

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

**April 24, 2024**

California Department of Public Health

Meeting Location:

Ronald Reagan State Building - Auditorium 300 S. Spring St. Los Angeles, CA 90013

Rajiv Mishra, Ph.D., RTCC Chairman, Chief, Certification Section

**COMMITTEE MEMBERS PRESENT**

Islam Abudayyeh, MD, MPH, FACC, FSCAI  
James Bronk, MD, FACR  
Dawn Buratti, DPM, ABFAS, FACFAS  
Rachelle Campbell, MSHA, RT(R), ARRT, CRT  
Tyler Fisher, M.S., DABR  
Eric Goodman, MD  
Jennifer Pedley, MS, CCSP, DC, DACBR  
Lindsey Urband, MD  
Steven Wang, MD, MBA

**MEETING SUMMARY**

**I. WELCOME / OPENING REMARKS**

Dr. Mishra called the meeting to order and introduced the RTCC members and California Department of Public Health-Radiologic Health Branch (CDPH-RHB) staff. He shared various meeting protocols proceeded to the first agenda item.

**II. APPROVAL OF OCTOBER 4, 2023, RTCC MEETING MINUTES**

Chairman Mishra entertained a motion to approve the October 4, 2023, meeting minutes as written or with necessary corrections.

**MOTION I**

The committee voted to approve the minutes as drafted.

Motion: Committee Member Bronk

Second: Committee Member Abudayyeh

**Vote:**

9 Yes: Rachelle Campbell, Dr. Jennifer Pedley, Dr. Steven Wang, Dr. Dawn Buratti, Dr. James Bronk, Dr. Lindsey Urband, Dr. Islam Abudayyeh, Dr. Eric Goodman, Mr. Tyler Fisher

0 No

0 Abstain

## **MOTION PASSED UNANIMOUSLY**

### **III. LEGISLATIVE AND REGULATORY UPDATE**

**Truyen Nguyen**

**Health Program Specialist**

**Registration, Regulations and Quality Assurance Section**

Mr. Nguyen discussed the following legislative updates.

- Assembly Bill (AB) 1069:
  - He shared bill history and status and described the purpose as follows.
  - The bill would prohibit a person from holding themselves out as a Radiologist Assistant (RA) unless the person meets certain requirements, including that they have passed the radiologist assistant examination, as specified, and that they maintain current registration with prescribed entities such as the Certification Board of Radiology Practitioners Assistants (CBRPA) and the American Registry of Radiologic Technologists (ARRT).
  - Would require a radiologist assistant to work only under the supervision of a radiologist and would prohibit a radiologist assistant from functioning in that capacity independent of a supervising radiologist.
  - Would, among other things, authorize a radiologist assistant to communicate and document initial clinical and imaging observations or procedures only to a radiologist for the radiologist's use.
  - Would authorize a supervising radiologist to delegate to a radiologist assistant, as the radiologist determines appropriate to the assistant's competence, those tasks or services that a radiologist usually performs and is qualified to perform.

Mr. Nguyen shared various online resources to find updates on legislation and regulations opened for questions.

## **DISCUSSION**

Committee Member Goodman noted that radiology assistants had been defined by the American College of Radiology and other societies. He asked Mr. Nguyen

to confirm his understanding of the bill's purpose stating that “In California, a radiologist assistant can perform fluoroscopy and interpret x-rays under the supervision of a radiologist. Is that my understanding of what’s being passed here with this bill?”

Mr. Nguyen confirmed “Yes. That’s what this bill intending to do... if a person wants to hold themselves as a radiologist assistant they need to meet these requirements. As the bill states they’ll need to pass our exam which is administered by ARRT or the Certification Board of Radiology Practitioners Assistants examination. The requirement this bill is that individuals pass either exam.”

Committee Member Goodman asked if the RTCC would be the committee that gave out the licenses.

Mr. Nguyen replied that the bill did not prescribe for the issuance of a license and invited Mr. Phillip Scott of the Radiologic Health Branch to clarify. Mr. Scott explained that the bill creates a title protection for radiologist assistants. The bill is part of the Radiologic Technology Act therefore an individual must be a CRT and hold a fluoroscopy permit in order to perform fluoroscopy. He explained that this bill is proposed to create that title protection for these individuals.

Mr. Scott noted that the Assembly Business and Professions Committee had provided a good analysis on the bill that provides background on the bill. He noted that the branch was not taking any position on the bill and that they would see where it goes. He also noted that the bill did not provide any scope of practice for the radiologist assistant.

Committee Member Goodman asked if another bill would need to be proposed to make it in practice seeing as how this was just a name only bill.

Mr. Scott replied that when the bill was introduced, it would have created a committee under the California Medical Board to issue the RA licenses. They would still have to meet the criteria specified within the bill and allow for the training of these individuals. He noted that the bill still had holes in it that needed to be filled. Whether another bill needed to be proposed remained unseen. He noted that this was being watched in the legislature and was brought to the RTCC’s attention so that everyone was familiar with it.

Committee Member Campbell remarked “Say this bill passed. If someone is an RA in name only and they practice in California, would the RHB then be involved? Because technically, there's no scope of practice and no ‘licensure’ for it. Wouldn’t they be in violation of something?”

Mr. Scott replied “That is still in review. That would be a legal review so we’re still not sure what that is. We do perform an analysis for the department only and it is not subject to public record, it is private communication to the Governor’s office.

We provide our analysis for their decision... If the bill does pass, we would be an enforcer. We would not issue anything to an RA, but we would be doing the enforcement action and whatever legal ramifications are at the time it goes through.” He then noted the bill was on today’s calendar for the Assembly Appropriations Committee. He noted that it was placed onto a suspense file which requires a more in-depth review. He reiterated that the department would watch and wait.

#### **IV. SHOULD IMAGING ASSISTANTS BE ABLE TO POSITION PATIENTS?**

**Loren Sachs, MA, RT(R)(MR)(CT)(CV), CRT  
Program Director, Orange Coast College**

Mr. Sachs clarified that his discussion was about imaging assistants, as opposed to a radiologist assistant, and explained the imaging assistant is someone assisting a radiologic technologist in the clinical arena across all imaging, not just the radiation side.

He explained that while at the ACERT conference in February, some students were discussing that imaging assistants were being allowed to position patients at their clinical site. Surprised, he reached out to Marilyn Cantrell of the Radiologic Health Branch (RHB) and was surprised by her response which was something to the effect of “We’ve had some recent inquiries, and we think it’s ok.”

He shared that, ultimately, this RHB position was reversed and communicated to the radiologic technology school program directors in a mass email. Prior to the mass email, Marilyn suggested this topic be brought to the RTCC. Although the topic had already been settled, he was now only presenting his rebuttal to the idea of an imaging assistant being permitted to position.

Mr. Sachs noted there were two ways of looking at the concern; from the legislative perspective of Title 17, California Code of Regulations and from the professional perspective of societies like the JRCERT, the ASRT, and the ARRT.

He referenced Title 17 section 30417, noting that this was talking about a supervisor and operator, and posed the question “If imaging assistants were being allowed to position patients, did the radiologist know it was going on?” He referred to requirements for clinical affiliates to attest that the radiologist is aware of the presence of students that they’re responsible for supervising.

Mr. Sachs described that preparing the patient is the initial interaction and argued that positioning the patient, or putting a patient on the table, is a fundamental component of a radiographic examination, not the exposure. He stated, “if you have somebody intervening in that patient/technologist relationship, that is going to have a direct impact on the quality of the examination” and iterated that radiologic technology is both an art and a science.

Mr. Sachs referenced fluoroscopy permit requirements, noting that fluoroscopy was very prescriptive but not so in radiologic technology. He referenced JRCERT standard 5.4 and noted that the supervision requirement was addressing students, not imaging assistants. He noted the JRCERT and Title 17 requirement that students must be directly supervised until competency is achieved. He then referred to ASRT practice standards and general criteria regarding quality, diverse patient populations, professional judgement, and discretion.

Mr. Sachs described the ARRT's rules of ethics and the failure to conform to minimal acceptable standards, improper supervision in practice, and improper delegation or acceptance of a function. He described that the current structure in place is designed to protect the technologist, the student, and most importantly, the patient.

Mr. Sachs expressed concern that students are prohibited from clinical practice until they have demonstrated knowledge of radiation safety, basic radiologic physics, and positioning. He acknowledged that students are hired and employed as imaging assistants in a facility but iterated that when they are employed as an imaging assistant, they are not a student. The skills taught on campus should not dictate how they are doing their paid job.

Mr. Sachs explained that imaging assistants have been part of the nomenclature for a long time, particularly in CT spaces. However, the technologist is determining the scanning parameters. He reiterated that the most important person in the room is the patient and expressed that everything possible should be done to ensure a good outcome.

He shared, "We take a lot of pride, as educators... in our educational process for producing radiologic technologists." He described the synergistic relationship educators held with the RHB, the RTCC and the radiologic technology programs over the past 20 years. He expressed that too often, educators have been too reactionary to when a new process has started.

Lastly, he shared the challenge for the young students and educators was to control the space that is radiography so that when the next "new" comes, they are driving the discussion, not reacting to it. He expressed that radiologic technologists have skills that need to be emphasized and promoted beyond "button-pushing."

## **DISCUSSION**

Committee Member Bronk asked if Mr. Sach's program trained imaging assistants. He followed up by asking for some key training points in the imaging assistant certification and asked if this "certification" was something authorized through the state or if it was a program certification. He asked for any state regulation that indicates how someone could call themselves an imaging assistant.

Mr. Sachs described the imaging assistant certificate was an option in front of and independent of the rad tech program. He shared that Title 17 does not define an imaging assistant. He clarified that the imaging assistant certificate was offered as a local certificate through the community college approved by the chancellor's office. He explained imaging assistants training would be anatomy, physiology, patient care, intro to radiology physics, and radiation safety.

Committee member Abudayyeh referenced the clinical aspect of the procedure and ARRT rules. He noted that the patient had to provide consent and agree to the safety and exposure for the procedure. He expressed concern about any persons positioning patients while not being in contact with or under the instruction of someone who holds a fluoroscopy license. Also, he expressed concern about that person not being involved in any specific safety regulations and workflow requirements.

Mr. Sachs agreed that "the patient, by implied consent, is assuming that everyone intervening on their behalf is skilled... If we are allowing that patient to be positioned by someone who is not properly trained or supervised, then we are failing that contract with the patient."

Committee member Wang asked if it would be helpful to have a good definition of what "positioning patients" means and does not mean for both CT and x-ray.

Mr. Sachs replied that positioning in regard to x-ray was self-explanatory and prescriptive. He remarked that in CT, because they all tend to be more or less supine on the table, it's a little less specific and depends on the variable that need to be addressed.

Committee member Campbell challenged the notion that CT was not positioning. She stated, "It is positioning" and referred to actions taken by the technologists. She referred to the assessment processes required of radiologic technology students and shared that imaging assistants had no such process. She noted that this issue was related to remote scanning which had just been FDA approved and noted that it "is something that this body is going to have to address."

Kelly Holt referred to a new job description for imaging assistants. She noted that industry had created a new job and described that a high school graduate could apply and assist in CT and in the cardio cath lab. She offered "this group needs to look into what an imaging assistant or radiology assistant is and defining it in regulation so that managers have guidelines and can provide the best care possible."

Christian Roth expressed appreciation for looking into this and clearing this up. He shared concern that tech assistants would not be able to position at all. He shared that as a tech assistant, it was clearly outlined that when he clocked in as an employee, the rules were different. Positioning was to be directly supervised

by the tech. He noted that in cases where individuals were unable or of age to cooperate, imaging professionals would regularly coach other employees or people in the room to assist in positioning. He asked why a tech assistant would not fall under a similar category where they couldn't do any positioning solo, but perhaps could do some tasks under the direct supervision of the licensed tech.

Phillip Scott shared that the term radiography as defined in regulations was defined for a purpose. He continued that it was used quite a few times but not in the context of patient or equipment positioning. He referenced section 30305.5 lists what a non-permitted person may not do. He noted that violators would be subject to enforcement issues if violated. He agreed that it would be a good thing to evaluate regulations to see how this concept comes in. He noted that the law speaks to exposure of the patient, but not the preparatory tasks taken before the exposure. He agreed that regulatory clarification was a good thing.

## **V. CONTINUING EDUCATION CRITERIA**

**Doris Abrishami BSRT, (ARRT)**

**President CSRT**

**Program Director, California State University Northridge**

Dr. Abrishami described the Title 17, section 30400 definitions of approved continuing education credits (CECs), noting that the subjects were related to the application of X-ray to the human body. She explained that technologist CE documents are being reviewed by non-RT individuals and rejected. She stated that "Technologists need to be educated on topics such as patient care, cultural competency, and know about the health disparities among populations such as LGBTQ and transgender communities."

She continued that continuing education units needed to encompass all aspects related to patient care and reference a need for soft skills to achieve this. She described how the ARRT uses agencies such as the ASRT, ACR, and the AHRA to approve and track and transfer CEs. As of 2024, ARRT is now including cultural competency, ethics, and religion as continuing education.

Dr. Abrishami then proposed that any continuing education credit approved by ARRT should be approved as a continuing education credit for a certified RT in the state of California. She suggested that "the 24 CEC related to the application of X-ray to the human body" was an outdated and narrow definition of guidelines in Title 17 and offered that the statement should be modified to include imaging topics related to patient care, cultural competency, communication skills, and educational topics that can increase the holistic knowledge of radiographers to provide better experience for all types of patients during imaging procedures.

She asked the RTCC members to make a motion to ask the Radiologic Health Branch to find ways to modify the current CEC definitions/regulations to include



topics such as education, cultural competency, and health disparities related to marginalized groups of patients.

Finally, she shared that “any and all topics that can improve patient/technologist communication and reduce the number of repeats and unnecessary radiation exposure to our patients should be accepted as Continuing Education Credits.”

## **DISCUSSION**

Committee Member Abudayyeh thanked Dr. Abrishami for the presentation and acknowledged the value, usefulness, and benefit of the suggestions. He voiced support for expanding other areas of education in this fashion. However, he described the focus of current requirements is specific to awareness and knowledge of radiation safety. He supported maintaining the focus of radiation safety without diluting the current requirements.

Committee Member Campbell noted that 18 of her 24 required CECs were specific to digital radiography, fluoroscopy safety, and mammography. She noted that only 6 CECs remained to find other topics. She indicated that her impression of how the state processed CEs was by looking at the title of a presentation. She referenced the CE requirements for an educator was 162 hours over four years and noted it was plenty to get everything she needed. She shared concern that her students were not required to have them. She recommended that presenters take any topic they wished and apply it by including a linkage in the presentation title and content to these topics.

Dr. Abrishami clarified her intention was not to take the ionizing radiation or x-ray protection away from continuing education, it was to add to it. She challenged and asked why she had to go through the modification of a title to make sure it was related to ionizing radiation rather than just being related to cultural competency.

Phillip Scott shared that the department has the authority to adopt regulations concerning continuing education requirements for holders of permits and certificates in radiologic technology. He referred to the RT Act, the definition of radiologic technology, and the purpose of the RT Act to reduce unnecessary exposure to radiation. He noted that required CE's do not prohibit anyone from obtaining CE in anything. He explained for purposes of renewing an x-ray technology authorization, regulations require 24 CEs that meet criteria. He asked “Without some criteria, what is continuing education? How does it relate to radiologic technology?” He explained that if a description is clear enough, then we can determine if that meets the criteria. He acknowledged that cultural competency and patient care were related, but enough information is needed to make that determination. He referenced that the state has an audit system to verify that CEs are related and referenced the workload on an individual. Finally, he shared that clarity is always good and offered that we could analyze any



motion and look at alternatives for how we can move forward with clarifying and bringing it up to current standards.

Committee Member Goodman shared his support for the changes as they improve patient care.

Committee Member Abudayyeh shared that from a patient care standpoint, as an educator, there's already a limited amount of time to keep teaching practitioners the issues of radiation safety. He shared that while cultural competencies have a very strong role in medicine, this may not be the specific role.

Committee Member Buratti asked if the lectures had written objectives that would be stated in their request for approval for the lecture to be a CE. She asked, "Isn't that the opportunity to draw a connection between the topic and how it relates to radiation safety?"

Dr. Abrishami clarified that only 3 objectives were needed and described those. She affirmed that it was the opportunity to draw the connection and suggested that even if the topic didn't refer to radiation safety or ionizing radiation, it should be accepted for credit because everything they do is related to patient care.

Committee Member Campbell described the CE approval process with the ASRT and the state and noted the need for clarity. She asked why California didn't have a process to provide guidelines.

Mr. Scott responded that CE providers are not looking for the state's approval for the lecture they want to provide, they work with the organization that approve CEs. He explained that when permit holders renew, they supply a list of CEs and CDPH staff verify and audit a certain number of CEs. He noted that "we're not approving it as an education component, we're looking at if it meets the criteria for renewal."

Committee Member Campbell shared that the ASRT has many CE courses identified as "California Approved." Were those approved by California?

Mr. Scott responded that through discussion with ASRT and the process previously described, we determined that those would be acceptable.

## **MOTION II**

Committee Member Campbell "I'm asking the RHB exactly what this proposal is asking: to find ways to modify the current CEC definitions, regulations to include topics that go beyond ionizing radiation specifically listed in the title."

Motion: Committee Member Campbell

Second: Committee Member Goodman

## **DISCUSSION**

Committee Member Bronk raised a point of information and asked for the motion to be repeated.

## **RESTATED MOTION II**

Committee Member Campbell “I’m putting forth a motion asking the RHB to find ways to modify the current CEC definition, regulation to include topics, I can list the topics listed here; education, cultural competency, health disparities, but specifically related to ionizing radiation being identified in the title of the continuing education.”

## **DISCUSSION**

Committee Member Wang asked Phillip Scott:” For what Ms. Campbell is asking for, is it necessary to modify the regulations or is it simply more administrative?”

Phillip Scott shared his philosophy that it’s always better to have clarity in regulations than a document on a website because when it comes to legal action, it always comes down to regulations and law. So, we would explore that and bring that back at the next meeting.

Committee Member Abudayyeh raised a point of clarification: “This is not a clarification motion as I understand it. It’s a motion to change the definition of CECs to include a broader, non-ionizing radiation definition. Is that correct? “

Committee Member Campbell responded “No. I’m not asking to remove the ionizing radiation. I’m asking for expansion of how we define the areas that are actually covered under the utilization of ionizing radiation.”

Phillip Scott noted that regarding the phrase” subjects related to the application of X-ray” have been clarified on the FAQs on RHB’s website.

Committee Member Buratti asked if the topics being approved would be decided right away or would someone just have to convey what the relationship between the topic and ionizing radiation was?

Mr. Scott replied “This would be in the statement of reasons in the rulemaking package. Whatever the motion is here, we would come back with an analysis of those and questions. Those would definitely be things to understand before trying to make any regulatory changes. It would be addressed.”

Committee Member Fisher asked about the scope of things that have been rejected. He asked for examples courses that had been audited and found to be lacking. Have there been examples where a course is focused on patient care,

cultural competencies, and communication skills have been rejected based off of not including some sort of x-ray discussion.

Emily Mark shared that generally, if it ties back to the title, it's helpful. "We'll look for some link to x-ray and communicate with the individual. We really need that link. We can't evaluate CEs like ASRT. We're not an approver. If the provider can give us that link, we would accept it."

## **RESTATED MOTION II**

Committee Member Campbell "Make a motion asking the RHB to find ways to modify the current CEC definition, regulation as well as to evaluate the process in which topics are approved or accepted by California in an effort to expand the topics that are adjacent or part of the ionizing radiation process that radiologic technologists conduct."

## **MOTION II TABLED**

Committee Member Bronk raised a parliamentary point: "I'd like to table this motion to a time definite, our next RTCC meeting. It's an evolving issue as we're sitting here at the table and I think it would be better evaluated, if there's going to be an actual motion or asking another body in the state to take action, to have greater clarity as to what's happening. Waiting until the next meeting would allow that clarity to happen between stakeholders who are interested here on the RTCC, in the public and other bodies."

Chairman Mishra accepted Dr. Bronk's suggestion to table the motion until the next meeting and all members voted in support.

### **Vote:**

9 Yes: Rachelle Campbell, Dr. Jennifer Pedley, Dr. Steven Wang, Dr. Dawn Buratti, Dr. James Bronk, Dr. Lindsey Urband, Dr. Islam Abudayyeh, Dr. Eric Goodman, Mr. Tyler Fisher

0 No

0 Abstain

## **PUBLIC COMMENT**

Kristin Beinschroth of the CSRT commented that the CSRT was the primary CE provider for technologists in California. She noted that the CSRT holds three huge CE events every year and work very hard to include the hit words in their titles. She referenced collaboration between speakers and the CSRT and the board trying to get certain words like radiation or pathology to into titles. She noted the collaboration with local and RHB contacts to accomplish this and would appreciate clarity. She recommended the state consider the ASRT curriculum and the ARRT content specifications when expanding the definition.

**VI. MORNING RECESS**

11:04am – 11:19am

**VII. CLINICAL MAMMOGRAPHY EXPERIENCE**

**William Morgan, M.S.R.S., R.T.(R)**

**Dept. Chair of Radiologic Sciences**

**Program Director of the Diagnostic Medical Imaging Program, City College of San Francisco**

Mr. Morgan described problems RTs were having in obtaining clinical mammography experience. He expressed his goal was to create a pathway for RTs to obtain clinical mammography experience while enrolled in an approved school.

He described the current process of how an RT becomes a mammographer, noting the requirements to complete 40-hours of CE mammography courses, taking the state mammography examination, earning a mammography license, obtaining mammography employment, and then practicing mammography. He indicated that by the time a mammographer performs their first mammography examination, it may be the first time they've actually touched a patient.

Mr. Morgan referred to Title 17 section 30315.50 and provided two proposals to add to current regulation. The first proposal was to add the verbiage, "Each individual performing mammography is a student in an approved school as defined in section 30400, and students, when operating X-ray equipment, shall be under direct oversight of a California-certified mammographic radiologic technologist until the student has achieved competency for the particular procedure. For students in an approved school, the determination that the student has achieved competency shall be made by a qualified practitioner who is either a CRT, as applicable, with at least two years of radiologic technology experience, or a supervising licentiate."

He explained that if someone is currently enrolled in an approved school, then they can't perform mammography exams under direct supervision. He shared that this first proposition would allow someone to do mammography exams under indirect supervision if they've obtained competency.

He shared the second proposal which was to add the verbiage "Each individual performing mammography is a student in an approved school as defined in section 30400 may perform mammographic exams under the direct oversight of a California-certified mammographic radiologic technologist." He explained that this option would close the discussion about indirect supervision and described that all exams would be under direct supervision as long as the individual was enrolled in the school.

He ended by asking the RTCC members to make a motion asking the RHB to find ways to modify current regulations to include the lack of students who are enrolled in an approved students to perform mammography exams under direct supervision.

## **DISCUSSION**

Committee Member Bronk asked if Mr. Morgan had considered setting a minimum number of supervised examinations to be performed by the student during the formal education process? He noted that it would be something worth considering.

Committee Member Campbell offered “I just want to clarify that this request is not dealing with the students enrolled in the program who want to become CRTs, this is primarily focused on the CRTs that already exist that would like to become mammographers, and that during the didactic portion... have the opportunity to also have clinical in order to connect and reduce the gap between didactic and clinical practice. This would be a way to do that.”

Mr. Scott noted that this discussion was overlapping three different worlds referring to state law, federal law, and ARRT items. He explained that Radiologic Technology (RT) Act regulations authorize mammographic radiologic technology certification. He noted this state law was enacted in 1992 and did not require any clinical experience to obtain the mammography certification. He shared that the 40-hour continuing education requirement was based on a federal law that was enacted at the same time as state law and explained that both laws apply at the same time in every instance.

Mr. Scott explained that Section 30315.50 of Title 17 was from the Radiation Control Law and does not authorize the RHB to certify individuals as Radiologic Technologists. He noted that it merely recognizes the existence of the RT Act and that the word “user” in this context is referring to the person who has registered as having X-ray equipment.

He noted that Mr. Morgan's first proposition was recognizing the RT Act. He described that if someone wanted to be permitted or certified under the RT Act and they did not have that authorization, then they would have to be a student in an approved school. He expressed the same was true for mammography.

He described that federal law created a standard that comes from the facility side. State law addresses the individual. Federal law requires a facility to document that new mammo technologists have completed 25 directly supervised mammograms as well as continuing experience to maintain it. He described the ARRT as a private, voluntary organization that has their own process based on federal law.

Mr. Scott described a recently passed law that would issue a limited podiatric radiography permit to individuals to perform podiatric radiography in podiatric offices. He described that this structure created the facility as a school. He reiterated that in order to perform mammography, individuals would have to either be in an approved school or certified in mammography. He offered that this model could be considered for mammography.

Committee Member Bronk referenced the 1992 federal law noting the MQSA mandates for physicians to interpret several hundred supervised mammograms before interpreting mammograms unsupervised. He asked if it would be a reasonable approach for Title 17 language to parallel the same minimum number of supervised examinations before being able to be certified as mammographers.

Mr. Morgan asked for a clarification to his understanding that non-RT students in an approved school could perform mammography exams under direct supervision.

Mr. Scott affirmed he was correct under the RT Act. He described that if an RT student graduates but does not obtain certification, they cannot go take x-rays.

Mr. Morgan asked, "If these students become an RT and then went into mammography school, can they perform mammography?"

Mr. Scott responded, "Yes, if that school is an approved school." He explained that two separate laws dictate when individuals can do mammography. One law says, "you can do it if you are certified," and another law exempts you from that certification requirement if you are a student in an approved school.

Mr. Morgan share that this explanation was inconsistent with information that he had received.

Committee Member Campbell expressed her understanding that once a student graduates, the coverage of the program doesn't apply anymore. She asked, "So if I had a technologist enrolled in a mammography course, then I could actually assign her to a clinical setting and have her perform?"

Mr. Scott replied "Yes... and your clinical site is an affiliated clinical site. Just because you're an RT, when you come back under the auspices of your RT certification program approval and you set up some kind of elective system, and that person is still a person in that program, you designate them as students in your program. Then, they are exempt from the certification requirement for mammography... it works, yes, but is it very clear? No."

Committee Member Campbell asked if the RHB would be willing to produce a document clarifying this? It would be nice to have some clarifying language to share with facilities. There's a huge shortage in mammographers and in order to

inspire people to do this, I think letting them have this process of having clinical hours could inspire technologists to go that route.

Mr. Scott replied, “We could definitely discuss it internally about how to go about it.”

Committee Member Bronk stated, “I would love to see our state regulations mandate a certain number of examinations that are performed in a supervised setting by potential mammographers before they go out into the world.” He asked Phillip for recommendations for how the RTCC could start the process of mandating a certain number of examinations to be performed in a supervised setting before being able to earn a mammography license. He asked if legislation would be required.

Mr. Scott expressed that it would just be by their recommendations as long as those were not contradictory to the federal law. He reminded the audience that when a person does their very first mammogram, federal law is invoked. He described that the first 25 mammograms must be documented by the facility to have been directly supervised. When the federal inspector comes out, they verify that the mammographer has met the initial qualifications. Two years later, they’ll verify that the individual has continually performed a minimum of 240 procedures in that two-year period. He shared that it was within the RTCC’s purview to make recommendations on this provision.

Committee Member Bronk shared that he’d rather not have the effective, supervised training go on in a clinical setting and preferred it be done as a student.

Committee Member Campbell asked if students could gain the twenty-five supervised mammography examinations before they get their mammo license in California?

Hope Martinez shared that the twenty-five examinations were required by the federal MQSA regulations. She shared that inspectors must be familiar of California and federal inspection requirements. She explained that California Health and Safety Code section 106975 says that section 106965 will not apply as long as you are in an approved school. She asked Committee Member Campbell, “If they go to your school to get their mammo certificate, you’re having difficulty finding locations for them to actually get their mammo hands on experience.”

Committee Member Campbell replied, “We don’t try because we were told that it’s illegal... we were told if they’re already a CRT, they cannot touch a breast for purposes of medical imaging until they have that mammo license.”



Mr. Scott reiterated that the law provides an exception to the mammography certification requirement for individuals who are in an approved school. He then described an ARRT requirement to complete 25 directly supervised examinations and an additional 75 before an individual takes the ARRT's mammography examination. He noted this creates some confusion.

### **MOTION III**

Committee Member Bronk motioned “that the RTCC recommends a change in state regulation to have 25 supervised mammographic exams performed as a student in an approved RT school as a prerequisite prior to obtaining a California mammography license.”

### **DISCUSSION**

Mr. Scott asked for a clarification of “supervision” to distinguish between direct or indirect supervision?

Committee Member Bronk clarified as “directly supervised” in order to meet the MQSA requirements.

Committee Member Campbell offered a clarification that approved schools were not the only methodology for RTs to get access to take the state license. She referred to entities such as MTMI courses and other ‘for-profits’ that would also need to be examined as they would need to make a relationship with the clinical site in order to provide that. She explained that the schools only offer their mammo class once a year and advised that access points needed to be considered when adding on requirements.

Committee Member Bronk acknowledged the comments and affirmed his position to have well trained and highly qualified persons doing mammograms. He expressed that if more thought was needed to consider the fiscal ramifications, he would be happy to entertain that as well.

Radiologic Health Branch employee Brian McGowan suggested making a distinction that the 25 examinations in the motion reflected “documented examinations” to satisfy federal regulation and inspection criteria. Dr. Bronk accepted this suggestion as a friendly amendment to the motion.

William Morgan asked the members to remove the language “in an approved school” from the motion.

Committee Member Wang shared a request for Dr. Bronk to consider an amendment that “the RTCC studies changes to regulations” so that a change isn’t made hastily. Committee Member Bronk accepted the friendly amendment.

RTCC Coordinator Arriola read the motion verbatim:” Recommend RTCC make change to current state regulations to require 25 documented, directly supervised mammography exams in an approved school to meet MQSA requirements.” Committee Member Bronk accepted the motion with amendments.

Committee Member Campbell asked for a point of clarification and asked if this would be a requirement in order to be able to sit for the mammography license in California, that would need to be specified. She also expressed concerns about removing the phrase “in an approved school” from the motion.

#### **MOTION IV**

Committee Member Wang motioned to table this topic to a time certain being the October RTCC meeting. Chairman Mishra accepted Dr. Wang’s suggestion to table the motion until the next meeting and all members voted in support.

Motion: Committee Member Wang  
Second: Committee Member Fisher

#### **Vote:**

9 Yes: Rachelle Campbell, Dr. Jennifer Pedley, Dr. Steven Wang, Dr. Dawn Buratti, Dr. James Bronk, Dr. Lindsey Urband, Dr. Islam Abudayyeh, Dr. Eric Goodman, Mr. Tyler Fisher

0 No

0 Abstain

### **VIII. PUBLIC COMMENT**

Chairman Mishra welcomed public comments from the audience.

Loren Sachs of Orange Coast College assured the committee that his Rad Tech program had been doing mammo and addressing the CT piece since 2019. He referred to a 2021 conversation with George Cervantes and Marilyn Cantrell discussing potential violations. He explained that some technologists had come back and enrolled in the college and were in a school. He expressed that removing the “in an approved school” verbiage would not work. He suggested to “make the course elective because then the student doesn’t have to be accepted into your rad tech program, but it’s still your rad tech school and within the confines of your program and it meets the qualifications. That has been blessed by Marilyn and I know she consulted Phillip back what it was raised.”

Wendy Fragosa reiterated her understanding of the presenter’s goal and he affirmed. She shared “My hope is that that verbiage makes it very clear that they are already CRTs that are returning to be under that umbrella in order to complete the 25 in order to qualify appropriately. The student affiliation certificates that I look for as a state inspector, not MQSA, doesn’t clarify necessarily that these are not college enrolled students performing this task.”

## **IX. CLOSING COMMENTS**

Chairman Mishra stated the next RTCC meeting would be held in Northern California at a date and time to be determined. He thanked all in attendance for their participation and support and adjourned the meeting.