is on Thyroid Nodule US, make sure you label the top page as follows:
Case 1: Thyroid Nodule US
Case 2: Thyroid Nodule US, etc.

PLEASE utilize the ECNU PowerPoint® submission blank available under the download tab at <https://www.aace.com/ecnu>.

4.4.1. WHAT INFORMATION TO INCLUDE IN ALL REPORTS

While some may use a checklist to record ultrasound features, the Ultrasound Reports must:

- Be a separate document and be able to stand alone from any other documentation (specifically should NOT be embedded in progress notes or other reports/notes/documentation).
- Be in a **narrative form, not computer generated or in check-box formatting.**
- Be concise and contain all pertinent **positive and negative** findings.

Reports and accompanying cytology reports must:

- Be typed. Hand written reports are **not** acceptable.
- Be in English. **If reports are in a language other than English, a typed English translation is to accompany the original report.**
- Contain an original date, corresponding to the date of the FNA biopsy.

IMPORTANT

All reports and images must be submitted in such a way that the reviewer should not be required to zoom or enlarge the slides in order to make them viewable for grading.

PLEASE NOTE THAT THE ECNU REVIEW PANEL HAS THE RIGHT TO REJECT IMAGES THAT ARE NOT CLEAR.

All reports must be copies of the **original report** as submitted to the patient record, and contain the following information:

- The indication for performing the exam.



- Measurement of each thyroid lobe and isthmus (Anterior-Posterior). The preferred measurement listing order for ECNU VCP reports is: Longitudinal/Sagittal x AP x Transverse. If this order is not used, the order of the measurements must be specified on the report.
- A diagnostic impression or differential diagnosis.
- Disposition/plan indicating specifically what is to be done with the information obtained from the US (e.g., surgery, follow-up in six months, FNA, etc.). Terms like “**Clinical correlation recommended**” are **NOT acceptable**.
- Signature of the physician (Electronic signature is acceptable)
- Original date(s) the examination or procedure was performed, with corresponding dates on cytology report.

For additional examples of reports and a full ECNU sample submission, an ECNU Resource CD can be requested from the ECNU Certification Manager at nmizell@aace.com.

4.5 SCORING PROCEDURES AND CONTENT CRITERIA FOR REPORTS AND IMAGES

Certification status will be determined on a pass/fail basis. In addition to the requirements listed for all Ultrasound Reports, there are additional requirements for the recertification studies. These are listed below.

All reports will be reviewed by the ECNU Validation Panel and will be graded according to the following criteria. Points will be deducted from images and reports missing the required information.

4.5.1 THYROID DIAGNOSTIC US REPORTS: Five (5) nodules required

Report Requirements:

Thyroid Nodule Diagnostic US reports must contain the following information:

1. Indication for performing examination
2. Measurement of each thyroid lobe & isthmus (Anterior-Posterior). The preferred measurement listing order for ECNU reports is **Longitudinal/Sagittal x AP x Transverse**. If this order is not used, the order of the measurements must be specified on the report.
3. Description of thyroid parenchyma (homogeneous, heterogeneous, fibrosis, pseudonodules, etc.)
4. Evaluation of nodules
 - a. Describe echogenicity of nodule(s) (solid/cystic, hypoechoic/hyperechoic, homogeneous/heterogeneous)



- b. Description of nodule margins (irregular, smooth, halo, invasion, etc.)
- c. Narrative description and grade of Doppler flow within the nodule

For example:

- Grade 1 (absent) Doppler flow is seen.
- Grade 2 (peripheral) Doppler flow is seen.
- Grade 3 (penetrating) Doppler flow is seen.
- Grade 4 (chaotic) Doppler flow is seen.

Note: Doppler grades are in Arabic numbers, not Roman numerals

5. Description and characterization of any abnormal findings on each nodule
 - a. Calcifications (presence or **absence of**)
 - b. Cysts-Description (simple, complex, mural components)
 - c. Comet tail artifact
 - d. Posterior Acoustic Enhancement (if relevant)
6. Comment regarding presence or absence of cervical nodes and description of characteristics if present.
7. Description of target lesion including location
8. Cytology report showing adequate cells
9. Diagnostic impressions based on cytology report
10. Recommendations for additional studies, procedures or treatment provided

Images required (total of at least 15 images required for each case):

1. Thirteen (13) standard images of the thyroid gland as required in the 2013-AIUM PRACTICE GUIDELINE – Thyroid and Parathyroid Ultrasound (<http://www.aium.org/resources/guidelines/thyroid.pdf>) including:
 - Images of each thyroid lobe present in longitudinal and transverse planes
 - Transverse images of the superior, mid and inferior portions of each lobe. These should be clearly labeled:
 - RIGHT-TRANS-SUP
 - RIGHT-TRANS-MID
 - RIGHT-TRANS-INF
 - LEFT-TRANS-SUP
 - LEFT-TRANS-MID
 - LEFT-TRANS-INF
 - Longitudinal images of the medial, mid, and lateral portions each lobe present. These should be clearly labeled:
 - RIGHT-LONG-LAT
 - RIGHT-LONG-MID



- RIGHT-LONG-MED
 - LEFT-LONG-LAT
 - LEFT-LONG-MID
 - LEFT-LONG-MED
 - AP image of isthmus
2. Provide Doppler image
 3. Image marked clearly showing needle bevel in target (use of an arrow in PowerPoint® is acceptable.) Note: This image must match the date of cytology but is not required to be the same date as the diagnostic report/images above.

IMPORTANT

At least one (1) Doppler image (Black & White acceptable) **MUST** accompany **each thyroid nodule** case.

REMINDER

- ◇ Doppler images as described above (Black & White acceptable) **MUST** accompany **each thyroid nodule**. Doppler images need not be repeated for USGFNA.
- ◇ In accordance with HIPAA regulations, all patient identifying information **must** be removed from **the images and/or reports, prior to submission to the AACE/ECNU office**. Patient identifying information includes name, address, phone number, birth date, and social security number. Images and reports with patient identifying information **will not** be accepted and will be returned to the candidate unprocessed.
- ◇ **Any reports or images submitted without dates will be returned.**
- ◇ If reports are in a language other than English, a **TYPED** English translation is to accompany the original report.
- ◇ Any cytology reports that do not match the date of the ultrasound guided FNA procedure and the image of the needle bevel in target will be rejected. (Note: Diagnostic images/report can be performed on day of *or* on a date prior to the USGFNA).

4.5.2. FAILURE TO MEET THE RECERTIFICATION SUBMISSION INSTRUCTIONS FOR ULTRASOUND PROCEDURE REPORTS

- The Review Panel will reject images and reports that do not meet the criteria specified under the Instructions for Ultrasound Procedure Reports.
- **The Review Panel has the right to request additional information about images and reports that do not meet the specified criteria for grading.**
- The Recertification package containing the rejected images will be returned ungraded, and the candidate will be asked to submit corrected images within **ninety (90) days** of receipt of the rejected Recertification package.



- If the candidate does not submit the images within ninety (90) days, or still does not pass the Recertification review after resubmission of corrected images, he/she will be required to complete the entire ECNU Certification process again (including payment of fees and submission of all reports).

V. ATTESTATION OF ULTRASOUND PROCEDURES

A signed attestation as to the number of US examinations and USGFNA procedures performed on average over the last 10 years and specifically in the twelve (12) month period preceding submission of the required images and reports meeting the following requirements:

1. An average of 100 total ultrasound studies annually of which at least 30 were USGFNA. Studies performed by fellows may be included if the candidate was the preceptor during the study/procedure and signed the report.

The ECNU Certification Committee reserves the right to request additional information if needed (e.g. billing statements).

A verification process will be performed through the random selection of candidates testing for ECNU certification each year. The verification process is structured to be in compliance with HIPAA regulations. Selected individuals will be required to submit the following for review by the Certification Council:

1. Imaging logs (including date of service and type of exam)
2. Code-specific billing statements or chart notes to verify the total number of exams performed and specific types of exams performed.
3. Validation by an office manager with a notarized signature to attest that all information is accurate.

IMPORTANT

A complete recertification package must include:

A. Completed/signed VCP Form (see Appendix section)

- Section 1: Candidate Information
- Section 2: Recertification Application Fee Payment
- Section 3: Attestation of Ultrasound Procedures

B Required Cases with accompanying patient and cytology reports are accepted in PowerPoint® format only, but can be submitted by online submission or via USB Flash Drive/CD. Images or reports submitted on paper will not be accepted and will be returned to the candidate ungraded.

Recertification Submissions can be submitted online at <https://www.aace.com/ecnu>
at the Recertification Submission tab

or

Manual applications and examination fees can be mailed or faxed to:

Nickie Mizell, ECNU Certification Manager
American Association of Clinical Endocrinologists
245 Riverside Avenue, Suite 200
Jacksonville, FL 32202
Fax: (904) 404-4205



VI. FAILURE TO COMPLETE THE RECERTIFICATION PROCESS

It is the sole responsibility of the candidate to submit all recertification requirements and supporting documentation in order to complete the certification process.

VII. CONTACT INFORMATION

QUESTIONS, CHANGE OF ADDRESS OR NAME CHANGE

Please contact the ECNU Certification Manager for questions regarding the ECNU Program or if you have an address or name change after submission of your application

Nickie Mizell

ECNU Certification Manager
American Association of Clinical Endocrinologists
245 Riverside Avenue, Suite 200
Jacksonville, FL 32202
E-mail: nmizell@aace.com
Phone: (904) 404-4145
Fax: (904) 404-4205



VIII. RECERTIFICATION APPLICATION



Endocrine Certification in Neck Ultrasound (ECNU) Program Recertification Application

To continue to the Recertification process, the following is required:

- This completed Recertification Application form
- Recertification Fee: see payment section of this form for details
- 5 ultrasound cases and reports (see detailed requirements for images and reports).
 - * All patient identifying information **must** be removed from the images and/or reports, prior to submission to the AACE Office.
- Completed and signed Attestation of Ultrasound Procedures Form

The 3-page Recertification Application form consists of three (3) sections (**Section 1**. Candidate Information, **Section 2**. Recertification Payment, and **Section 3**. Attestation of Ultrasound Procedures). Incomplete applications will be returned unprocessed.

SECTION 1: CANDIDATE INFORMATION

Name:

FIRST

MIDDLE

LAST

Home Address *(Do not use PO Box)*

City:

State:

Zip/Postal Code:

Country:

Phone:

Fax:

E-mail:

Organization/Company:

Job Title:

City:

State:



SECTION 2: RECERTIFICATION FEE PAYMENT

The appropriate fee must be sent with your complete VCP package.

ECNU Recertification Fees:

AACE Member: **\$450**

Non-AACE Member: **\$650**

Candidate's Complete Name: _____

AACE Member Number (If applicable): _____

Choose a Payment Method: Check # _____ Visa MasterCard AMEX Discovery

Checks must be made payable to the American Association of Clinical Endocrinologists (AACE)

Please note: For your protection, the American Association of Clinical Endocrinologists does not accept and will not process credit card information provided via email.

Please mail or fax this form to our secured fax line (904)404-4229.

Credit Card Number: _____

Expiration Date: (mm/yr): _____

Credit Card Holder's Name: _____

Card Holder's Complete Address (required): _____

Signature of Cardholder (required): _____ Total Payment: _____

I authorize the \$ _____ Recertification fee to be charged to my credit card.

CANDIDATE RECERTIFICATION CHECKLIST

- Completed Recertification Application form with **3** sections: Candidate Information, Recertification Fee Payment, and Attestation
- Signed Attestation for Ultrasound Procedures Form
- Payment Application for Recertification Fee
- 5 Ultrasound Images and Reports (CD or USB Flash Drive in PowerPoint® format)



SECTION 3: Attestation of Ultrasound Procedures

This attestation must be submitted with your Recertification package. Please read the following statement. By signing the attestation, you are agreeing that the statements below are true.

During the past ten (10) years*, I attest that I have on average annually performed at least:

- 100 total ultrasound studies of which at least 30 were USGFNA

During the past twelve (12) months*, I attest that I have performed:

_____ Diagnostic ultrasound studies

_____ UGFNA studies

- I additionally attest that the work I have submitted represents work performed by and/or directly supervised by me.

Candidate Signature

Date

*EXAMPLE: If you are signing the Attestation Form on January 1, 2017, you are attesting that you have performed the appropriate number of ultrasound studies between January 1, 2016 and January 1, 2017.

Please mail your completed Recertification package via e-mail to nmizell@aace.com, certified USPS mail, or via a traceable mailing method to:

ECNU Certification Manager
American Association of Clinical Endocrinologists
245 Riverside Avenue, Suite 200
Jacksonville, FL 32202

