

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

**April 13, 2016**

Doubletree Hilton, Los Angeles Downtown  
Golden State Ballroom  
120 South Los Angeles Street  
Los Angeles, California 90012

Frieda Y. Taylor, M.S., Chairperson

**COMMITTEE MEMBERS PRESENT**

Dale Butler, M.D.  
Christopher H. Cagnon, Ph.D., FAAPM  
John L. Go, M.D., FACR  
Daniel K. Lee, DPM, PhD, FACFAS  
Johnson B. Lightfoote, M.D., FACR  
Todd D. Moldawer, M.D

Nancy J. Perkins, M.A., Ed., RT(R)(M)  
Michael L. Puckett, M.D., FACR  
Bonna Rogers-Neufeld, M.D., FACR  
Anita M. Slechta, M.S., BSRT, RT (R)(M),  
ARRT, CRT  
Cliff Tao, DC

**MEETING SUMMARY**

**I. WELCOME / OPENING REMARKS**

Chairperson Taylor called the meeting to order at 9:00 a.m.

Chairperson Taylor welcomed all meeting attendees and introduced the RTCC members and California Department of Public Health-Radiologic Health Branch (CDPH-RHB) staff. Presenters were provided instructions regarding the timing procedures for the day's presentations and RTCC board members were provided protocol for publicly reporting member voting on Committee action.

**II. APPROVAL OF OCTOBER 28, 2015 RTCC MEETING MINUTES**

**MOTION I**

The committee members approved the October 28, 2015 RTCC meeting minutes as drafted.

Motion: Committee Member Butler  
Second: Committee Member Moldawer

Vote:

9 Yes: Dr. Rogers-Neufeld, Dr. Moldawer, Dr. Lightfoote, Dr. Puckett, Prof. Slechta, Dr. Cagnon, Dr. Go, Dr. Tao and Dr. Butler

0 No

2 Abstain: Prof. Perkins and Dr. Lee

Note: Committee Members Lee and Perkins are new members who were not present at the October 2015 meeting. They were not able to vote on the motion.

### **MOTION PASSED**

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. She then introduced the first agenda item.

### **III. LEGISLATIVE/REGULATORY UPDATE**

**Phillip L. Scott**

**Senior Health Physicist**

**Strategic Planning and Quality Assurance Section**

**Regulations Unit**

Senior Health Physicist Scott reviewed three legislative bills that affected the Radiologic Health Branch. He also provided updates on prior RTCC proposals.

#### **Senate Bill 538 – Naturopathic Doctors**

- Allows naturopathic doctors to order diagnostic X-ray studies. However, studies must be performed and interpreted by a licensed health care professional.
- Did not clarify if naturopathic doctors are subject to the RT Act.
- Failed passage out of its committee and died in accordance with the constitutional rules for legislation.

#### **Assembly Bill 1092 – Magnetic Resonance Imaging (MRI) Technologists**

- Would have required MRI technologists to be registered with CDPH.

- Would have required CDPH to maintain an official roster of registered MRI technologists.
- Would have authorized imposing fees on registrants.
- Would require MRI technologist to report specified events (injuries specified by the bill.)
- Would exempt certified radiologic technologists (CRTs) from paying fees.
- Failed passage out of its committee and died in accordance with the constitutional rules for legislation.

### **Assembly Bill 1494 – Tanning**

- Would have required CDPH to license, inspect and regulate tanning facilities and devices.
- Failed passage out of its committee and died in accordance with the constitutional rules for legislation.

### **RTCC Proposal Updates**

- Limited Permit X-ray Technician Bone Densitometry category – Whole Body Composition procedures & terminology change.
  - Under review by Director’s office.
- Elimination of Fluoroscopy permits for certain CRTs.
  - Under review by budget staff.
- Revision of Mammography Facility Requirements
  - Not certification of individuals, but certification of x-ray machines used for mammography.
  - Currently under review by Health & Human Services Agency.
- Two proposals that focus on Radioactive Material.
  - 1 is with the Department of Finance
  - 1 is with the Director’s Office.

### **DISCUSSION**

COMMITTEE MEMBER ROGERS-NEUFELD: “I was not aware that naturopathic doctors could order diagnostic x-rays. Do you know whether they can also order ultrasounds, MRIs, or any other nuclear medicine studies?”

SENIOR HEALTH PHYSICIST SCOTT: “They can order other diagnostic studies, except for nuclear medicine... It does not grant them the use of... ionizing radiation in any form...but it does allow them to order it.”

COMMITTEE MEMBER LIGHTFOOTE: “...Do you want to go into a little detail about the mammography facility change?”

SENIOR HEALTH PHYSICIST SCOTT: "...we're revising our regulations to be more consistent with federal, and to clarify how the State process works for the machine..."

Chairperson Taylor welcomed Stephen Hsu and Heidi O'Connell of the Strategic Planning and Quality Assurance Section and introduced the next agenda item.

#### **IV. CLARIFICATION OF RTCC RECOMMENDATION REGARDING MOVEMENT OF PATIENT/EQUIPMENT BY NON-PERMITTED INDIVIDUALS DURING THE USE OF FLUOROSCOPY EQUIPMENT**

**Phillip L. Scott**

**Senior Health Physicist**

**Strategic Planning and Quality Assurance Section**

**Regulations Unit**

Senior Health Physicist Phillip Scott discussed the scope of his presentation with the Committee and audience members regarding part 5 of a 5-part recommendation made at the October 2015 RTCC meeting which reads as follows:

SENIOR HEALTH PHYSICIST SCOTT: "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."

"...I want to make sure everybody understands that this applies to fluoroscopy use x-ray equipment on human beings. It is not limited to radiologists, not orthopedics, not cardiology, not interventionalists. It is completely broad. Its fluoroscopy x-ray equipment use on human beings...One of the other things that this recommendation does is that it addresses both use of a radiation source, such as that falls within the radiation control law, and certification of individuals that falls within the Radiologic Technology Act."

Senior Health Physicist Scott shared the regulation would be found in a different way in different parts of Title 17 in subchapter 4 and 4.5.

“...This recommendation reserves only to the supervisor and operator the authority to personally direct a non-permitted individual in performing the specified actions due to the independent authority of the supervisor and operator.”

He referred to part 5 of the recommendation and provided the following example:

5 persons, 4 in same room, as follows:

Person A is under supervision of Person B.

Person B is the S&O. (Authority)

Person C is the assistant to Person A.

Person D is the CRT.

Person E is the facility.

Person B is responsible for and has control of quality, radiation safety, and technical aspects of all X-ray examinations and procedures.

Persons A & C are non-permitted individuals. Neither is required to obtain training. Both are equivalent players but Person C is assisting Person A not Person B.

#### EXAMPLE QUESTIONS:

When Person B needs the patient or equipment moved, to whom is the direction given? Person A or C? Can Person D do the tasks? Maybe. Can Person D override Persons A or C? If yes, when? Should criteria be specified?

#### EXAMPLE NOTES:

No one can override the authority of Person B. Person E must establish training but no one is required to complete it.

Establishment of training is required only if facility implements recommendation.

Senior Health Physicist Scott shared the following language as his understanding of/clarification to the intent of the RTCC recommendation regarding supervision:

"An individual under the direct and immediate supervision of the S&O **may assist the S&O** 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 CRT is present in the room and is managing the radiation exposure and

x-ray equipment, and that the assistant **shall** have documented radiation safety training required to be established by the facility".

SENIOR HEALTH PHYSICIST SCOTT: "...There is an underlying intent to reserve only to the supervisor and operate the authority to personally direct a non-permitted individual in performing the indicated actions because of the independent authority of the supervisor and operator... So I ask the question, can a physician assistant with a fluoroscopy permit replace the S&O... they have the Physician Assistant Practice Act that grants them that they are functioning as the assistant to that physician... the answer to this was, no, the RT Act and the PA Practice Act do not raise the PA to the level that the intent of the recommendation. "

"...Then the second question, can a CRT with the fluoroscopy permit substitute for the S&O? And the answer here is again no, because Health and Safety Code Section 106980 subdivision (d), 'Certification shall not authorize using a title indicating or implying right to practice any healing arts.' So the CRT cannot act as that legal authority that the S&O is granted."

SENIOR HEALTH PHYSICIST SCOTT: "Then the next question: Can a physician assistant with the fluoroscopy permit substitute or replace the CRT with the fluoroscopy permit? The answer is yes. Both are equivalently qualified, authorized, and supervised by the S&O, and so they may do that."

"Then the last question...Can a person who is both a PA and a CRT with the fluoroscopy permit substitute for both the S&O and the CRT, such that only one permitted person need to be present? The answer is no, dually licensed PA CRT still isn't raised to that legal status of the S&O."

SENIOR HEALTH PHYSICIST SCOTT: "The next question comes up to the radiation safety training. The facility is responsible to establish this. But what is the subject matter, how long must the training be, who teaches it, is refresher training needed, and if so, how often, and are there any documentation requirements?"

"The facility is under the Radiation Control Law... they're the ones that register as possessing that radiation source and it's their responsibility to make sure that everything that's done with that machine is done in accordance with the regulations, the law including the operators of that equipment."

“...We proposed what the subject matter will be...in the proposed regulation... The length we're proposing is about two hours. The instructor qualification... would be either the CRT or the PA, both with the fluoro permit. It could be the radiology supervisor and operator or the fluoroscopy supervisor and operator. It could be a medical physicist or a health physicist... Then we looked at the frequency. How often should these individuals... get refresher training? And so we're looking at intervals not to exceed 12 months.”

SENIOR HEALTH PHYSICIST SCOTT: “One of the other RTCC recommendations from April 2015 fits within this regulation proposal, and that would be the cumulative radiation time of the fluoroscopy tube or if provided by the equipment, the air kerma rate and the cumulative air kerma rate shall be recorded for each patient... The proposed regulation uses the revised recommendation. However, I do need to have RTCC's approval, rejection, or amendment of that revised clarification.”

## **DISCUSSION**

COMMITTEE MEMBER LIGHTFOOTE: “I don't necessarily see that a PA with a fluoroscopy permit and the CRT with a fluoroscopy permit, are they really equivalently qualified and authorized?”

SENIOR HEALTH PHYSICIST SCOTT: “It appears that they are when you look at the RT Act... and the regulations that we adopted do provide it that... the Physician Assistant, under a delegated services agreement that's required under their own licensing law, the physician can delegate procedures to that PA... and then there's other language in there in the law that says they can delegate to the PA fluoroscopy procedures. We just needed to verify... whether that PA can actually substitute for the S&O in. And that was the most important part. So it does appear that the PA can substitute for the CRT in this proposal to be consistent with the law itself... however, we'll look at it again. As we go through the rule-making, our drafting, and all the Initial Statement of Reasons...our lawyers get into it again.”

COMMITTEE MEMBER CAGNON: “I think Dr. Lightfoote said can a PA replace the S&O? I think you misspoke, you meant the CRT... There is no intention for the PA to replace the S&O. The discussion is whether the PA can substitute for the CRT under the RT Act?”

SENIOR HEALTH PHYSICIST SCOTT: “Right. Correct.”

COMMITTEE MEMBER PERKINS: “I would like to speak to the section on the

original language that said that the training should be... and the move to clarify that to shall be...It shouldn't be optional to have a non-permitted individual have any role in the movement of equipment, if they haven't been trained.”

COMMITTEE MEMBER PERKINS: “...My question is on page 13 of 14... it says, ‘equipment set-up and operation including -- the training should include set-up and operation, including hands-on operation of the equipment by the prospective non-permitted individual, and demonstrate that they are able to safely set up and operate the equipment, specified in subsection (e)(2)’... I have a concern about the word... on page 13 that says, ‘Demonstrate that they are able to safely set up and operate,’ because operate takes many connotations... these people are not trained in dose in 120 minutes, they cannot possibly understand dose from that parameter setting.”

SENIOR HEALTH PHYSICIST SCOTT: “I may have a cross-reference wrong...it should go to the (e). Correct. That was not the intent.”

COMMITTEE MEMBER BUTLER: “I fully support your revision. I think that was our intent... I do have a big issue though with the training you specified... I think the intent of going back to letting the facilities range the training they think is appropriate for their facility is really best... one year I think is a little too often. None of us are having to be retrained every one year for our licenses. We go through CME, but we don't have to sit down and go through a recertification course every year. I think that's a little bit excessive.”

COMMITTEE MEMBER SLECHTA: “...Training is critical. My original question, however, was on your analysis... You're saying that that person cannot supervise the CRT, is that what you're saying in this analysis? Because they're doing the procedure, but they can't supervise the CRT or an assistant who is helping an S&O?”

SENIOR HEALTH PHYSICIST SCOTT: “Following what the revision, or as clarified... the supervisor and operator is personally directing the individual, or the non-permitted person to do those two things... you cannot take the S&O out of the room.”

SENIOR HEALTH PHYSICIST SCOTT: “When you read the proposed regulation, page 12... Subsection (e): ‘A non-permitted individual during use of fluoroscopy x-ray equipment on a human being, while the equipment is emitting radiation exposing the patient, may: For the purpose of manipulating the patient,

if required for the procedure, move the patient, or for the purpose of re-centering the equipment to the area of clinical interest, move the equipment when all of the following conditions exist:'..., page 13, One, 'A certified S&O holding either a radiology S&O certificate or fluoroscopy S&O permits is physically present in the room personally directing the non-permitted individual to perform the actions.' That's the first condition. Second condition, 'Either a CRT or a PA with the fluoro permit is physically present in the procedure room managing the patient's radiation exposure and x-ray equipment'... then the question I had was can the CRT override the non-permitted person? And yes, they can, provided that the S&O has said yes you can...'Subject to the S&O's judgment, the CRT or PA may stop the non-permitted individual from performing the actions and personally perform the actions if the CRT or PA determines the actions are being performed unsafely or would unnecessarily increase the patient's radiation exposure'... and then the fourth condition, 'The non-permitted individual does not actuate or energize the fluoroscopy equipment to emit radiation.'"

COMMITTEE MEMBER LIGHTFOOTE: "With regard to the training of the non-permitted individual, I think I agree with Dr. Butler... I don't think it has to be annual. I'd be happy with changing that one-year requirement to a 24-month requirement, two years."

COMMITTEE MEMBER PERKINS: "With regard to training... I really think that it should remain at one year... This could easily be implemented through the on-line programs that most of our hospitals actually do."

"The other part of this...says 'The non-permitted individual does not actuate or energize the fluoroscopy equipment to emit radiation'. And certainly that means they're not pushing the button, but it does go back to my original comment on operational parameters. And I really think that that needs to be added in there, that what we mean by actuate and energize, because a lot of people think that just because they're not stepping on the button or pushing the button, that's all we mean. And I think that we need to add a clarification there that talks about setting exposures and operational parameters or something to that effect."

COMMITTEE MEMBER CAGNON: "The intent... is that the S&O... is the authority in the room, is the person who has the training. I would be the first one to agree that training may not be adequate, that CME may not be appropriate, and that is something that could be addressed. The CRT is also in the room. That was what we fought and agreed on, that CRT has that responsibility... The person who's assisting in the procedure is not operating the

machine in any stretch of the imagination... the role of this assistant is to do their specific task. And in this case, to move the machine... but setting parameters, setting mag modes, setting pulse modes is not their purview. That's the CRT's purview. ”

“In terms of the training issue, I would emphasize that for the person who's assisting, that training should emphasize, A, their personal reduction in exposure, wearing a badge or dosimetry, wearing an apron, time, distance and shielding at most, and B, how to manipulate the machine in the limited capacity that they're allowed to, which is strictly to move it, or to move the bed for instance, how do you unlock the bed, or to change the yaw. That is their role. I don't think their role is ever to operate in any other way, which I think your conditions spell out.”

COMMITTEE MEMBER LIGHTFOOTE: “I just suggest that the two items that Dr. Cagnon suggested can be added as elements of content under -- at the bottom of page 13. Personal radiation protection and machine-specific training can be elements that added to section (f), I believe.”

COMMITTEE MEMBER SLECHTA: “With respect to training, I think that annually is critical... I wouldn't decrease the training, because it can be a high dose area.”

## **MOTION II**

COMMITTEE MEMBER SLECHTA: “Okay. So I move that we accept slide 8.”

SENIOR HEALTH PHYSICIST SCOTT: “Which is the motion: An individual under the direct and immediate supervision of the supervisor and operator may assist the supervisor and operator 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 certified diagnostic radiologic technologist is present in the room, and is managing the radiation exposure and x-ray equipment, that the assistant shall have documented radiation safety training required to be established by the facility.”

## **DISCUSSION:**

COMMITTEE MEMBER CAGNON: “In the regulation's mind, does direct mean in the room?”

SENIOR HEALTH PHYSICIST SCOTT: “Yes. Direct and immediate is interpreted to mean personally present and personally directing.”

**AMENDMENT:**

COMMITTEE MEMBER SLECHTA: “Can we have a friendly amend to my motion? We could add... ‘Documented radiation safety training that includes equipment-specific training and personal radiation protection’.”

**DISCUSSION:**

COMMITTEE MEMBER CAGNON: “That includes equipment-specific movement/manipulation... training and personal radiation protection.”

MEMBER PERKINS: “I think it should say, ‘Equipment-specific manipulation training.’ Leave out the word ‘movement’.”

COMMITTEE MEMBER LIGHTFOOTE: “Delete ‘manipulation training,’ just, ‘Equipment-specific knowledge’.”

COMMITTEE MEMBER PUCKETT: “‘Includes training on the manipulation of the specific equipment and personal radiation protection’.”

**AMENDED MOTION**

SENIOR HEALTH PHYSICIST SCOTT: “Here's the amendment. ‘An individual under the direct and immediate supervision of the supervisor and operator may assist the supervisor and operator 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 certified diagnostic radiologic technologist is present in the room and is managing the radiation exposure and x-ray equipment, and that the assistant shall have documented radiation safety training that includes training on the manipulation of the specific equipment and personal radiation protection required to be established by the facility’.”

Motion: Committee Member Slechta

Second: Committee Member Perkins

Vote:

10 Yes: Dr. Lee, Dr. Rogers-Neufeld, Dr. Moldawer, Dr. Lightfoote, Prof. Perkins, Dr. Puckett, Prof. Slechta, Dr. Cagnon, Dr. Go, and Dr. Tao.

0 No:

1 Abstain: Dr. Dale Butler

### **MOTION PASSED**

Chairperson Taylor invited members of the audience to offer public comments relevant to the agenda topic.

DR. LISA SCHMIDT: "I have a comment...about instructor qualification under radiation safety training and who would be conducting the training? I see the under the listing, you have CRT(F) or PA(F). And the qualification of the instructor for the CRT(F) and PA(F), from my opinion, is not necessarily equivalent... So I'm requesting or asking if you reconsider about who is going to be teaching radiation safety training and reconsider your list."

MS. BRAUN-HERNANDEZ: "Part five was basically supposed to be about only movement of the equipment. And when we start adding words in like 'manipulation' or 'operation', we're getting further and further away from the idea of what movement of the equipment actually was."

MR. TED VANDERLAAN: "Regarding the discussion and the vote on what was just voted, it seems like there's a big black hole... in the language, the facility can make the determination on what the training is. It's not referencing any of the legislation."

SENIOR HEALTH PHYSICIST SCOTT: "When we go through rule-making, they will be presented the proposed regulation and be able to comment on that. So this is merely looking at that recommendation that we've clarified."

Chairperson Taylor then dismissed for the morning break.

### **V. MORNING RECESS**

10:38 am – 11:00 am

### **VI. CLARIFICATION OF TWO YEAR EXPERIENCE REQUIREMENT FOR DIRECT/INDIRECT OVERSIGHT OF STUDENTS**

**Phillip L. Scott**

**Senior Health Physicist**

**Strategic Planning and Quality Assurance Section**

**Regulations Unit**

**Marilyn Cantrell, BSRT (R)(M)**  
**Senior Health Physicist**  
**Registration and Certification Section**  
**Certification Unit**

Senior Health Physicist Cantrell shared an excerpt from the California Code of Regulations, Title 17, Section 30417(f) (2) which read ""Persons providing direct or indirect oversight, except for certified supervisor and operator, shall have at least two years of radiologic technology experience."

Ms. Cantrell informed the committee that this was needed to specify the qualification of those who are providing direct or indirect oversight. And it was based on the JRCERT standards that required qualified practitioners to be certified by ARRT and to have active registration.

Senior Health Physicist Scott discussed the intent of the ARRT's certification and registration structure. He then introduced the proposed regulatory changes as follows:

SENIOR HEALTH PHYSICIST SCOTT: "The proposed change would be to revise the definition of what a qualified practitioner is by deleting the two-year requirement out of that definition, and then over in section 30417(c) require the person who makes the competency determination to be a qualified practitioner, and -- except for the certified S&O, who has -- that the qualified practitioner has at least two years of experience."

"...This... will... clarify that if you as a technologist -- certified technologist are providing direct oversight to a student, if you're not performing the competency determination, you just merely need to be certified as a technologist to provide that direct oversight, or the indirect oversight, whatever the case may be, but that dividing line of who determines the student is competent to move to an indirect oversight setting is determined by a certified individual with two years' experience."

## **DISCUSSION**

COMMITTEE MEMBER SLECHTA: "...Can't we just put something on the website that says two years required for competency checks, but not for general or direct supervision during training programs?"

CHAIRPERSON TAYLOR: "Based upon what you are saying now, we can go back and have a discussion with management to ascertain if there's anything that would be appropriate to do in the interim, until a regulatory change takes place."

"...We're not talking about a global variance for every program director or school. We're talking about meeting your needs via a regulatory process that's specific to the individual entity."

COMMITTEE MEMBER LIGHTFOOTE: "What is the intensity and character of the two years' experience that's required?"

SENIOR HEALTH PHYSICIST SCOTT: "It is basically a time... There is not an intensity."

SENIOR HEALTH PHYSICIST CANTRELL: "Two years out of school is fine. But initially, they wanted us to count the education -- the two years of education as the two years of experience. It's not the same thing."

### **MOTION III**

COMMITTEE MEMBER PERKINS: "I believe then we need a motion on the proposed regulatory change then on 30400 qualified practitioner to delete the two-year requirement, and to require the person who makes the competency determination to be a qualified practitioner, except certified S&O, with at least two years of experience. I move that we accept that proposed regulatory change."

Motion: Committee Member Perkins  
Second: Committee Member Cagnon

Vote:

11 Yes: Dr. Lee, Dr. Rogers-Neufeld, Dr. Moldawer, Dr. Lightfoote, Prof. Perkins, Dr. Puckett, Prof. Slechta, Dr. Cagnon, Dr. Go, Dr. Tao, and Dr. Butler.

0 No

0 Abstain

**MOTION PASSED UNANIMOUSLY**

### **MOTION IV**

COMMITTEE MEMBER SLECHTA: "I would like to move that the Department investigate a more efficient method of correcting this error in our regulations, so

that the 40 CRT schools in California don't have to go through this variance process.”

Motion: Committee Member Slechta  
Second: Committee Member Perkins

Vote:

11 Yes: Dr. Lee, Dr. Rogers-Neufeld, Dr. Moldawer, Dr. Lightfoote, Prof. Perkins, Dr. Puckett, Prof. Slechta, Dr. Cagnon, Dr. Go, Dr. Tao, and Dr. Butler.

0 No

0 Abstain

### **MOTION PASSED UNANIMOUSLY**

Chairperson Taylor solicited additional comments from members of the Committee and the public. Receiving none, she adjourned for lunch.

## **VII. LUNCH**

11:26 AM – 1:13 PM

Upon reconvening, Chairperson Taylor obliged a special request from the Committee to allow for a 10 minute extension to an agenda item from an earlier presentation: Clarification of RTCC Recommendation Regarding Movement of Patient/Equipment by Non-Permitted Individuals During Use of Fluoroscopy Equipment.

COMMITTEE MEMBER MOLDAWER: “I was considering the motion that we reviewed and approved this morning and I was thinking about the word ‘manipulation,’ and I still think it has some ambiguity in the application of this particular process and ask the originator of the motion, Anita, to consider changing the word ‘manipulation’ to ‘movement’.”

COMMITTEE MEMBER SLECHTA: “And I agree with that... I’m making a motion.”

### **MOTION V**

COMMITTEE MEMBER SLECHTA: “The motion is to replace the word ‘manipulation’ with the word ‘movement’.”

CHAIRPERSON TAYLOR: "Would someone like to read the motion that's on the floor in its entirety?"

SENIOR HEALTH PHYSICIST SCOTT: "An individual under the direct and immediate supervision of the supervisor and operator may assist the supervisor and operator 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 shall have documented radiation safety training that includes training on the movement of the specific equipment and personal radiation protection required to be established by the facility".

Motion: Committee Member Slechta  
Second: Committee Member Perkins

Vote:

10 Yes: Dr. Lee, Dr. Rogers-Neufeld, Dr. Moldawer, Dr. Lightfoote, Prof. Perkins, Dr. Puckett, Prof. Slechta, Dr. Go, Dr. Tao, and Dr. Butler.

0 No

1 Abstain: Dr. Cagnon

### **MOTION PASSED**

Chairperson Taylor introduced the next topic and speaker.

## **VIII. CRT SCOPE OF PRACTICE**

**Phillip L. Scott**

**Senior Health Physicist**

**Strategic Planning and Quality Assurance Section**

**Regulations Unit**

Senior Health Physicist Scott shared the background of his presentation and noted that it pertained to the Certified Radiologic Technologist (CRT) scope of practice as recommended by the Committee in the previous few meetings. He noted that the RTCC recommended that the American Society of Radiologic Technologists (ASRT) radiography practice standards and the radiation therapy practice standards be the scope of practice of a certified radiologic technologist. He further clarified that a certified radiologic technologist includes both diagnostic and a therapeutic radiologic technologist in the definition of regulations.

Mr. Scott noted that these standards address both a scope of practice, which delineate the parameters of the specific practice, and also performance standards that are usable by facilities to develop job descriptions and practice parameters.

He then introduced some issues that arose from the following questions:

- May a CRT identify, prepare, or administer medications as directed by a licensed physician?
- May a CRT perform venipuncture?
- May a CRT establish an IV or intravenous line, a PICC line, a peripherally inserted central catheter, or a central line or other vascular access ports?

Mr. Scott referenced the California Health and Safety Code, Section 106985 and shared a brief history with the Members and audience.

- 1969 – RT Act adopted – injection and venipuncture not addressed.
- 1983 – Legislature amends the Act - CRT may complete contrast material injection.
  - Provided that a licensed physician was physically present in the room during the performance of the procedures and actually observing the procedures.
- 1995 - Legislature amends this law so that the CRT could complete contrast material injection, but the licensed physician need only be physically present in the facility and immediately available to prevent in case of an adverse reaction.
- 1997 – The law was changed and allowed a CRT to perform venipuncture in an upper extremity to administer contrast materials.
  - The licensed physician had to be physically present in the facility and immediately available, and the CRT had to complete specific training and education and have been issued a certificate authorizing them to perform venipuncture in an upper extremity to inject contrast.
- 2012 – Law changed again. Maintained the 1997 authorization.
  - Clarified that saline-based solutions could be injected.
  - Clarified the training process for venipuncture authorization.
  - Allowed the use of mannequins in initial training instead of only on a human being.
  - Retained Supervision level.
  - Specified restrictions.

- 33 year history reviewed:
  - There's a progression from completing the injection to actually performing venipuncture and injecting the contrast.
  - The current training that's found in Title 17, sections 30421 and 30422 does address the pharmacologic subjects.
  - 1983 & 1985 authorizations appear to remain effective and the CRT need not comply with the training requirements in HSC 106985 provided supervision occurs as stated in the former provisions.

Mr. Scott then answered his initial questions:

- May a CRT identify, prepare, or administer medications as directed by a licensed physician?
  - Yes, provided:
    - CRT complies with facility policy and procedures.
    - A licensed physician is physically present in the facility and available to provide immediate medical intervention to prevent or mitigate injury to the patient.
  - Administration includes via an existing access line or port.
  - Need not meet HSC 106985.
  - Within the scope of Business and Professions Code section 2727(e), medical orders exception to Nursing Practice Act, but must comply with any applicable law.
- May a CRT perform venipuncture?
  - Yes. A CRT may perform venipuncture but only in accordance with HSC 106985.
    - Does not authorize the CRT to perform phlebotomy.
- May a CRT establish an IV or intravenous line, a PICC line, a peripherally inserted central catheter, or a central line or other vascular access ports?
  - No. HSC 106985(f): Does not authorize:
    - Arterial puncture.
    - Performance of any central venous (CV) access procedure including repositioning of previously placed CV catheter.
    - Cutdowns.
    - IV line establishment.
  - PICC is not included in HSC 106985(f). Unreasonable to conclude PICC insertion is authorized because:
    - PICC placement is more invasive than IV.
    - Industry limits who inserts PICCs
    - 33 year statutory history demonstrates legislative caution.

- ASRT's opinion statements do not advocate PICC placement.

Mr. Scott then referred to his handout which included the proposed draft regulations and opened the floor to the Committee and members of the public for questions.

## **DISCUSSION**

COMMITTEE MEMBER PERKINS: "What's the definition of a medication? Are we talking just strictly contrast media or any medication under the licentiate?"

SENIOR HEALTH PHYSICIST SCOTT: "We can clarify that in the proposal... the analysis does touch onto other laws that come into play. However... we did not clarify exactly what medication means. So that will be considered."

DR. JENNIFER YATES: "I just wondered if we might make a distinction between administering contrast via an existing line or a port, and then specifically have something about a central venous access line, because there is an increased risk, especially with an auto injector... I would just propose possibly an extra layer of safety when a technologist is injecting through a central venous access line, that there is an extra layer of notification to the radiologist that that's about to take place."

MS. LINDA BJORKLUND: "You had mentioned that the physician on-site needed to have the S&O licensing for the CRT who's on-site. I'm wondering would that also require the ED physician in a hospital setting who may be taking responsibility for medications and procedures being performed?"

SENIOR HEALTH PHYSICIST SCOTT: "The way the law is written, it is a licensed physician. It's not a supervisor and operator... The only thing I'm looking to from the Committee is do you have a motion on the proposed regulation that's in the handout?"

## **MOTION VI**

COMMITTEE MEMBER LIGHTFOOTE: "I'll move we accept as presented."

Motion: Committee Member Lightfoote

Second: Committee Member Moldawer

Vote:

11 Yes: Dr. Lee, Dr. Rogers-Neufeld, Dr. Moldawer, Dr. Lightfoote, Prof. Perkins, Dr. Puckett, Prof. Slechta, Dr. Cagnon, Dr. Go, Dr. Tao, and Dr. Butler.

0 No

0 Abstain

## **MOTION PASSED UNANIMOUSLY**

Chairperson Taylor introduced the next speakers and agenda topic.

### **IX. CERTIFICATION UNIT VS INSPECTION, COMPLIANCE AND ENFORCEMENT CLINICAL SITE INSPECTIONS**

**Marilyn Cantrell, BSRT (R)(M)**

**Senior Health Physicist**

**Registration and Certification Section**

**Certification Unit**

**Lisa Russell**

**Supervising Health Physicist**

**X-Ray Inspection, Compliance, and Enforcement Section**

Supervising Health Physicist Russell gave a brief overview of what their presentation would cover:

- Why do approved schools have to monitor their clinical sites?
- Why are the clinical sites that are used for training the students subject to inspection by the school's group and by the inspection group?
- School responsibilities, the Certification Unit (CERT) inspections, ICE inspections, and how they differ and possibilities moving forward of not doing duplicative work where it is duplicative, or speeding it up or doing it at the same time.

Senior Health Physicist Cantrell referenced Title 17 of the California Code of Regulations and shared what happens during a CERT inspection of a clinical site:

- § 30413.5 requires schools to attest that all affiliated clinical sites comply with applicable requirements.

- § 30420 requires schools to verify that each clinical site used by the school has a radiation protection program as required by 10 CFR 20.1101
- § 30417 requires schools to maintain and make available to the department documentation of personnel qualifications.

Ms. Cantrell stated that CERT staff performed the following during their inspections:

- Validate that staff knowledge and licensure is appropriate for the type of student that's being trained at that facility.
- Determine the facility's commitment in providing and supporting a culture of safety.
- Review fluoroscopy training and documentation requirements.
- Interview students to gain feedback on their clinical experience.
- Provide RHB contact information for future questions.

Ms. Russell stated that ICE staff performed the following during their inspections:

- Review all areas, not only those where students might be trained.
- Physics/maintenance records review, machine testing, & scatter measurements.
- Additional training assessment, such as venipuncture.
- CT/therapy event incident reporting mechanism, CT dose recording.
- Additional radiation protection program components, such as dosimetry program action levels.

Ms. Russell then shared what ICE staff does not perform during their inspections:

- Lead supervisor and operator designation
- Student ratios
- Experience required for student supervision
- Student competency sign-off requisite
- Clinical affiliation content

Ms. Cantrell shared what CERT staff does not address during their inspections:

- Machine specifications
- Room shielding
- Lead aprons quality control exams
- Equipment maintenance and service records
- Overexposure notifications to RHB

Ms. Cantrell also noted that newly requested clinical sites may not be inspected if the ICE inspection was performed within the last 2 years and had no violations noted. She noted that even these parameters were on a case by case basis and that random inspections may be performed at any time.

## **DISCUSSION**

COMMITTEE MEMBER PERKINS: "How long is it taking now if you ask for a review of the new site? Are you doing that within... 60 days?"

SENIOR HEALTHY PHYSICIST CANTRELL: "30 to 45... very seldom would it go 60."

COMMITTEE MEMBER SLECHTA: "My concern is I have a lack of clarity as to what the school inspections consist of."

SUPERVISING HEALTH PHYSICIST RUSSELL: "We didn't cover the things that we do that are the same. We were highlighting the differences, so you can see why we're doing two different inspections."

COMMITTEE MEMBER SLECHTA: "So then if I go back to Title 17 30413.5, all affiliated clinical sites comply with applicable requirements... I guess we're looking for really a good definition of what that is in its entirety... You see, I have a couple of lists. I've got last time's list you've removed some things from, and then I've got this time's list, which isn't complete."

SENIOR HEALTH PHYSICIST CANTRELL: "This list is by no means exhaustive... I didn't think I needed to reiterate everything that I said last time this time. And you are required to make sure that your clinical sites are in compliance... I will try to give you a more exhaustive list of things that we'll look for, but... you've got to keep in mind, it's not only your sites,... It's every place where there is a student, that's where we're concerned with. So the rules apply to everyone."

CHAIRPERSON TAYLOR: "As a regulator, I always like to tell everybody when you're licensed, whether you're a registrant or a CRT or an S&O, you're responsible for knowing all the regulatory requirements associated with your licensure.... And with respect to that, anything associated with the law, that you're under and anything associated with your licensure, and anything associated with the regulations are subject to inspection... So I would ask all of you to be patient with the staff... It's up to you to know what you're responsible for."

COMMITTEE MEMBER CAGNON: “If I remember the discussion last time, I think the dilemma was... that the burden seemed to fall upon the schools to make sure the sites were complying.”

SENIOR HEALTH PHYSICIST CANTRELL: “Yeah, just ask your sites; is your machine registration up to date? Are all your techs permitted and certified? Do you have a Radiation Protection Program in place? Have you designated a lead S&O? That's what we're asking.”

COMMITTEE MEMBER CAGNON: “And collect that documentation... as opposed to them doing a tour of the site and acting as their own little mini inspection units to make sure the sites are compliant.”

COMMITTEE MEMBER PERKINS: “In one of your rad school resource newsletters... you provided a list that the Certification Unit would use for school inspections... that was very helpful, but could it then be refined and sent out again, as a suggestion?... are those posted on the RHB website for people who may be are less active in the regulatory process and schools?”

SENIOR HEALTH PHYSICIST CANTRELL: “No, they're not. They are program specific. They are for the school program directors, not necessarily for the public... every time we go to do an inspection, we send out a revised list.”

COMMITTEE MEMBER PERKINS: “If you look at the ARRT website, ASRT website, JRCERT websites, they have program and school tabs that are specific information for transparency that are important really to programs and students... So I would like to suggest that that at least be explored, because I think another tab on a public website helps ensure transparency, so that we could have some sort of FAQ list or the list that's already been established, understanding that it does change and will change...”

SENIOR HEALTH PHYSICIST CANTRELL: “We will definitely explore that, absolutely...”

COMMITTEE MEMBER PUCKETT “I'm curious if you can help me, maybe I'm misreading this... but it sounds to me like at the time of a CERT inspection at a program they basically have to say that their sites would pass an ICE inspection at that time.”

SENIOR HEALTH PHYSICIST CANTRELL: “No, we're not doing the same things that ICE is doing.”

COMMITTEE MEMBER PUCKETT “No, but you're saying that they would pass an ICE inspection.”

SENIOR HEALTH PHYSICIST CANTRELL: “No.”

COMMITTEE MEMBER PUCKETT: “No? It says ‘require schools to attest that all affiliated clinical sites comply with applicable regulations.’ That would be ICE regulations, wouldn't it?”

SENIOR HEALTH PHYSICIST CANTRELL: “Well, yes, it would. But just because we're there doing it, doesn't mean that they get a pass by ICE.”

CHAIRPERSON TAYLOR: “I think maybe I'm getting what you're saying, for example, when Marilyn goes out, if a site isn't in compliance period, then it's almost like if I go to a day care center, and I have my kids there, if they're a bad actor, I don't want my kids to go there. So I look at the students it's like I'm sending my kids to a day care center. It's a registered facility. So if they're not in compliance with all of the requirements to be a facility, then they're not going to be really competent to receive my kids.”

COMMITTEE MEMBER PUCKETT: “And therein lies the problem. It's a double jeopardy type thing. So what I'm saying is there's no time at which you can say you cleared that threshold.”

CHAIRPERSON TAYLOR: “The reason why you guys have the affiliation agreement with the schools is because they're agreeing to do some extra stuff that pertains only to the students. So if they're agreeing to take on this extra layer that only pertains to the students, that means that that's just a little bit extra, but they still have to be a registered facility in order to take on that little bit of extra that pertains to the students. Marilyn is looking at that little bit of extra that pertains to the students, but she also has to make sure that they fulfill Lisa's requirements.”

COMMITTEE MEMBER PUCKETT: “So in that situation, as a program director... let's say that something did come up at one of the sites, I'd say that the program still passes but then the site issue gets referred to Lisa.”

CHAIRPERSON TAYLOR: “It depends on what it is. We haven't always shut down a site or an affiliation agreement just because of an ICE component. It depends on what it is. And she consults with Lisa... it's an iterative process in the Branch.”

COMMITTEE MEMBER PUCKETT: “And I would just say that while you may feel comfortable with that, I'd say the program directors feel a little bit on the hook...”

SENIOR HEALTH PHYSICIST CANTRELL: “I may want to reiterate that if you choose not to monitor your sites, then you do run the risk of having your students pulled or not getting approved. It's that simple.”

COMMITTEE MEMBER SLECHTA: “We're trying to do curriculum, radiation protection, teach it all, and make sure students are practicing radiation protection... But if you can't give me a complete list, I can't be both ICE and CERT.”

CHAIRPERSON TAYLOR: “We can start with some guidance and Marilyn and Lisa will continue to work collaboratively and talk about what we can put on the website as a starting point. And once both sides see that, I'm sure we'll get feedback and can continue to revise the transparency.”

COMMITTEE MEMBER LIGHTFOOTE: “By comparing what the Joint Commission does in their surveys that might be a good model. They have something called the Accreditation Manual, which is a Bible; it's a list of all the items that each hospital is examined on... You could develop a document like that. ”

SUPERVISING HEALTH PHYSICIST RUSSELL: “If you are looking for something similar to the accreditation manual, it would be the Health and Safety Code in Title 17. All the requirements are clearly laid out there, so that's what we're looking for compliance with...”

COMMITTEE MEMBER CAGNON: “I would suggest that inspections themselves would look at practice... It sounds to me like... the schools feel a responsibility to enforce the compliance. To me, the whole ICE, non-ICE... is irrelevant... if you see a problem, then report it back to the site and to the ICE Division. I'm not sure, does it get reported back to the program directors to fix? That's what's wrong, in my opinion.”

SENIOR HEALTH PHYSICIST CANTRELL: “When we do a school inspection, that's exactly what we're doing. The site is part of the school, so when we give our report, we give our report of findings... to the school, we do not do a separate report to the site.”

COMMITTEE MEMBER CAGNON: “Perfect... do you also say here is what we found, and we've reported this to our Enforcement Division for correction?”

SENIOR HEALTH PHYSICIST CANTRELL: “Yes. We don't -- we didn't expect Nancy to go make sure that it was done... Well, maybe we did.”

CHAIRPERSON TAYLOR: “She didn't have to fix it. It was the facility. She had to communicate with the facility... for them to fix it.”

COMMITTEE MEMBER CAGNON: “That's inappropriate... You are saying ‘your site has a problem, you need to make sure they rectify it,’ as opposed to letting the clinical program director know that there's a problem and maybe issuing a letter both to the site... and the clinical program director saying ‘here's a problem. We've asked them to rectify it’... my one specific concern is that... reporting to the program director to have the clinical site... correct that deficiency is inappropriate.”

CHAIRPERSON TAYLOR: “What are you suggesting?”

COMMITTEE MEMBER CAGNON: “Letting the program director know that we noted these deficiencies and we forwarded on to our Enforcement Division for correction is appropriate.”

CHAIRPERSON TAYLOR: “So are you suggesting... while notifying the school, if it's with the affiliated site, notifying the site in parallel with informing the school, is that what you're suggesting?”

COMMITTEE MEMBER SLECHTA: “And ICE.”

COMMITTEE MEMBER PERKINS: “I would suggest that... I think it would help to notify the facility and the school simultaneously...”

CHAIRPERSON TAYLOR: “We need to find a way to take the onus off of both parties and to be able to work collaboratively. We cannot communicate your issues to the registered facility... We can tell you what we found specific to the registered facility, with respect to your school inspection. What Marilyn and Lisa will talk about, and maybe bring back next time some recommendations that would take the burden off of all parties involved while keeping the communication lines open, and minimizing impact to students, because we have to look at all the regulations to see how they're set up.”

COMMITTEE MEMBER PERKINS: “All of you carry clipboards that have your check-off form list. I checked this, I checked this, I checked that. I would think that that should be what's posted and available, so that way we know what Cert is looking at on the form...”

CHAIRPERSON TAYLOR: "Is that what you were asking to put on the website, the list that the inspectors are using when they go out."

COMMITTEE MEMBER PERKINS: "Yes, make it simple."

SENIOR HEALTH PHYSICIST CANTRELL: "I'm not quite sure how much more simple I can get it. It's everything we look for with the Title 17 reference."

COMMITTEE MEMBER PUCKETT: "I understand, Marilyn, you're inspecting, you can't help but notice certain things... I think just to be clear, you're actually wearing a different hat when you identify something that's an ICE issue, rather than strictly a school issue. And by putting on that different hat, it needs to be handled like an ICE issue. And that's where I think the separate notification, the facility, and all that gets put into that thing."

CHAIRPERSON TAYLOR: "So to maybe get summary... the basis is to try to develop something from the school certifications perspective and the ICE perspective that can be placed on the website, even though they're given out before inspections, something that people can look at the website was one point.

Secondly, is with regard to Marilyn's inspections, which is going to be the same thing with Lisa's inspections... if Marilyn puts on Lisa's hat and finds something, refer it to Lisa. And if Lisa puts on Marilyn's hat, refer it to Marilyn, and those would be the ones to follow up, is that what you're suggesting?"

COMMITTEE MEMBER PUCKETT: (Nods head.)

SENIOR HEALTH PHYSICIST CANTRELL: "And for us to communicate with the sites separately from the school."

CHAIRPERSON TAYLOR: "on a case-by-case basis, depending upon what the scenario is."

MS. CHARMAN: "What if there is an ICE violation to the degree that you're considering closing the facility down, and we have 10 students there, are you going to notify us?"

SENIOR HEALTH PHYSICIST CANTRELL: "We wouldn't close the facility. We would pull the students, but of course we would notify you. "

MS. JILL PHILLIPS: "As a student, I also want to take ownership of my own safety as well... I think having transparency of whatever list or whatever knowing what is expected of our sites is going to help me be more safe as well."

MR. ROBERT McDERMOTT: “We have clinical agreements with probably half a dozen schools in Southern California. I'm going to be the naysayer. I like it just the way it is. Each of our clinical sites has a clinical coordinator who is present during Cert inspections. And that's our representative of Kaiser... My suggestion is that Cert requires the schools to make sure that their clinical coordinators are present during Cert inspections. And that will be the facility contact. And we don't need any more letters. I get correspondence from Lisa enough as it is. Thank you.”

## **X. AFTERNOON RECESS**

3:01 P.M. – 3:14 P.M.

## **XI. POSTING VIOLATIONS**

**Lisa Russell**

**Supervising Health Physicist**

**X-ray Inspection, Compliance, and Enforcement Section**

Ms. Russell shared the intent of her presentation which was to provide feedback regarding the feasibility of RHB posting violations on the RHB website. She further shared some items that needed to be considered such as:

- Due process
  - A hearing is required under the 14th Amendment to preserve some person's liberty interest and their professional reputation.
  - RHB can't do any sort of posting without a name-clearing hearing.
    - Cox versus Roskelley
  - No hearing procedure in place for “contested” NOV/NOVRUDs
    - Cost prohibitive
    - Office of Legal Services & Administrative Law Judge staffing impact
      - A significant number of the violations documented in NOV/NOVRUDs would arguably implicate a person's or entity's professional reputation.

Ms. Russell shared that that action was not advisable. She also noted that a small number make it through the legal referral process and either go to settlement or judgment. She then shared a proposed graph for the RHB website that would include the following demographics:

- The person's name

- The date of the NOVRUD (Notice of Violation and Radiation User's Declaration)
- The date it was referred to Legal
- The dates of settlement or revocation execution
- Any other relevant comments

Ms. Russell noted reasons that some of the violations don't go to full legal prosecution:

- Expense
- First time violations
- Lack of specific evidence to support revocation
  - Intentionally, or through gross negligence, aiding and abetting, or during the performance of radiologic technology functions
- Difficulty getting people involved
- We don't currently require that logs be maintained showing who performed what study
- The process of evidence gathering is sometimes very laborious without a lot of results

She further commented that even if these violations did make it to the website, it might take a long time to get there:

- There may be contrary language in the settlement that was incorporated into the final decision
- There may be a contested hearing
- The time for filing an appeal after the hearing also needs to have expired before RHB could put it on the website

Ms. Russell shared that her unit does report technologists to the U.S. Department of Health and Human Services National Practitioner Data Bank and that those are the ones that she could put also on their website.

She noted that she could post limited information on the RHB website but posting a copy of the NOVRUD or a spreadsheet that lists them all would not be feasible.

## **DISCUSSION**

COMMITTEE MEMBER GO: "How many people per year are in violation on average? ... The California Medical Board if a physician or PA or dentist, et cetera... if they're in violation, that's actually posted on the website as well as the quarterly newsletter... just curious why we don't do it on ours."

SUPERVISING HEALTH PHYSICIST RUSSELL: “Hundreds, about four or five hundred... technologists and physicians and other people who have no right to be doing anything in x-ray... this year there were four that actually were referred forward, one percent.”

COMMITTEE MEMBER CAGNON: “The emphasis certainly on the Committee was how to go after the real chronic... offenders who kind of thumb their nose... It's unfortunate that it's so laborious... what are your tools for the willful, egregious, chronic offenders who continue to practice?”

SUPERVISING HEALTH PHYSICIST RUSSELL: “For the first-time offenders, unless it's very, very egregious and long term, a lot of patients, and there's been some harm, typically, we will ask them to do a short ethics course... we'll do some increased continuing education monitoring to make sure that they're actually now keeping their certificate current, and making sure they get all the appropriate continuing education. And then all of them are evaluated case by case. But the ones that it happens multiple times, people who let their certificate expire, they continue to work... those are the ones that we will try to do the referral... to the Medical Board and/or to our legal services for prosecution or revocation.”

COMMITTEE MEMBER CAGNON: “The RHB has no other insights and possibilities? What would you love to see?”

SUPERVISING HEALTH PHYSICIST RUSSELL: “We don't have the legal authority to fine people. That would take a legislative action.”

COMMITTEE MEMBER CAGNON: “Maybe this is the job for professional organizations then to mine the website and post it themselves.”

COMMITTEE MEMBER SLECHTA: “If we have a CRT or any -- or a licentiate who actually have been found guilty of felony, do they lose their CRT?”

SUPERVISING HEALTH PHYSICIST RUSSELL: “Only if it was a felony committed in part of their duties.”

COMMITTEE MEMBER CAGNON: “From a government point of view, the RHB has to make sure that every individual has gone through due process and that's an expensive and lengthy period of time.”

COMMITTEE MEMBER PERKINS: "I'm disturbed by the fact that we seem to have very limited, if almost no, authority to deal with licensure in egregious situations. So then how could RHB, or how could the public, or how could the legislature change that? Is that a legislative issue then to give authority to fine, or authority to revoke, or how could this be strengthened?"

SUPERVISING HEALTH PHYSICIST RUSSELL: "We do have authority to revoke, but there are very specifically listed situations, and many of them that you're concerned with are not specifically listed there. We don't have authority to fine. That would be hopeful, and that would be a legislative item. I don't think there's any way around the requirement that we give due process though... It's in our authority where we have the ability to issue certificates and permits. We also have the authority to revoke them, suspend them, or amend them based on certain items."

COMMITTEE MEMBER PERKINS: "But are those certain items listed?"

SENIOR HEALTH PHYSICIST SCOTT: "The section you want, Health and Safety Code, Section 107070... It specifies what actions the Department -- if somebody does those actions, we could take suspension, revocation, or limitation to their certification or permitting... Administrative penalty that's what Lisa has been talking about, that we do not have that authority, and we can't create that authority by rule-making. Only the legislature can grant us that authority. "

COMMITTEE MEMBER LIGHTFOOTE: "What I think the Committee might have had in mind, in terms of a notification system, is something that the Board of Medical Quality Assurance calls the Hot Sheet. It's called the California Medical Board now... would that be applicable, that sort of technique or vehicle?"

SENIOR HEALTH PHYSICIST SCOTT: "We would have to look at what the underlying legislation is on that, because I think you're right. I think they have specific provisions that allow them to do that without going through due process. So we would have to look at that."

COMMITTEE MEMBER CAGNON: "Could we, without making a motion, say is this something we could at least look into?"

CHAIRPERSON TAYLOR: "...We will reach out to either Lisa or Heidi as a probable agenda item for the fall."

## **XII. PUBLIC COMMENT**

MS. DEBRA ANDERSON: “Last meeting, we had a very lengthy discussion on eliminating the fluoro permit in California, if you've taken your ARRT. I was a little disappointed that it wasn't on the agenda this time, because the State didn't come back with the information that they're working on... I really think it's an important issue. And if we can move forward with the State getting the information they need, and hopefully by the next meeting in October, it will be on the agenda again.”

MS. SLECHTA: “Chris, something you said earlier, and I should have stopped and made a motion right after you, is the recommendation for rule-making for subchapter 4.0, which we don't control. We make recommendations for regulations for subchapter 4.5. But to make rule-making about equipment and procedures for that equipment use, you would have to... make rule changes that requires technologists and physicians read into the report the dose for a fluoro exam, or if you don't have that, the exposure time. I would like to tell you that I will be sending you all this stuff to make a motion to request the RHB expand that rule-making look to go into the substantial radiation dose management guidelines for fluoroscopy. And I'll just tell you like one of the things. This is so much better than just giving the dose. This is saying that if the equipment has the capability of reporting the dose, the interventionist should be notified when the dose to the patient has reached 2 gray, at which point there can be skin damage. And then after that, repeatedly -- every time they have an addition a 0.5 gray. So there are excellent radiation protection policies for high-dose fluoroscopy. And we're talking cardiac cath, we're talking interventional. And there are some excellent facilities out there. This is one hospital that we've been told we can share that has a whole list of procedures of how the technologist is now going to be required to help you, the physician, who is very involved in the practice of medicine when you're trying to put that whatever stent some place to notify you, hey, you're at 2 gray, and now it's 0.5. So that you can, at least at some point in time, decide if the risk is more than the benefit. But to actually have that kind of reporting requirement in the rule-making, we will not just lead the nation, we'll protect California citizens. So this is a whole package of information, but particularly is one hospital's example that I'm hoping you'll consider to recommend to the RHB to consider in their rule-making for subsection 4.0. Thank you.”

COMMITTEE MEMBER CAGNON: “My experience so far with both the FDA and the State of California is keep your wishes modest. But I do think something that

might be an alternative is in the rule-making that the institution should have a written policy addressing alerting when certain dose thresholds are made.”

MS. BRAUN-HERNANDEZ: “By establishing triggers, you’re operating your units in ALARA, instead of operating in the AEC.”

### **XIII. CLOSING COMMENTS**

Chairperson Taylor thanked those who assisted with, attended, and participated in the meeting. She noted that the next RTCC meeting would be held in Sacramento on October 5, 2016. Chairperson Taylor adjourned the meeting at 4:14 P.M.