

**RADIOLOGIC TECHNOLOGY CERTIFICATION COMMITTEE (RTCC)
MEETING MINUTES**

October 28, 2015

California Department of Public Health
Auditorium
1500 Capitol Avenue
East End Complex
Building 172 Auditorium
Sacramento, California 95814

Frieda Y. Taylor, M.S., Chairperson

COMMITTEE MEMBERS PRESENT

Dale Butler, M.D.	Neil Mansdorf, DPM
Christopher H. Cagnon, Ph.D., FAAPM	Michael L. Puckett, M.D., FACR
Diane R. Garcia, MS, CRT, ARRT (R)(CT)	Anita M. Slechta, M.S., BSRT, RT (R)(M), ARRT, CRT
Johnson B. Lightfoote, M.D., FACR	Cliff Tao, DC
Todd D. Moldawer, M.D	

COMMITTEE MEMBERS ABSENT

John L. Go, M.D., FACR
Bonna Rogers-Neufeld, M.D., FACR

STAFF

Ricardo Arriola, RTCC Coordinator	Lisa Russell, Supervising Health Physicist
Marilyn Cantrell, Senior Health Physicist	Phillip Scott, Senior Health Physicist
Gonzalo Perez, Chief, Radiologic Health Branch	

ALSO PRESENT

Ms. Teri Braun-Hernandez, CSRT
Ms. Rachelle Campbell, Foothill College
Ms. Dawn Charman, El Camino College
Ms. Lorenza Clausen, CSRT
Ms. Diane Przepiorski, California Orthopaedic Association
Dr. John Shepherd, ISCD

Dr. Lisa Schmidt, Pima Medical Institute
Dr. Kyle Thornton, City College of San Francisco
Mr. Theodore Vanderlaan, Gurnick Academy
Ms. Cheryl Young, National University
Dr. Jennifer Yates, Merritt College

MEETING SUMMARY

I. WELCOME / OPENING REMARKS

Chairperson Taylor called the meeting to order and welcomed all meeting attendees and introduced the RTCC members and California Department of Public Health-Radiologic Health Branch (CDPH-RHB) staff. Voting protocol was shared with the members and presenters were provided instructions regarding the timing procedures for the day's presentations.

II. APPROVAL OF APRIL 8, 2015 RTCC MEETING MINUTES

MOTION I

The committee members reviewed the April 8, 2015 RTCC meeting minutes and suggested the following edit:

- Page 29, Motion XII, voting record to be corrected to reflect 2 "No" votes from Committee members Garcia and Slechta.

Motion: Committee Member Moldawer

Second: Committee Member Butler

NO VOTE TAKEN

Chairperson Taylor stated that the approved minutes would be visible on the CDPH-RHB website no later than 30 days from the meeting's date.

III. RECOGNITION

Frieda Y. Taylor

RTCC Chairperson

Supervising Health Physicist

Registration and Certification Section

Chairperson Taylor introduced the recipients of Certificates of Appreciation for the following categories:

- Outgoing RTCC Committee Members:
 - Ms. Diane Garcia, representing Radiologic Technologists
 - Dr. Neil Mansdorf, representing Podiatrists

- Two RTCC Subcommittees formally discharged at the April 8, 2015 RTCC Meeting:
 - The RTCC subcommittee for Fluoroscopy Content within the American Registry of Radiologic Technologists (ARRT) examination.
 - The RTCC Subcommittee for Practice Standards for Certified Radiologic Technologists.

Certificates were read aloud and presented to Co-Chairs and Members in attendance. Chairperson Taylor then introduced the first speaker, Mr. Phillip Scott.

IV. CLARIFICATION OF RTCC RECOMMENDATION REGARDING FLUOROSCOPY PERMITS AND CRTs MEETING SPECIFIC CRITERIA

Phillip L. Scott

Senior Health Physicist

Strategic Planning and Quality Assurance Section

Regulations Unit

Senior Health Physicist Phillip Scott introduced his topic and referred to two motions needing clarification from 2013 and 2014 RTCC meetings. He provided background on the motions and provided a comparison of what was proposed, introduced, amended and passed.

Mr. Scott clarified that his presentation pertained only to the Radiologic Technologist Fluoroscopy Permit.

- In 2013, RTCC made the recommendation that a CRT who has graduated from a JRCERT accredited radiography program, or its equivalent, and passed the ARRT radiography exam is not required to have a fluoroscopy permit.

- In 2014, RTCC made a similar motion, a CRT who graduated from a JRCERT accredited radiography program and passed the ARRT radiography examination shall be granted a fluoroscopy permit.

Mr. Scott discussed the conflicting outcomes and implementation needs, such as possible grandfathering and program equivalency criteria.

2013 MOTION:

- The 2013 motion came after discussion regarding a presentation from an individual to eliminate the fluoroscopy permit for CRTs in its entirety.
- During that discussion, it was stated that the ASRT considers fluoroscopy to be within radiography, and that ASRT develops curricula.
- It was also indicated that ARRT develops examinations, and the JRCERT requires accredited programs to follow ASRT's curriculum.
- During that discussion, grandfathering was addressed and the discussion indicated that if an individual was not trained, they should not be grandfathered.
- It was indicated that the content is defined by the curriculum not by the passing of a test. And if they actually have fluoroscopy in the curriculum, shouldn't they be allowed?

2014 MOTION:

- The 2014 motion came after a subcommittee report and an update on fluoroscopy content within the ARRT radiography examination.
- That subcommittee recommended to RTCC that the State no longer require passage of the fluoroscopy exam for State certification of individuals who have passed the ARRT radiography examination.
- There was discussion on the grandfathering and historical usage of ARRT's exam. During the discussion it was indicated that in 2001 historically ARRT exam was considered not to be equivalent.
- It was also indicated that ARRT updates their examinations basically on a five-year cycle, and now the test is equivalent.
- It was further understood that the motion was not retroactive, but started when RHB approves.

Mr. Scott then provided a side by side comparison of the motions and asked the RTCC to give a consistent recommendation so that he could move forward with the analysis and propose regulations to implement the recommendation.

- Does RHB need to issue the permit or not?
- Does RHB need to consider an equivalent program or not establish equivalency?
- Does RHB want to consider grandfathering?

Mr. Scott shared the suggested resolution:

- Regarding the permit issuance, do not issue a permit.
- Regarding the grandfathering, provide a transition process for existing CRTs who do not currently have the fluoroscopy permit.
- Regarding equivalency, provide for program equivalency and use ASRT's radiography curriculum as a criteria.
 - During the RTCC discussions, it was indicated that content of a program is defined by the curriculum not by the passing of a test.
 - The RTCC subcommittee has determined that the fluoroscopy exam is rigorous enough to test for competency, and recommended that passage of a fluoroscopy exam should not be required if individuals passed the ARRT's radiography exam.
 - The ASRT's curriculum forms the basis for JRCERT accreditation, the ARRT's didactic competency requirements, and California's requirement on diagnostic RT programs.

Mr. Scott's recommended clarification for RTCC consideration:

"Upon adoption, a CRT who graduated from either a JRCERT accredited radiography program or an ARRT recognized educational program in radiography, and has passed the ARRT's radiography examination need not obtain a fluoroscopy permit" Mr. Scott noted "Further, that a fluoroscopy permit will not be issued, and there be a possible transition process for existing CRTs without the fluoroscopy permit."

DISCUSSION

COMMITTEE MEMBER SLECHTA: "This transition process seems fairly complex for you to regulate. Is there opposition to no transition, which would

result in all CRTs not needing a fluoro permit, even though currently they don't have a fluoro permit?"

SENIOR HEALTH PHYSICIST SCOTT: "That could be a recommendation. That's an alternative. That was discussed in the 2013 meeting... and that's where we get the discussion... of grandfathering... When you read the RTCC minutes from 1971 all the way up to 1985, the Committee recommended and held that the training and education experience that was in the regulation at the time... did not bring an individual to competency for fluoroscopy use... and that's where the 1985 requirement...was adopted...to ensure that they met it."

COMMITTEE MEMBER SLECHTA: "My concern is how you regulate this from a practicality point of view. There seems, at some point in time... if that's 2011, everyone moving forward doesn't need a fluoro permit... that date is critical. I think 2011 is a very good date, but I don't think grandfathering for grandfathering's sake is a word I'd want to use, just as transition to get everybody up to speed."

SENIOR HEALTH PHYSICIST SCOTT: "An alternative... is to create a transition and then require or mandate that everybody who does not have a fluoro permit has to go through a process to get the authorization so that we result in one issued document over time."

COMMITTEE MEMBER CAGNON: "I have the same kind of question about the practicality of implementation... So a fluoroscopy permit will not be issued, which I agree makes sense. But if it's not being issued... how do you get data back from people?"

SENIOR HEALTH PHYSICIST SCOTT: "That's part of what the analysis would have to look at, how we move forward from that point...there has to be some designation to the public and to the inspectors that says this individual is authorized for this, and this one is not..."

COMMITTEE MEMBER CAGNON: "I would suggest as well in the analysis [the] same kind of question, when an employer wants to hire somebody, how do they know that they have that qualification?"

COMMITTEE MEMBER LIGHTFOOTE: "I would second Dr. Cagnon's suggestion. A cut-off date of January 1st, 2011 sounds reasonable, that a permit would be required if a CRT is issued prior to that date, and a permit is not

required if the CRT is issued after that date. It makes for fairly simple enforcement.”

SENIOR HEALTH PHYSICIST SCOTT: “We can definitely bring that into the analysis as a component of that for your consideration -- for final approval.”

COMMITTEE MEMBER GARCIA: “Is there any problem with issuing a CRT and a permit, even if you finished after 2011 to the appropriate technologists? ... We're all saying eliminate the permit, but I'm saying we eliminate the exam, but they still are issued that piece of paper that says that they have a permit.”

SENIOR HEALTH PHYSICIST SCOTT: “That's what the impact analysis would do... let's say we accept it and we issue the piece of paper, there still is a cost for us to issue the piece of paper.”

COMMITTEE MEMBER GARCIA: “I would suggest that the CRT license say and fluoroscopy permit. ”

COMMITTEE MEMBER PUCKETT: “A number of points...

- I agree that the date... we have to use that date, because otherwise we'd have to go back and check the curriculum on each date before that. So, yes, on the date.
- I agree with Anita that prior to that date, we probably just can't give them blanket carte blanche. So, no, to grandfathering that way.
- Your proposed transition I like completing that CEU and documenting that. That might be enough. That's open for discussion, but some form of that I think is the right direction.”

“Diane touches on needing to clarify the status of the individual, which I believe is the crux of the problem... What I would propose is...

- The new CRTs successfully passing the test after – graduated after the transition part of the date, have something like fluoro qualification, documentation exempt...
- The people graduating before that, now you have two potential different classes of people that completed prior to 2011.
 - One, fluoro qualification documentation exempt satisfied now or they're not exempt, but now satisfied

- And those that are not exempt, but have not satisfied...
- And once they satisfied it, they would permanently change their status. And the only way for the people who weren't qualified and not satisfied, they'd have to satisfy it to move to the other category. That's my proposal.”

COMMITTEE MEMBER MOLDAWER: “Speaking on behalf of orthopedic surgeons and other practitioners who employ radiologic technologists, I think consideration needs to be made for the employer to understand the morass of regulation and requirements... And I think even if there is a cost involved in either stamping fluoroscopy privileges approved or something on the standard license or issuing a separate certificate, you've got to make it very clear for employers to know whether or not they are hiring someone who is fluoro qualified or not fluoro qualified.”

COMMITTEE MEMBER PUCKETT: “We've created the need for that piece of paper and now we're going to continue issuing that piece of paper. So... if the need for that went away... then it's less of an issue. It's just that the inspector shows up and says ‘Where is your piece of paper?’ that creates that need. So I'm hoping to simplify it.”

COMMITTEE MEMBER LIGHTFOOTE: “If the permission to do fluoroscopy, the exemption from the requirement of a permit, is simply a CRT dated after 2011, then a statement on the website stating all CRTs issued after 2011 do not require fluoroscopy permit to do fluoroscopy would meet that requirement. You can just print that page from the website and put it on the back of your -- in the back of your CRT certificate frame.”

SENIOR HEALTH PHYSICIST SCOTT: “These are all good suggestions that will be pulled into the analysis... When... we established the digital authorization for the x-ray technicians and that transition process, we created and mailed out to all the x-ray technicians a notice informing them of the changes... and how to accomplish getting that authorization so that they could continue working... The same type of notification would be happening with whatever we do here.”

COMMITTEE MEMBER CAGNON: “... I think most people here would agree that we're not trying to say the need is no longer there. We're trying to say that the new training, the new exam incorporates fluoroscopy.”

COMMITTEE MEMBER GARCIA: "...just to be very clear that we're saying yes to 2011, as the beginning date, that there is no prior grandfathering prior to 2011 and that we add something such as CRT with fluoro privileges to the CRT certification -- license."

MR. VANDERLAAN: "My only comment to the Committee would be to move ahead with this with all due haste, because... the reality for a recent graduate is that from the time they graduate and pass the ARRT exam, it can be up to four months or more before they can actually apply for jobs... So let's press ahead is my recommendation."

MS. CLAUSEN: "I just was wondering how this would impact the coming regulations starting next year with fluoroscopy continuing education required for the permit holders currently. Would that just roll into all CRTs would have the fluoroscopy permit requirements as well for this continuing education?"

SENIOR HEALTH PHYSICIST SCOTT: "Yes, the analysis would have to account for every time our regulation talks about the radiologic technologist fluoroscopy permit... And, as you know, the CEUs required, there's 24 in the two-year period. And then four of those have to be in fluoroscopy."

COMMITTEE MEMBER SLECHTA: "But you could say any CRT who can do fluoro has to have CE or fluoro... and I would think that would be our preference, wouldn't it, Committee?"

SENIOR HEALTH PHYSICIST SCOTT: "You sure could do that."

MOTION II

COMMITTEE MEMBER SLECHTA: "I move that we take Phillip's recommendations, as listed on his last – his previous slide to eliminate the need for a permit to do fluoro for CRTs who graduated from a JRCERT approved school or equivalent on 2011 or after; and, that we find a transition method for those who do not have fluoro permits currently... with their CRT; and, we include continuing education requirements for CRTs who will be CRTs with fluoro capabilities."

Motion: Committee Member Slechta

Second: Committee Member Moldawer

DISCUSSION

COMMITTEE MEMBER PUCKETT: “What would you think of the more recent graduate who chooses not to do fluoroscopy and not be required to do the CEUs? Is there now a fourth category?”

COMMITTEE MEMBER SLECHTA: “I don't think so.”

COMMITTEE MEMBER PUCKETT: “So basically anyone after 2011 has to maintain their fluoro capability?”

COMMITTEE MEMBER SLECHTA: “I think so.”

COMMITTEE MEMBER CAGNON: “I would argue that the way the industry is moving forward, it's just in the best interests.”

Vote:

9 Yes: Dr. Cagnon, Dr. Tao, Professor Slechta, Dr. Moldawer, Dr. Lightfoote, Dr. Mansdorf, Ms. Garcia, Dr. Butler, and Dr. Puckett.

0 No

0 Abstain

MOTION PASSES UNANIMOUSLY

Chairperson Taylor acknowledged members of CDPH management that came in after the opening comments:

- Stephen Woods, Division Chief, Division of Food, Drug, and Radiation safety
- Gonzalo Perez, Chief, Radiologic Health Branch
- Lisa Russell, Supervising Health Physicist, Inspection, Compliance, and Enforcement Section

Chairperson Taylor dismissed for the morning recess.

V. MORNING RECESS

10:18 AM – 10:44 AM

Prior to introducing the next speaker, Chairperson Taylor clarified a few items.

- Another member of CDPH management that's joined the meeting, Karen Hobson, Financial, Operations, and Analysis Section.
- On the last motion from Phillip's topic, Coordinator Arriola mistakenly stated ten yeses instead of 9. There were only nine members present.
- The first item of business was not voted formally voted on and needed to be redone.

MOTION III

The committee members voted to approve the April 8, **2015** RTCC meeting minutes and suggested the following edits:

- Page 29, Motion XII, voting record to be corrected to reflect 2 “No” votes from Committee members Garcia and Slechta.
- Motion XII, as stated from the transcript, is to be included in the April 8, 2015 minutes prior to publishing.

Motion: Dr. Moldawer

Second: Dr. Lightfoote

Vote:

9 Yes: Dr. Cagnon, Dr. Tao, Professor Slechta, Dr. Moldawer, Dr. Lightfoote, Dr. Mansdorf, Ms. Garcia, Dr. Butler, and Dr. Puckett.

0 No

0 Abstain

MOTION PASSES UNANIMOUSLY

Chairperson Taylor then introduced the next speaker, Mr. Phillip Scott.

VI. CLARIFICATION OF MOTIONS REGARDING USE OF NON-PERMITTED INDIVIDUALS TO MOVE PATIENT/EQUIPMENT DURING FLUOROSCOPY

Phillip L. Scott

Senior Health Physicist

Strategic Planning and Quality Assurance Section

Regulations Unit

Senior Health Physicist Phillip Scott introduced his topic and referred to the motions needing clarification from prior RTCC meetings. He clarified that his

presentation was intended to focus only on motions related to allowing non-permitted individuals to position the patient or equipment during fluoroscopy of a patient when so directed by a permitted licentiate.

Mr. Scott shared the following history:

- Over the last two years, RTCC has had 19 presentations regarding this subject area
- There have been 19 motions
- RTCC has had 12 motions that have passed, six that failed, and one that was withdrawn.
- 10 of the 12 are specific to this topic area.

Mr. Scott stated that the goal was to obtain a single recommendation so that he could move forward and do the analysis on that and return with that analysis for the Committee.

He then provided motions verbatim with some clarifying revision:

- April 2013: Table Title 17 discussion for this meeting. And in the fall RHB provided recommended language to amend Title 17 to include designated individuals in the angio suite under direct supervision of an RT or a licentiate to allow positioning of patients during a fluoroscopy procedure. Amendment would add additional locations in the cath lab and additional personnel that are not an RCIS.
- October 2013: Develop a limited permit or an exception to existing regulation that would allow an individual with specific education and experience to be defined or determined, the ability to position the patient or the equipment under the personal immediate supervision of the S&O while x-rays are not being generated.
 - The intent here was to exclude technical factor adjustment or to move patient equipment when tube is activated.
- April 2014: That RTCC investigate changing the definition of fluoroscopy, specifically, intraoperative fluoroscopy as it pertains to positioning the patient and motion of the x-ray equipment, including for the operative suite and the cardiac cath lab.

- October 2014: Formation of a subcommittee to recommend amendment of the definition of fluoroscopy and who can use fluoroscopy under what conditions.
- October 2014: Recommended adopting the following: "An individual under the direct and immediate supervision of the S&O may move the patient or fluoroscopy equipment, as instructed by the S&O, when the fluoroscopy equipment is not actuated or energized. Movement of the patient or equipment may change the spatial relationship between the patient and the fluoroscopic equipment. When there is a change in the spatial relationship between the patient and the equipment, an individual with a fluoroscopy permit must reassess the exposure technique and radiation safety consequences prior to any subsequent patient radiation exposure."
- April 2015:
 - Part 1: Only a qualified person (permitted individual) may initially establish or re-establish spatial relationships (i.e., where the patient is in relation to the radiation source), determine exposure factors, and/or expose a patient to X-rays in a fluoroscopy mode. A licentiate may use fluoroscopy equipment independently, provided he/she holds either a Radiology Supervisor and Operator Certificate or a Fluoroscopy Supervisor and Operator Permit. The physician assistant and the radiologic technologist holding the appropriate fluoroscopy permit must be under the supervision of a permitted licentiate.
 - Part 2: During the period of time that the fluoroscopy machine is energized, a non-permitted individual may not move the patient or the equipment, except as provided in item 5.
 - Part 3: An individual under the direct and immediate supervision of the S&O may move the patient or fluoroscopy equipment, as instructed by the S&O, when fluoroscopy equipment is not actuated or energized. Movement of the patient or equipment may change the spatial relationship between the patient and the fluoroscopic equipment. When there is a change in the spatial relationship between the patient and the equipment, an individual with a fluoroscopy permit must reassess the exposure technique and radiation safety consequences prior to any subsequent patient

radiation exposure.

- Part 4: Pursuant to Title 17, California Code of Regulations (17 CCR), Section 30450(b), a certified therapeutic radiologic technologist performing fluoroscopy for therapeutic treatment planning is not required to hold a radiologic technologist fluoroscopy permit. This exception may not be construed to allow a certified therapeutic radiologic technologist to use fluoroscopy for diagnostic purposes.
- Part 5: An individual under the direct and immediate supervision of the supervisor and operator may use an assistant in the real-time mobilization of the patient under fluoroscopy for a medical or surgical procedure provided a CRT is present in the room and that the chosen individual should have documented radiation safety training.

Mr. Scott shared the following possible path forward and opened the floor to discussion and questions:

- Subcommittee formation not recommended due to April 2015 motions & Open Meetings Law limitations.
- Provide single recommendation that captures the issue's essence and RTCC's guidance so an impact analysis can be performed.
- RHB presents to RTCC in Spring 2016 results of impact analysis.

DISCUSSION

COMMITTEE MEMBER LIGHTFOOTE: "Like most laws..., rules, and motions that are amended, it's the last one that stands. It's the one from April 2015 that finally captures the essence and the compromise that the Committee was able to come to to make as a recommendation. And the essence of that recommendation... does allow for supervisor and operators, licentiates, to use fluoroscopy and to use assistants, such as RCISs and surgical assistants, to move the patient, manipulate the patient as long as there's a CRT in the room supervising and making sure that the radiation is attended to."

COMMITTEE MEMBER BUTLER: "I think the motions that were actually passed at the last meeting do address the issue very nicely, if we ignore everything prior to April of 2015. These are just recommendations to the RHB. We can't make regulation or legislation here. We're just suggesting and recommending. That authority rests in other venues in the RHB."

COMMITTEE MEMBER PUCKETT: "We were using Lisa's slides as kind of an overall guide. And we added -- we created a number 5, because she had 1, 2, 3, and 4 enumerated. And so when we said, except in item 5, which we then created through motion, that you could move it under direct supervision if there's a CRT in the room."

MS. PRZEPIORSKI: "I would suggest to the Committee that if you focus on Phillip's slides from today, it will get you to the consensus of the couple of years of discussion on this issue... Motion 5 though I think needs just a tiny bit of wordsmithing to get to the essence of the discussion over the years... Mobilization doesn't really fit with equipment as well as I think just the word movement does. So I would suggest may use an assistant in the real-time movement of the patient or equipment. And the rest I would leave as is with just adding to the end of that sentence that the chosen individual shall have documented radiation safety training as established by the facility."

COMMITTEE MEMBER GARCIA: "I just want to make it really clear this is not just talking about a simple C-arm in a surgery orthopedic case. These are hybrid scanners, and some of them -- the amount of radiation is 10 times as much as you would even imagine. And they use very low kV and high mA, which is the opposite of what we're expecting. That's mostly in vascular imaging. And compared to what they do in orthopedics, it's tremendously different."

COMMITTEE MEMBER CAGNON: "I do agree that the technologies are changing so quickly, that this Committee would be well advised to be aware of all the possibilities... I just wanted to mention on Diane's comments on part 5, I tend to agree with her suggestions. I would just -- this is for Phillip, is that it says an individual under the direct and immediate supervision. I think the regulations would have to define direct and immediate."

COMMITTEE MEMBER LIGHTFOOTE: "With regard to part five... I'd suggest that we emphasize the role of the technologist a bit more by replacing, in the room with the words and managing radiation exposure."

COMMITTEE MEMBER LIGHTFOOTE: "Well I'll make a motion. I think that part 2, which cross-references part 5 takes care of the issue of non-permitted individuals may not move the patient or the equipment. That's explicit. And the exception is as appears in part 5."

MOTION IV

COMMITTEE MEMBER LIGHTFOOTE: "My motion would be to amend part 5 with the following: Replace mobilization with moving of the patient and replace in the room with and managing radiation exposure and equipment."

Motion Restated:

COMMITTEE MEMBER LIGHTFOOTE: "That we submit to Phillip and RHB our recommendation contained on the five slides with two verbal amendments. One of those is replace mobilization with moving and replace in the room with and managing radiation exposure and equipment."

Motion: Dr. Lightfoote
Second: Dr. Moldawer

DISCUSSION AND GROUP AMENDMENT

AMENDMENT

COMMITTEE MEMBER CAGNON: "Movement of the patient or the equipment for purposes of re-centering the image or optimally centering the image. And secondly, on the part of the technologist in the room and managing the radiation dose."

AMENDMENT

COMMITTEE MEMBER CAGNON: "Moving the patient or the equipment for purposes of re-centering to the area of clinical interest and/or for a medically necessary procedure...Present in the room and managing the radiation safety."

AMENDMENT

COMMITTEE MEMBER SLECHTA: "So I would move that we...amend the multiple amendments, for a medical surgical procedure provided only when a

CRT is present and in the room, with all your other managing radiation and equipment."

COMMITTEE MEMBER LIGHTFOOTE: "We just need it projected on the screen. So this is PowerPoint, you can edit that in real time."

CHAIRPERSON TAYLOR: "We are into lunch. So copy it into a Word document, and we are going to put Chris's edited language onto that. And we're going to go real time with the amendments.

April 2015 – Part 5: Motion was projected onto the screen for real time modification and was as follows:

An individual under the direct and immediate supervision of the supervisor and operator may use an assistant in the real-time movement of the patient or equipment under fluoroscopy for purposes of re-centering to the area of clinical interest or for manipulating the patient for medical purposes necessitated by the procedure provided a CRT is present in the room and is managing the radiation exposure and X-ray equipment and that the assistant should have documented radiation safety training, required to be established by the facility.

AMENDMENT

COMMITTEE MEMBER CAGNON: "For the real-time mobilization of the patient...Movement...real-time movement...of the patient or equipment under fluoroscopy for purposes of re-centering to the area of clinical interest... or for manipulating the patient for medical purposes necessitated by the procedure... provided a CRT is present in the room and is responsible for management of the radiation exposure to the patient."

AMENDMENT

COMMITTEE MEMBER PUCKETT: "I would suggest is in the room and is managing the radiation exposure... And then I would delete to the patient and."

AMENDMENT

COMMITTEE MEMBER SLECHTA: "Chris's original amendment said managing radiation exposure and equipment. I would prefer you say and equipment."

Further in discussion, Member Slechta suggested clarification of exposure and equipment.

AMENDMENT

COMMITTEE MEMBER GARCIA: "I would add, and that the chosen individual assisting should have documented radiation safety training."

AMENDMENT

COMMITTEE MEMBER BUTLER: "Take out chosen assistant and just put... and the assistant should have documented radiation safety training."

AMENDMENT

COMMITTEE MEMBER MANSDORF: "There had also been some discussion about adding, training as established by the facility at the end of this."

AMENDMENT

COMMITTEE MEMBER LIGHTFOOTE: "Well, as required by the facility. In other words, the training isn't established. A requirement for training may be requested."

AMENDMENT

COMMITTEE MEMBER GARCIA: "As required to be established by the facility...training as required to be established by the facility." The word "as" was later agreed to be removed.

AMENDMENT

COMMITTEE MEMBER PUCKETT: "Mine is easy. You should have a comma after training so that that part doesn't apply to the whole sentence. It only applies to the training."

AMENDMENT

COMMITTEE MEMBER CAGNON: "Phillip, two lines up in front of equipment,

can you just say x-ray so they're just responsible for that part...Exposure and x-ray equipment.”

FINAL AMENDMENT:

COMMITTEE MEMBER CAGNON: “So part five of the motion, An individual under the direct and immediate supervision of the supervisor and operator may use an assistant in the real-time movement of the patient or equipment under fluoroscopy for purposes of re-centering to the area of clinical interest or for manipulating the patient for medical purposes necessitated by the procedure provided a CRT is present in the room and is managing the radiation exposure and x-ray equipment and that the assistant should have documented radiation safety training, required to be established by the facility.”

CHAIRPERSON TAYLOR: “For purposes of clarifying the motion for the public record and the court reporter, the motion by Dr. Lightfoote incorporated parts 1 through 4 of Phillip Scott's presentation verbatim... And part 5 of Phillip's presentation was modified to read what's on the screen that Dr. Cagnon just read verbatim. So you're voting on the five parts that were in Phillip's presentation, part 5 was modified.”

SENIOR HEALTH PHYSICIST SCOTT: “And one clarification is that those five parts are from the April 2015 meeting.”

Note: Parts 1 through 4 (Verbatim from Phillip Scott's Presentation) are as follows:

April 2015 – Part 1: Motion.

Only a qualified person (permitted individual) may initially establish or re-establish spatial relationships (i.e., where the patient is in relation to the radiation source), determine exposure factors, and/or expose a patient to X-rays in a fluoroscopy mode. A licentiate may use fluoroscopy equipment independently, provided he/she holds either a Radiology Supervisor and Operator Certificate or a Fluoroscopy Supervisor and Operator Permit. The physician assistant and the radiologic technologist holding the appropriate fluoroscopy permit must be under the supervision of a permitted licentiate.

April 2015 – Part 2: Motion

During the period of time that the fluoroscopy machine is energized, a non-permitted individual may not move the patient or the equipment, except as provided in item 5.

April 2015 – Part 3: Motion

An individual under the direct and immediate supervision of the S&O may move the patient or fluoroscopy equipment, as instructed by the S&O, when fluoroscopy equipment is not actuated or energized. Movement of the patient or equipment may change the spatial relationship between the patient and the fluoroscopic equipment. When there is a change in the spatial relationship between the patient and the equipment, an individual with a fluoroscopy permit must reassess the exposure technique and radiation safety consequences prior to any subsequent patient radiation exposure.

April 2015 – Part 4: Motion

Pursuant to Title 17, California Code of Regulations (17 CCR), Section 30450(b), a certified therapeutic radiologic technologist performing fluoroscopy for therapeutic treatment planning is not required to hold a radiologic technologist fluoroscopy permit. This exception may not be construed to allow a certified therapeutic radiologic technologist to use fluoroscopy for diagnostic purposes.

Vote:

9 Yes: Dr. Cagnon, Dr. Tao, Professor Slechta, Dr. Moldawer, Dr. Lightfoote, Dr. Mansdorf, Ms. Garcia, Dr. Butler, and Dr. Puckett.

0 No

0 Abstain

MOTION PASSES UNANIMOUSLY

VII. LUNCH

12:07 PM - 1:11 PM

Chairperson Taylor called for order and introduced the next speaker, Mr. Phillip Scott.

VIII. LEGISLATIVE AND REGULATORY UPDATE

Phillip L. Scott

**Senior Health Physicist
Strategic Planning and Quality Assurance Section
Regulations Unit**

Mr. Scott introduced and gave updates on two assembly bills:

- SB 538 – Naturopathic Doctors
 - Existing law:
 - Allows naturopathic doctors to order diagnostic X-ray studies. However, studies must be performed and interpreted by a licensed health care professional.
 - Introduced version:
 - Allows naturopathic doctors to perform and interpret diagnostic X-ray studies consistent with naturopathic medicine.
 - Did not clarify if naturopathic doctors are subject to the RT Act.
 - April 6, 2015 Amendment – Returned to existing law.
 - Currently with Assembly Appropriations Committee
 - Failed passage, but granted reconsideration
- AB 1092 – Magnetic Resonance Imaging (MRI) Technologists
 - 2-27-15 version
 - Requires MRI operator to be licensed by CDPH if operator was certified by either the American Registry of Magnetic Resonance Imaging Technologists (ARMRIT) or the American Registry of Radiologic Technologists - MRI specialty (ARRT).
 - 4-20-15 version
 - Requires MRI technologist to be registered with CDPH.
 - Requires CDPH to maintain an official roster of registered MRI technologists.
 - Authorized imposing fees on registrants.
 - Requires MRI technologist to report, within 30 days, accidents resulting in injury of death to patient, damage to

property of patient, or damage to MRI equipment.

- 5-4-15 version
 - Maintained 4-20-15 registration proposal.
 - Revised reporting requirement to “accident resulting from the use or malfunction of MRI equipment, within 30 days of its occurrence, that resulted in the serious disability.”
 - Maintained 4-20-15 events.
 - Defined “Serious disability.”
 - Exempted CRTs from paying fees
 - Currently, held under submission.
 - Considered a 2-year bill.
 - Can be reconsidered in the 2nd half of the Legislative session.

He then shared Regulation updates on “RTCC” and “other” proposals.

RTCC:

- Limited Permit X-ray Bone Densitometry Category – Whole Body Composition Procedures & Terminology Change.
- Currently under review by CDPH Director’s office.
- CRT Scope of Practice
 - Legal review of authority
 - Return the next RTCC with proposed regulations

OTHER

- Mammography Facility Requirements
 - 17 CCR, Section 30315.10.
 - Currently under review by Health & Human Services Agency.
- 2 other proposals focus on radioactive material: 1 with Department of Finance; 1 with CDPH Director’s office.

DISCUSSION

COMMITTEE MEMBER SLECHTA: “In the minutes, you moved that RTCC send a letter to the bill sponsor that we don't think that the licensure of MR techs is necessary or wise, and it was passed.”

COMMITTEE MEMBER LIGHTFOOTE: “Did anyone send that letter?”

SENIOR HEALTH PHYSICIST SCOTT: “We wouldn't provide it. We can't provide it to the legislature. We provide it through our department process.”

COMMITTEE MEMBER LIGHTFOOTE: “But RTCC can.”

SENIOR HEALTH PHYSICIST SCOTT: “Sure can.”

COMMITTEE MEMBER LIGHTFOOTE: “We just need a secretary to type it up for us. Frieda, could you arrange that?”

CHAIRPERSON TAYLOR: “What I will have to do is consult with legal to see if it's an appropriate task for RTCC to do as a body, to make sure that we are not encouraging any violation of Bagley-Keene by the process.”

Chairperson Taylor then introduced the next speaker, Ms. Lisa Russell.

IX. FOLLOW-UP: MOTIONS RELATED TO ENFORCEMENT

Lisa Russell

Senior Health Physicist

X-Ray Inspection, Compliance, and Enforcement Section

Ms. Russell thanked the committee and shared the follow-up questions and issues for two motions made at previous meetings.

- Motion IV, from the April 8, 2015 Meeting:

“I move that RTCC recommend to RHB to find a mechanism for public notification of significant violations of Title 17.”

- Questions
 - Was this motion meant to include violations of the Health and Safety Code (RT Act) or just regulations?
 - Was this motion meant to name individuals or facilities?
 - What are “significant violations”?
 - Not defined anywhere
 - “Notify the public” by what means?
 - RHB currently provides public notification at the facility when they post the Notice of Violation.

- Issues regarding the motion
 - If naming individuals, the appeal process and name clearing hearing must precede notification.
 - Notification process development
 - How extensive?
 - Availability
 - Cost
 - Recovered by fees?
 - Recovered by fines?

- Motion V from the April 8, 2015 Meeting:

“The RTCC is recommending that the RHB consult with legal counsel to find a mechanism that would give the RHB authority to levy fines for significant violations when appropriate.”

RHB Response:

- Consulted with legal counsel and concluded that RHB does not have the statutory authority to levy fines. This would require a change to the law (legislative action) which RHB does not control.
- RHB not in position to levy fines.
- If we were to have that authority, what's a significant violation?

Ms. Russell opened the floor to questions and solicited guidance from the RTCC.

DISCUSSION

COMMITTEE MEMBER GARCIA: “I believe for the first question, which was was this the RT Act or just regulations? I believe that we meant everything... The second one, was this motion meant to name individuals or facilities?, I think both... and then how do you notify the public? I would say on your website... As far as motion four is concerned, I think this should be recovered by fines, because I think that would solve the problem of that would be the consequence to the action. Unfortunately, you can't fine anybody, but who can?”

SUPERVISING HEALTH PHYSICIST RUSSELL: “The legislature would have to give us that authority.”

COMMITTEE MEMBER LIGHTFOOTE: “We would... ask you guys what you think the serious violation is? In other words, have you seen any or many violations that would have a high probability of placing substantial risk to the public that the public would want to know about? In other words, this is

something that ought to be on your website, not discovered by 60 Minutes... have you encountered any or many cases like that of something real bad and dangerous happening?"

SUPERVISING HEALTH PHYSICIST RUSSELL: "We have at least a few... one, we did eventually revoke the individual's permit who was performing CT inappropriately, but that did take a very long time. And it was already quite public by the time we could take action, because of our process."

COMMITTEE MEMBER CAGNON: "I think that's a motive for the regulative entity to look for mechanisms or ask for legislation... and as far as the level of severity... I would argue that an individual irradiating patients without the appropriate licensure would be one example of... a level that you'd report."

COMMITTEE MEMBER SLECHTA: "So tell us how we can help you, because I think you want full disclosure, because you want to protect the citizen of California. I'd like to go to the next step in a year or so where we talk about ethics violations, which we are doing at the national level, but not at the State level."

SUPERVISING HEALTH PHYSICIST RUSSELL: "As far as individual certification violations, we're looking for even more specificity... what are the significant violations and to what extent? I need your input... before we can even look at creating something around this."

COMMITTEE MEMBER LIGHTFOOTE: "I don't think an expired permit is significant enough to fine somebody over. Practicing without a license though, or without a permit, I think, is. You may be able to get some help from the Attorney General's office."

SUPERVISING HEALTH PHYSICIST RUSSELL: "We have been working with the Attorney General's office. It's which cases they choose to take."

COMMITTEE MEMBER BUTLER: "It would seem like, to me and reasonable people, a significant violation would be one that has an imminent threat to public safety... I think the only way you can look at it is you either come to us with a list of all the violations and regulations, and then we'd have to go through them one at a time, and say well, this is significant, this is not, this is significant, this is not, or we just go back to that issue – which takes some judgment on your part, is there an imminent serious threat to public safety."

CHAIRPERSON TAYLOR: "Could the Board perhaps provide some examples for consideration as to what would be considered an imminent threat to public health and safety?"

COMMITTEE MEMBER CAGNON: "When the enforcement division posts a violation and requires the institution to post a violation, does that include violations of the RT Act?"

SUPERVISING HEALTH PHYSICIST RUSSELL: "It does include violations. It doesn't include the individual's name."

COMMITTEE MEMBER CAGNON: "Our motive would be to make it more of a deterrent, because if it's more visible and accessible, it's more of a deterrent. But if it's a public record... how would one go and find out?"

SUPERVISING HEALTH PHYSICIST RUSSELL: "A public records request. It's guaranteed under the Public Records Act... we have a person designated in RHB that handles our public records requests."

COMMITTEE MEMBER CAGNON: "I'm insinuating that a professional group, a watchdog, could do it themselves and post themselves... I think that's just something for the professional groups and the Committee to consider is that it might be a lot easier and faster for just one of our professional groups to make that request, which would be allowed, I assume, right?"

SUPERVISING HEALTH PHYSICIST RUSSELL: "That information would be redacted, so you wouldn't have individual names."

COMMITTEE MEMBER LIGHTFOOTE: "Inasmuch as it is a public document, the Bureau itself could post them. It's traditional to post it in the x-ray room where the violations are occurring, but I'm not hearing any prohibition to posting every violation on the Internet... on your Internet, on your web page... But I would suggest that if it's a public document, it can be posted just about anywhere."

COMMITTEE MEMBER GARCIA: "I appreciate that this needs to be posted somewhere. I disagree with the professional organizations... we just don't have the manpower to do that or even do things on a monthly basis... I think it should be the RHB."

COMMITTEE MEMBER PUCKETT: "I think it would be best ideally if it was somehow posted on the RHB website, but another path that I've seen other departments take in California is not necessarily post a list, but have a query-able website so that...you can query for violations by certain entities."

COMMITTEE MEMBER LIGHTFOOTE: "By posting every violation, you really execute your responsibility as a public health entity... Everything that gets posted

in every hospital as a violation, there should be a PDF of that available on the Internet.”

SUPERVISING HEALTH PHYSICIST RUSSELL: “With the facility name without the individual name?”

COMMITTEE MEMBER CAGNON: “What are the obstacles that you perceive as far as posting, is it cost? Is it legal won't like it? Does it make your job harder and when you write the violations you have to be aware of potential -- more visibility of them?”

SUPERVISING HEALTH PHYSICIST RUSSELL: “One of the big things would probably be cost. And our IT is not currently set up for us to do that. It would be developing all of the mechanisms to do that. I can't speak for legal. I don't have their opinion on what their issues might be with it. I think we definitely lessen our liability if we're not putting individual names, if we're just putting facilities.”

COMMITTEE MEMBER GARCIA: “I suggest we get rid of the word ‘significant’ and just write ‘violations’, because if they're violating some type of the RT Act or any regulation, it should be noted. So the degree of the violation...shouldn't matter.”

COMMITTEE MEMBER LIGHTFOOTE: “And further that any violation that has to be posted at the facility, should also be posted on the internet... it should also be posted on the RHB website with the caveat that individual naming has to be worked out with legal.”

CHAIRPERSON TAYLOR: “Perhaps RHB can discuss it further and come to a decision as to what can be done and maybe bring it back to the Committee in the spring, and let you know what we can legally do as an agency.”

COMMITTEE MEMBER SLECHTA: “You said that nothing would be posted until it had gone through review. What kind of timeline is that?”

SUPERVISING HEALTH PHYSICIST RUSSELL: “There are certain instances where it takes longer...but usually within three months, it should be closed.”

COMMITTEE MEMBER CAGNON: “But if you saw something right there during the inspection, which was really atrocious, you'd say ‘stop’?”

SUPERVISING HEALTH PHYSICIST RUSSELL: “We would have the option, yes.”

CHAIRPERSON TAYLOR: “Lisa is going to have to go back and discuss what the branch can and can't do, and at what point the branch can and can't do something, and then maybe perhaps bring back something that more clearly defines what types of violations are issued. And based upon the types of violations are issued, at what point it might be feasible for us to post them on our website, so that you'd have more clarity in our process relative to the facility requirements we're posting... and then you can provide additional input when you have further clarification on our process of citing and reviewing and the final outcome of those violations.”

Chairperson Taylor thanked Ms. Russell for her presentation.

X. AFTERNOON RECESS

2:15 PM – 2:36 PM

Chairperson Taylor introduced the Next Speaker, Dr. John Shepherd.

XI. THE INTERNATIONAL SOCIETY FOR CLINICAL DENSITOMETRY (ISCD) REQUESTING RECOGNITION OF THE ISCD CERTIFICATION PROGRAM FOR TECHNOLOGISTS PERFORMING BONE DENSITY

John Shepherd, PhD

International Society for Clinical Densitometry, President Elect

Dr. Shepherd introduced his topic and shared background on the International Society for Clinical Densitometry (ISCD).

- Founded in 1993 by a physicians who recognized the need to unite disciplines interested in the assessment of skeletal health
- 3500 members in 70 countries
- Members are comprised of bone densitometry technologists, nurses, physician assistants, researchers, and practitioners in 30 disciplines including endocrinologists, radiologists, rheumatologists, and ob-gyns

He clarified that the ISCD certification programs are two distinct programs.

- The Certified Clinical Densitometrist
 - Physicians and practitioners who read and interpret the bone density test.
- The Certified Bone Density Technologist
 - Individuals who are actually performing the bone density exams.

He then stated the specific request of the ISCD: “The RTCC to recognize or recommend that the Department recognize the ISCD’s Certified Bone Density Technologist (CBDT) Certification as an appropriate credential for individuals applying for a limited permit in bone densitometry under section California 17-30444.”

Dr. Shepherd stated that California Statutes and Regulations give wide latitude to the Department to recognize certificates like the ISCD’s, citing the following:

- California Health and Safety Code, Section 107010
- 17 CCR 30444

He shared that both of the ISCD certification programs are accredited by the NCCA (National Commission of Certifying Agencies). The NCCA accrediting process provides impartial, third party validation that a program has met national and international credentialing industry standards for development, implementation, and maintenance of certification programs.

Dr. Shepherd then listed the following education and experience requirements to obtain a CBDT certification:

- Required Experience
 - Document a minimum of three months experience in bone densitometry scans AND
 - Have performed at least 100 central DXA patient scans at two skeletal sites (hip, spine or forearm) – attestation and manufacturer equipment name required.
- Required Education
 - Degree in other Allied Health Fields (RN, NMT, MT, etc.) OR
 - Document a minimum of 12 hours of CME Category 1 or Category A CE credits in bone densitometry, osteoporosis or metabolic bone disease.

Dr. Shepherd spoke to the following requirements to sit for the CBDT examination:

- Candidates who have satisfied the experience and educational requirements are eligible to sit for the CBDT exam.
- Applicants for certification must pass a 125 question closed book examination covering the following major topic areas: Basic Concepts,

Radiation Science and Safety, Technology and Equipment, Role of the Technologist, DXA Scan Acquisition, and Scan Analysis.

Dr. Shepherd shared the position of the ISCD; that the CBDT certification is equivalent to the Department's standards in the following manner:

School requirements for a limited license:

- 18 hour of classroom education in: (a) Radiation physics, biology and protection (b) Bone biology, bone disease and therapy and densitometry parameters, (c) X-Ray bone densitometry equipment,(d)Computers and image formation, (e)Anatomy and positioning and (f) Ethics and patient handling
- 4 hours of Laboratory Training using phantoms and evaluating images
- Supervised clinical education where the student must perform: (a) 5 posterior/ anterior spine scans, (b) 5 hip scans, and (c) 10 extremity scans.
- Student must then pass the state examination.

Program Comparison:

- In terms of the experience, the CBDT candidate would have roughly five times more scans required to achieve a CBDT and
- Have three months of experience in a working laboratory at that time.
- Compared to the 20 scans, someone with a CBDT certification must have performed 100 scans at two clinical sites, hips, spine, or forearm.
 - This must be attested and supervised by the person licensed to perform bone densitometry in the State.

DISCUSSION

COMMITTEE MEMBER CAGNON: “My question I didn't see any mention of body composition. Does that fit in this as well or strictly for bone?”

DR. SHEPHERD: “The CBDT is strictly for bone... There is some coverage of whole body examinations, but it is designed to make you competent in the diagnostic function of the system.”

COMMITTEE MEMBER CAGNON: “Would someone who is CBDT trained do you think competent to do body composition, in your opinion?”

DR. SHEPHERD: "I think they'd be competent to operate the system safely and effectively."

COMMITTEE MEMBER SLECHTA: "When I was on the Committee 20 years ago, we actually got rid of on-the-job training for our limited licenses... You have numbers of exams, but there is absolutely nothing that tells me that they were done properly... the types of educational programs that we're really trying to look at are ones who have that kind of quality control. That's what the national standard is for ARRT... So my concern about the CBDT is that the lack of real quality control in your educational system, it really sounds like we would be going backwards to OJT. And I don't see any documentation that proves otherwise. Is there something else that I should be looking at?"

DR. SHEPHERD: "I do believe that... there is a requirement for your CBDT for you to turn in some of your exams for review. I have to have that checked."

COMMITTEE MEMBER SLECHTA: "This is an international society... you're talking about international certification and requesting us to accept this international certification in sites that we have no way of controlling, but coming to California and we're accepting this to get the XTVD."

DR. SHEPHERD: "Yes, that's the only way that you'd be able to get a CBDT is outside California at this point... And you'd be coming into California with it, because you couldn't do your 100 scans in California."

COMMITTEE MEMBER GARCIA: "I had the exact same question Anita had. I'm concerned that this is process based and not competency based numbers."

SENIOR HEALTH PHYSICIST CANTRELL: "I did just want to put on the record, which Dr. Shepherd just alluded to, that in California you cannot perform those 100 exams because you have to be either in an approved school already or be already certified or permitted. So this would not cover anybody who wants to go through your organization and bypass the California regulation."

COMMITTEE MEMBER BUTLER: "It looks to me like there's no... definition of a schooling that they've gone through for some period of time, other than mentioning they've got to have 18 hours of classroom education and four hours of lab training... I just need an explanation..."

How are they going to get the experiences if they're not in apprenticeship or in a school, because they don't have a certificate or license to do them... Maybe your required education is a precursor to that... maybe you're relying on the professional schooling that these people went through to get their original

credentialing license or whatever the indications are after their name... I understand the CME. But it looks like if somebody is somehow can have a degree in something, have 12 hours of CME, take 100 exams somewhere in three months, they can sit for your license... Does it have to be a certain length of time or is it only these requirements here that are 18 hours, and four hours of lab training?"

DR. SHEPHERD: "The certification process with this national certification board requires that the testing be completely independent of the preparation.

- ISCD offers the osteoporosis essentials course as a preparatory course for the exam.
- The certification process doesn't allow us to require that preparatory for the exam, so we have to have some type of general requirements for sitting for the exam.
- So you are not required to take that specific course or any specific course before you take our certification test. And that is a difference between a school and a certification process.
- With regards to the scans, you wouldn't be doing the scans here within California at this time.
 - You can imagine scenarios where someone would work with a clinical site that's associated with a school to do those scans."

COMMITTEE MEMBER SLECHTA: "Okay. So just clarify, there is no formal curriculum... And so those people would be qualified to go through this, because there's no requirement for that kind of competency-based clinical to get CBDT... In my opinion, Committee, I don't think that's equivalent to even our XT curriculum that we have in Title 17."

DR. SHEPHERD: "In this discussion, there could be a modification to this request that would potentially be an additional part, which is that you have your CBDT and have gone through our osteoporosis essentials course, or a particular course that goes with it."

SENIOR HEALTH PHYSICIST SCOTT: "I think under the current Radiologic Technology Act, an individual who does not have a certificate or permit under the Act -- the only way for them to take x-rays on a person without certification or permitting is by being under the auspices of an approved school. That creates the lawful unlicensed practice of x-ray -- or radiologic technology... But it could come from this Committee to consider their examination to be equivalent based on the criteria in the law that their -- if an individual from outside of California with this certification comes to California, that it would function in lieu of our exam,

therefore we just merely issue the permit, just the same way we do with ARRT. That's how it would essentially work, but that's up for your consideration.”

COMMITTEE MEMBER GARCIA: “I don't know if this program has any standards. It's international. If it's international, who oversees the standards? Are there programs, site visited? ... I would have to really scrutinize what these programs do in order for me to even consider allowing this particular group to come into California and be granted the permit license.”

SENIOR HEALTH PHYSICIST SCOTT: “Whatever evaluation occurred to... accept ARRT's examination in lieu of the State exam, the same would have to occur here.”

COMMITTEE MEMBER CAGNON: “So, Dr. Shepherd, assuming that competency based is a stumbling block with the Committee, do you think that would be a challenge for the entity to come up with documentable competency based evaluation?”

DR. SHEPHERD: “I think the review of scans, I believe, is already part of our program. If it's not, that would be part of the competency base. The test is what we have in place for reviewing competency.”

COMMITTEE MEMBER CAGNON: “I'd be interested to hear from Anita and Diane about the competency based and what would satisfy you in that.”

COMMITTEE MEMBER SLECHTA: “It wouldn't. In my humble opinion, your educational program is not equivalent. It wouldn't be found to be equivalent because... I don't believe what's behind it; the educational program is equivalent, because they still can just do CE without a well-defined structured curriculum, and there is no evidence... that there is a competency based... It's just counting exams.”

MOTION V

COMMITTEE MEMBER SLECHTA: “I move that RTCC does not accept CBDT as equivalent test to give the XTBD permit.”

Motion: Professor Slechta

Second: Ms. Garcia

DISCUSSION

COMMITTEE MEMBER LIGHTFOOTE: “Could you come back to us later with the development of competency description?”

DR. SHEPHERD: "If I had a reasonable definition of what would be acceptable, yes... I would like to understand what would meet the requirements that would be on top of what we do."

COMMITTEE MEMBER LIGHTFOOTE: Then I'd propose an addition to the amendment, 'And further that Ms. Slechta and Ms. Garcia work with you to develop a competency based description of your rules.'"

COMMITTEE MEMBER SLECHTA: "No. I don't accept that as a friendly amendment... You have the standards that are already published by the RHB. And Title 17 well defines these things."

DR. SHEPHERD: "I think... if we did a point-by-point comparison of... what's in our course and what's in the outline... that's the guideline for the schools, you would find it very similar and potentially equivalent. But I can't say to you that all CBDTs have taken the course. And so we didn't present it that way because we can't say that at this time."

Vote:

8 Yes: Dr. Tao, Professor Slechta, Dr. Moldawer, Dr. Lightfoote, Dr. Mansdorf, Ms. Garcia, Dr. Butler, and Dr. Puckett

0 No

1 Abstain: Dr. Cagnon

MOTION PASSED

CHAIRPERSON TAYLOR: "Motion passed. So Dr. Shepherd, it appears that the Committee has recommended you can come back with a side-by-side analysis of your program versus the bone densitometry program in Title 17, and they will consider further evaluation."

Chairperson Taylor introduced the final speaker, Ms. Marilyn Cantrell, Senior Health Physicist, Registration, and Certification Section, Certification Unit.

XII. NAVIGATING THE X-RAY SCHOOL AFFILIATED CLINICAL SITE APPROVAL PROCESS

Marilyn Cantrell, BSRT (R)(M)

Senior Health Physicist

Registration and Certification Section

Certification Unit

Ms. Cantrell explained that X-Ray schools want to send their students to an established x-ray facility to finish their education by participating in hands-on, live

patient clinical training. She shared that this is done by entering into an agreement with a clinical site, whereby you will provide the didactic education and the site will provide the clinical education.

She spoke to the role of the School Certification Unit (SCU) which regulates current and approves new x-ray schools in California and explained that the SCU does not deal directly with the clinical sites, but rather with the school. They consider the clinical affiliated sites to be an extension of the school and rely on the school to ensure that all the required elements that define a compliant site are present.

Ms. Cantrell stated that the SCU recently implemented a new procedure, that of the pre-approval affiliated clinical site inspection. When a school submits the form to request a new affiliated clinical site, the SCU is now conducting a preapproval on-site inspection before approving the facility. What the SCU is looking for is only what any facility is required already by law and regulation to have whether they have students or not.

She introduced the Affiliated Clinical Site approval letter and reviewed the content areas that are routinely inspected:

- Machine tube registration
- Current certificates and permits for all the doctors and techs.
 - Both radiologic technologists and/or limited permit technicians.
- Notice to Employees.
- Caution X-Ray signs
 - 10 CFR 20.1902
- Technique Chart
 - Title 17, Section 30305.1(a)(3)
- Lead Supervisor and Operator in writing
 - By designating a lead supervisor and operator in writing, a licentiate knows that he or she is responsible for the acts and omissions of both the students and any other individuals providing direct or indirect supervision to the students.
- Supervising Technologist-two years of experience
 - Title 17, Section 30417(f)
- Radiation Protection Program
 - Tailored to Facility

- ALARA
- Dosimetry
- Pregnancy Policy
- Annual Review
- Fluoroscopy testing

Ms. Cantrell stated that “any facility that has an x-ray machine is required to have a current copy of Title 17, specifically subchapter (4), section 30100 through section 30395” which is accessible through multiple avenues.”

She shared the expected outcomes of the inspection as a result of pre-approval inspections including:

- Ensured compliance prior to student start
 - Students will also not have to be pulled from a site for a compliance issue that could affect their training in the long run.
- Schools can make sure that the site has all their ducks in a row before they send in the request for an approval form.

She then introduced the Certification unit staff and opened the floor to member questions.

DISCUSSION

COMMITTEE MEMBER SLECHTA: “In 6.3 of the JRC standards, we have the definition of faculty and staff who can be training at the clinical site... it sounds to me like you're interpreting that anyone working with a student has to have two years' experience. But, in fact, for JRC standards and our intent was that clinical staff might be somebody who's only been out of a school a year. They may be in the room, because they've gone through competencies, taken the ARRT, and we feel fully confident in their competency to transmit that education... That has to be what's called a clinical instructor, which by JRC standards, has the two years of experience. So in our programs throughout California, clinical staff is a long list that we have to prove that they're registered or have CRTs, and clinical instructors is a shorter list... All these big hospitals we work with, even small ones, people turnover and they have maybe one year experience. But they were comped. State of California said they knew what they were doing, because they're CRT(R)s. So I would ask you to readdress what you're defining as supervisor, because that was not the intent of the Committee.”

SENIOR HEALTH PHYSICIST SCOTT: “The Initial Statement of Reasons identifies why two years... In case anybody is wondering, the rule-making documentation...”

for the revised regulations that we all keep referring to, are still posted on the Department's website, cdph.ca.gov... Section 30417... Subsection (f)... (2) also requires a qualified practitioner to have at least two years of radiologic technology experience. This is necessary to ensure the student is overseen by a practitioner who has gained a strong level of competency. It is based on the above cited JRCERT standards. And those standards are standard 8.4, .5, .6 and .7 of the 2001 JRCERT standards.... So the basis of the two years comes from the JRCERT standards 6.3.”

COMMITTEE MEMBER SLECHTA: “Okay. But where do you first refer to what a practitioner can do?”

SENIOR HEALTH PHYSICIST SCOTT: “That is defined in section 30400 as to who is a qualified practitioner.”

COMMITTEE MEMBER SLECHTA: “But that doesn't necessarily mean all student contact. It can be defined as that person comping them and qualifying the student as qualified practitioner. I'm saying that you have a couple of levels.”

SENIOR HEALTH PHYSICIST SCOTT: “And the way that subsection (f) is written is that the person who provides the direct or indirect oversight of the student must meet that criteria.”

COMMITTEE MEMBER SLECHTA: “No, it's 6.3. 6.3 says, ‘Proficient supervision, instruction, and evaluation must be done by a two-year clinical experienced professional discipline that holds ARRT or State equivalent.’”

SENIOR HEALTH PHYSICIST SCOTT: “Okay. I would have to reevaluate and take a look back to give you a real definitive answer... I'm going to look at the references in 30317 subsection (f).”

MS. CAMPBELL: “What I would request from the RHB is if you're going to put this requirement on the program directors that we are responsible for ensuring that all of our facilities are complying with Title 17, then some education needs to be offered. This was good, but it's -- this is just a list. I need more. I need to know what it is you're looking for, specifically. What does it look like?... So I think help with allowing us to be better educated, to go out and help this process is what I'm requesting.”

SENIOR HEALTH PHYSICIST CANTRELL: “In March of this year, I sent out to all program directors a list detailing exactly what we look for with every citation in Title 17. I didn't send you a 12-page guide saying what each of those Title 17 things said, because I figure you all have Title 17, you could go look it up. Now, if you don't want to look it up and if you want us to provide you with a guide, fine, we can do that.”

CHAIRPERSON TAYLOR: "Let me clarify something though. Guidance is different that regurgitating Title 17 to a school. I do not support taking Title 17 and regurgitating it on a document. But what I do support is providing supplemental clarification and guidance to help you navigate through the process, which is different than just saying I don't want to read it, and I want you to, you know, take what's in Title 17 and give it... We're here to support and guide, but not do it for you."

COMMITTEE MEMBER GARCIA: "Why do the schools have to be the policeman of all the hospitals that we're affiliated with, when they're supposed to be compliant to begin with, based upon the regulations that you set forth? Why doesn't the RHB police the hospitals, and when we go in there, we have nothing to worry about because you've been watching them?"

COMMITTEE MEMBER LIGHTFOOTE: "The reason the facilities are non-compliant usually is because they don't know. It's not because they willfully violate. They just don't know and haven't taken the time. And if you put on a nice webinar twice a year, pre-record it, let them dial in, you know, on Tuesday if they can't listen on Monday, you could even -- you can even have required attendance at the webinar once a year for the facilities, for example. It's a great educational opportunity."

SENIOR HEALTH PHYSICIST CANTRELL: "I will take that into consideration."

DR. THORNTON: "Thank you very much, Dr. Lightfoote, because that's exactly what I was going to say is we do need to be educated. We want to be compliant. We want our facilities to be compliant. We want to cooperate... but we need to learn how."

COMMITTEE MEMBER SLECHTA: "Marilyn, we love you, but machine tube registration, current certificates and permits, notice to employees, caution x-rays and technique chart are, Lisa, if I'm correct, all on your x-ray inspector's list of things to do. It is not the school's responsibility, nor is it Marilyn's responsibility to put on a webinar. I really think Lisa needs to put on the webinar... You need to get our hospitals up to speed with these things, so that we don't have to learn about it. I've got enough to do."

CHAIRPERSON TAYLOR: "So we will take back your suggestions. And Marilyn and Lisa can get together and more clearly delineate roles, so that what we're doing in our section is clearly our role."

COMMITTEE MEMBER CAGNON: "I would propose that the RHB maybe look a little bit at their own website and see if it can't be made a little more user friendly."

XIII. PUBLIC COMMENT

None

XIV. CLOSING COMMENTS

Frieda Y. Taylor, M.S.

RTCC Chairperson

Supervising Health Physicist

Registration and Certification Section

Chairperson Taylor provided information about the next RTCC meeting: April 13, 2016 in Southern California. She stated that the venue would be announced at a later date.

Chairperson Taylor adjourned the meeting at 4:24 PM