

RTCC Approved: 9-23-09

Radiologic Technology Certification Committee Meeting

March 13, 2009

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

Frieda Y. Taylor, MS, Chairperson

Members

Roger Eng, MD
Diane Garcia, RT, ARRT, CT
Melissa Martin, MS
Dale Butler, MD
Linda Ortega, CRT, R, CV, ARRT

John Go, MD
Bernie Goler, MD
Todd D. Moldawer, MD
Cliff Tao, DC
Neil Mansdorf, DPM

Member Absent

Adam Sommerstein, MD

Meeting Summary

Ms Frieda Taylor, MS, Chairperson of the Radiologic Technology Certification Committee (RTCC) called the meeting to order at 9:05 am. Chairperson Taylor welcomed and introduced the RTCC members, upper management, RTCC support, Unit chiefs and Radiologic Health Branch representatives for RTCC Sub-committees and the court reporter.

First item on the agenda: Approval of the March 12, 2008 RTCC meeting minutes. A motion was made to approve the minutes by Committee member, Moldawer. Motion seconded by Committee member Butler. Motion passed.

Chairperson Taylor: The minutes for the March 12, 2008 RTCC meeting are approved. The next agenda item is Evaluation of the Skull Category XT Programs.

Committee Member, Ortega: The purpose of this presentation is to view the regulated number of radiographic procedures that a student must obtain in the skull category in the limited permit X-ray technician program. Also being reviewed is the input from random facilities in regards to the number of skull procedures being currently ordered in the industry and to evaluate the need to request a change to the required 100 procedures that must be obtained to complete the skull category. With CT and MRI it is more difficult to get the 100 procedures within the 24 month course of study.

Due to the gradual reduction of skull procedures being ordered in the industry. We are asking the RTCC to consider a variance again to allow the X-ray technician student the ability to do 40 radiographic procedures on a live patient and 60 on a radiographic phantom with procedures verified with documented images.

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Chairperson Taylor: The next agenda item is by Phillip Scott, Review/Approval of mammography School Curriculum, updated regulations and Legislation.

Regulation Unit Chief, Scott: I am going to go over the proposed mammography school curriculum. We need to look at the State, Federal and the private organizations such as ARRT, which is the American Registry of Radiologic Technologists. Also I'm going to touch on the problems statement that we're addressing and consideration we will make in proposed regulations. In California we have the Radiologic Technology Act which was enacted in 1969. In 1992, the Legislature passed the Mammography Quality Assurance Act (MQSA) which amended the RT Act and amended the radiation control.

First goal is that we allow the facility to immediately use an individual that is trained in film and digital modalities. The second possible goal is that we allow the facilities to use the individual trained only in film screen or digital modalities. That means the State certificate would be evidence of partially meeting MQSA requirements.

The third goal would be to allow the facility to use an individual after documenting additional MQSA items. But it would not be usable for meeting the eight hours of modality training for each of the two modalities. The individual is no longer ARRT eligible. In summary, the first goal or possible outcome is that an individual can immediately upon certification work in a facility under general supervision and they're possibly eligible for ARRT mammography certification.

Linda Ortega, Chairperson for Minimum Standards for Limited Permit Schools/Proposed Regulatory Changes.

The purpose of the subcommittee is to review and evaluate our current standards for the limited permit X-ray technician schools for recommended changes. Also, we were charged to determine or develop some type of career ladder from XT to CRT programs. And then to evaluate the didactic and clinical education devoted to each topic in the program. We're defining supervision of students in clinical education. We're defining the applications of standards for the category areas.

Ms. Dutton: One other comment on patient safety; maybe there is not a test specifically for the pelvic region, but that doesn't mean we can't include it in the curriculum. Maybe there could be dialog between whichever agencies or bodies with the State of California and ARRT to accommodate that need.

Regulation Unit Chief, Scott: In the May 2006 legislation session, SB 1670 was passed, which required us to provide a mechanism for the XTs, which is X-ray technician, to obtain authorization perform digital radiography. We did adopt regulations that specified that mechanism and also specified the curriculum to be complete. This took effect last year and has been in effect now for a year.

In the July 2007 session, there was AB 2374, which took effect this year. That Bill created an on-the-job training method for CRTs and the nuclear medicine technicians to complete clinical training for eligibility for the ARRT CT certificate and/or the NMTCB, which is the nuclear medicine technology certification board tech certification. What this bill does is revises that definition to include physician assistant. It also requires that the supervising physician and surgeon of the physician assistant to have or be exempt from having a

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certificate or permit to perform the functions that he or she is supervising. Create another class of supervisors over the technologists and technicians.

We do have some individuals here who would be happy to talk with you. I believe he is representing or either the sponsor of AB 356. His name is Bryce Docherty.

Committee Member, Ortega: In viewing AB 356, this means if this bill were to pass, a physician assistant can obtain either or both a supervisor operator in radiography/or fluoroscopy, correct?

Regulations Unit Chief, Scott: The way this bill is written it would put the physician assistant at the same level as a physician and surgeon, provided that physician assistant is still acting within the scope of their professional licensure, which does require a delegation of services agreement with the supervisor position. And that's what it's talking about.

Mr. Dochery: My name is Bryce Docherty. I'm the legislative advocate for the sponsors of AB 356. I'm legislative advocate for the California Academy of Physician Assistants. We've already reached out to Phillip Scott and your team over there at the Radiologic Health Branch for some technical assistance. But, the reality is the education and training of that of physician assistant is very broad based. So the way it's been described to me, the intent of the bill is to allow a physician assistant working in concert more times than not with the RT in hospitals and different office-based environments to perform pick lines and other medical procedures that are clearly within the medical scope of practice of a physician's assistant. However, when fluoroscopy or some other of what I'm quickly learning are permits that are issued by the Radiologic Health Branch either limited in nature or permits in general under fluoroscopy or some other categories, what typically has to happen is the physician's assistant and the radiological technologist would have to wait for the supervising physician who has the certificate to come into the room and to authorize the radiological technologist to push the pedal at one particular time, particularly for a fluoroscopy.

Ms. Schmidt: Pima Medical Institute, Program Director, Radiologic Technology in Chula Vista. It's more of a comment. I think what you need to pay attention to is there could be misuse of fluoroscopy with this type of a bill. And what I'm not really necessarily hearing is there has to be some form of focus on radiation protection. Some of the higher doses of radiation occur with fluoroscopy misuse. And that has to be taken into consideration. Also with what Diane said, you would have to rewrite their curriculum for physician's assistant to accommodate at least a specific amount of radiation protection and operator user control inside the curriculum.

Ms. Clausen: Lorenza Clausen, CSRT. What concerns me is the indirect portion of that statement in the second page of that bill, which would basically say that the licentiate, in this case the PA, would be able to operate without the presence of a CRT.

Regulations Unit Chief, Scott: I need to make one clarification. When you talk about the direct or indirect supervision that's under a different bill completely. AB 356 and AB 445 are not the same sponsor, not the same author. They are separate. And so when you're comments inter-mix these two together, believing one applies to the other, it doesn't.

Ms. Slechta: Cal State Northridge and also CSRT. I would like to remind the Committee that you don't really have any input about this bill. After it passes and becomes laws, then you'll do regulations. The CSRT, California Society, is taking a stand of opposition against

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this bill, because we don't think that it serves the citizens of California when it can in fact be a PA working in a radiology department, which broadens the scope, as you know, to the limit.

Regulation Unit Chief, Scott: Again, if you want to subscribe to the bill so you're notified of changes, www.leginfo.ca.gov click on bill information, and then search on the bill number or key word, whatever you would like to use.

Chairperson Taylor: The next agenda item for this afternoon is the Minimum Standards for Bone Densitometry Technician Radiology Programs/Proposed Regulatory Changes.

Ms. Yates: Section 6, organization. We made some substantial changes here. We broke it out into two sections for didactic and clinical instruction. So our proposed revision for didactic instructor shall be a physician, physicist, technologist, technician, or equivalent, qualified by training and experience to perform and instruct in the use of x-ray bone densitometry equipment. So that would be a classroom instructor.

Next section, the original stated instructors are responsible for offering didactic, laboratory, and/or clinical training and for maintenance of records pursuant to these standards. And we modified that slightly. We are saying that instructors are responsible for offering didactic and/or clinical training and shall instruct students on the proper maintenance of their clinical records pursuant to these standards. Laboratory curriculum includes in the original at least four hours of training, including experiments performed on phantoms and evaluation of images. And we're proposing a change here to state the laboratory curriculum shall offer at least two hours of general clinical practice, quality assurance training, including experiments performed on phantoms and evaluation of images. And the reason that we decided or are proposing to change to two hours rather than four is the phantom images. There is only so much you can do to perform quality assurance and learning how to analyze a scan. The phantom image is not variable.

We are proposing a change that is reflective more of current clinical practice. And we made a slight change in the language of the first part. We're stating supervised clinical education shall be provided by qualified instructors as defined earlier in the standards and shall consist of the performance of 20 scans by each student that includes the following. We're keeping the five posterior/anterior spines, five hips, five forearms, and then a separate category of others. Whole body scans are being used more for 12 body composition analysis.

It was stated that clinical education shall be under the direct supervision of a physician who holds a radiology or radiography supervisor and operator certificate or permit. So we proposed the change stating the student shall be under the direct supervision of a physician who holds a radiology or radiography supervisor and operator certificate or permit until such time as the supervisor and operator deems the student is safely and competently using x-ray in the performance of the patient examination. So we felt that the role of the supervisor operator was -- or should be more concerned with the radiation safety aspects of the scan. And we felt that in most cases a supervisor operator may not be very knowledgeable or competent in actually running the scanner. So we see the role of the supervisor operator as someone who is generally concerned with the radiation safety aspects of the scans. Section 6, clinical supervision, we felt was fine as written. Although I had a conversation with Diane Garcia before we started, and she brought up that we may want to bring all of our language into alignment. And in some of the other revisions that have been taken place, the term "indirect supervision" is being used rather than "general supervision." We'd be happy to

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clean that up and bring that into alignment. So as stated, it says general supervision is required once the student is deemed capable of performing the assigned procedures and duties accurately and safely. So again that means that, you know, the student does not have to have a supervisor operator on top of them once they have been deemed capable of performing the duties safely. But actually though, you know, as I'm looking at this, I think we have missed something, because our intent was to have the clinical instructor directly supervising each student for every single scan. So I will take a second look at that and look at that language, if that was our intent. So what we thought was that the supervisor operator did not necessarily need to be in the room with the student for every scan. But the clinical instructor needed to be in the room with the student for every scan. So I'm going to modify that language to reflect that. Section 10, inspections, Section 11, other relevant information. We did not feel that any changes were necessary for those sections. I just wanted to add a couple quick things here, because I think bone densitometry is such a specialized area and many people here may not be aware of the radiation dose levels that are used for bone densitometry. I just wanted to bring that into the conversation because it is substantially less dose than many other radiography exams. So looking as how a scan compares in natural background dose of radiation, natural background dose is less than one microgram day or seven microseverts per day at sea level. And a Dexis scan, which is most commonly performed type of bone densitometry procedure, is 0.5 2 milligrams, .005 milliseverts or, you know, as it works out in terms of the equivalent in background radiation is less than a day of background. So quite a bit less than many other radiography exams. You can see from this list again these are ballpark radiation dose levels that a patient would receive. And they are approximate, but it does give you a good picture of the comparison to other kinds of exams that we would do in radiography, fluoroscopy, particularly in CT. So the equivalent of a CT head and background radiation is about 6.7 years compared to a bone densitometry scan, which is less than a day. You can see some other figures there for other types of radiography procedures. So as a result, some of the safety rules are a little bit different. You will see an operator of a bone densitometry scanner actually sitting in the room with the patient during the scan, and that is standard procedure. Because the dose to the patient is quite low, there is very little scatter coming from the patient, very tightly collimated beam. So the safety rule is that operators should remain at least three feet or one meter from the scanner during operation. And there are certain types of scans that may emit a higher level of radiation. In those cases, the distance that would be required would increase to 10 feet, or three meters. Rules for patient protection. Many of the same things that hold true for other radiography examines, we want to have good verbal/non-verbal communication with the patient, because the scan is approximately a minute long. Maybe a little less than that. So we have some issues with motion, if the patient didn't understand that they were supposed to hold still. Understanding the order and not doing a scan at incorrect intervals, because it takes quite a while to see a change in relation to therapy that the patient has been given for osteoporosis. And so if we do a scan too often, none of those changes as a result of therapy are going to be reflected in a scan. So there are some rules about how often a scan should be done on a patient. Careful positioning is relevant as it is with any radiography exam and avoiding repeat exposures. Protection of the general public. We generally will post the protection or radiation hazard sign on the outside of door. That's required whenever a radiation level reaches five milligram per hour or more, which in the case of bone densitometry probably will never reach that level. But we still post the door. Keeping the door closed during the scan and making sure that only the patient and the operator are in the room during a scan, removing any extraneous personnel. Those are just some things that are specific to densitometry that are different from regular radiography that I thought should probably come into conversation.

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Committee Member, Garcia: I have a question. I'm not sure if this is relevant or not, but is there any requirement at all that where the operator sits should be monitored by a film badge on a daily basis?

Ms. Yates: At four, it's a pretty busy department. We do a lot of research patients there. And we kept a monitoring badge on the chair for a year and got no reading. So I think what probably is considered best practice is to have a physicist do readings throughout the room on the floor below and the floor above and, you know, to give a written report about what the dose levels are. And that way, a determination can be made as to whether the technician or technologist must have a film badge or monitoring badge. Probably, in most cases, from a legal standpoint, they don't need to have it, because it's not going to approach a tenth of what the allowable dose is. But I think maybe Melissa could speak to this. Anyone who asks for one should have one.

Committee Member, Garcia: I think for safety purposes there should be something where - - because you don't know when your machine can do something wrong. And it's such an inexpensive thing to do, which is just to have a film badge that's monitored monthly like everybody else is. Not for the technician or technologist, but right where they sit. If you don't make it part of the regulation, it's not going to be done.

Ms. Yates: Is this where it belongs? I don't know the answer to that.

Chairperson Taylor: Phillip, do you want to speak to that?

Regulation Unit Chief, Scott: Currently, dose requirements, occupation dose limits are under the radiation control law regulations, which is -- you're right. Its ten percent rule. You are required to monitor if you're likely to exceed 10 percent annual dose limit. And so if you're likely exceed 500 milligrams in a year, a whole body dose, then you would have to monitor.

If you're not seeing it -- what we do for facilities, we recommend that if they have never done in the past, they evaluate their facility operations for at least six months with wearing badges so that they can multiply that full number by two, get your annual dose to see where you're at in relation to the 10 percent rule.

Ms. Yates: Does that belong in a minimum standards for school? I don't know.

Chairperson Taylor: That would be in radiation protection. Actually you can be questioned -- typically people don't monitor an inanimate object to determine whether people shouldn't be badged. I have concerns you using a chair as your means to determine that you're not needing to monitor people. That's not consistent with radiation protection standards.

You monitor the person. It's occupational exposure. I would caution everybody to be careful. You're monitoring people. You can monitor the area to make sure other people aren't inadvertently being exposed to an unnecessary dose. But you could have a problem monitoring a chair as a basis for not badging your employees.

Ms. Yates: It states in the standards under facilities in the facilities section, which is 5, that clinical education facility shall have x-ray bone densitometry equipment that is currently registered with the department and is properly calibrated. Clinical education facilities shall

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provide procedures for students to meet the requirements pursuant to section 8 of these standards.

Committee Member, Eng: Listening to kind of both what stands as a status quo for the program requirements and then acknowledging that they have arisen and were developed independent of each other, but now that we're I think doing a very good process of looking at all the programs and saying, you know, how relevant is it, does it need to be updated? And then also comparing them to say to make sure that I think we try to be consistent in terms of our education requirements, commensurate with the safety requirements. I notice there's a little bit of a difference in terms of the program for the Dexa program here and the XT in terms like the requirements for the training instructors, which for XT right now is lower compared to here where you're actually requiring a physician to have active directive -- direct supervision and sign off for a component of it, even though their radiation dosage is a factor of 10 less.

Committee Member, Garcia: Under organization, in area 6, you have a proposed change. Where you changed it so that the "instructor is responsible for offering the didactic and/or clinical training and shall instruct students on the proper maintenance and oversee," "clinical records." Because it says the students, but it doesn't say that anyone else is ever going to check it.

Chairperson Taylor: The next agenda item is Minimum Standards for Fluoroscopy Schools/Proposed Regulatory Changes.

Committee Member, Martin: We did actually come up with three proposals. These are our three proposals that the Fluoroscopy Committee wishes to bring to the RTCC. We would like to amend section 30452 and add the following Section C.3, "Graduates of JRCERT accredited RT programs who have passed their ARRT(R) exam in radiologic technology." The Committee recommends this change because ASRT approved curriculum used by the JRCERT in approved programs meets the fluoroscopy curriculum requirements in the State of California. We would like to eliminate "barriers for fluoroscopy permit for qualified applicants."

Number 2, we like to amend the section to permit graduates of JRCERT accredited RT programs who have passed their ARRT exam in radiologic technology to be eligible for the fluoroscopy permit exam.

Number 3, that this would -- the reason we'd like to do this is this will provide a streamlined application process for qualified applicants.

Number 4, reason is competence is required in order to maintain the health and safety of the citizens of California. And this proposal would ensure that California has a competent work force to meet the needs of the growing California population.

Number 4 (B), we could consider the amendment will add alternative to the California regulations governing fluoroscopy. So this is our proposal is number 1, and the last four items were justification for this. I would recommend this motion to the RTCC for consideration at this point and open discussion on this recommendation. What we are adding is that for basically to summarize it is the proposal is that for those students that graduated from a JRCERT accredited programs have passed the exam for their RT would

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not have to sit for a separate exam in the State of California for the fluoroscopy examination. Open for discussion.

Regulations Unit Chief, Scott: And those individuals who did not graduate from a JRCERT accredited program but passed ARRT(R) exam would have to take the exam. My question is does ARRT only accept JRCERT accredited programs?

Committee Member, Martin: No.

Regulations Unit Chief, Scott: In the regulations in our Statement of Reasons, when we write up this proposal based on your five items there, this Committee would be deeming that that pathway is acceptable and meets the California standard, regardless of what the standard would be in the future, but knowing that you always can come back and change it again. This Committee recommends that being deemed as an equivalency. Frieda, would you like to take a vote of the RTCC recommendation for each one of these? There are three.

Chairperson Taylor: I would defer to Phillip. First of all, is the package ready to be voted on, or do they need to go back and clarify some language before the Committee can vote on it?

Regulation Unit Chief, Scott: I think the concept is there. However, you may need to identify just as we did here in our discussion that the public record shows that there's two pathways for these people: JRCERT accredited passed exam, no State exam, and automatic exempt from exam. The other pathway, the passed exam, not JRCERT accredited program; Then you have to sit for the exam. So those are the two pathways, and that is enough for me to amend the regulations and move forward with Statement of Reasons from that particular proposal.

Chairperson Taylor: One point of clarification. Phillip, would the regulations have to be amended just from a practical logistics standpoint when people submit? Since there are two pathways, they would need to still submit the diploma even with their ARRT? It would just need to be a completion document. Our approved schools are either JRCERT accredited or not. So you just need a diploma. And we would just need to know if they're JRCERT accredited or not.

Ms. Slechta: Anita Slechta, Cal State Northridge Committee Member.

I'm not clear for us to go back. To me, what you need is on your application it says approve this or approve that. And it isn't a regulatory change, so they could still vote on this regulation.

Chairperson Taylor: Melissa, is your intent to vote amendment by -- piece by piece?

Committee Member, Martin: I would like to vote by each one so that we have recommendations to Phillip in case one doesn't get approved.

Chairperson Taylor: When you get to that point, if you can just clearly state which regulation you're voting on.

Committee Member, Martin: At this point, I would like to propose that this go to vote.

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Ms. Rose: Judy Rose, Merced College. I just have a question. Does that mean that fluoroscopy permit schools would go away?

Committee Member, Martin: No, because you're still going to need to exist for those that are ARRT graduates without a JRCERT accreditation.

Ms. Rose: Will it say that somewhere?

Committee Member, Martin: Well, that is the intention of Number 2. Yes, for those that have passed but they were not a JRCERT accredited program, they're still going to need to go through fluoroscopy schools. We did not get into fluoroscopy schools.

Chairperson Taylor: Your inference is that the fluoroscopy curriculum is embedded in that of a JRCERT accredited program?

Committee Member, Martin: Correct.

Committee Member, Butler: Just a point of information. If we vote on this amendment and the amendments at the top -- those three paragraphs below are just reasons for the amendment. So if we vote on this amendment as stated, does it then have to go through a public comment process and be re-approved again at some level? Or are we having a final say at this point that that's what we're going to put down on paper and send out?

Chairperson Taylor: I just don't want something to be promulgated and passed and then we have a problem, because there was a comment that just came up about this versus that of a fluoroscopy school curriculum. So it's better to address that up front and not have a question once we go through the process. From the Committee, once she puts the motion on the floor, I don't want people coming back to question Melissa.

Committee Member, Goler: Does the JRCERT programs include fluoroscopy?

Committee Member, Martin: Yes. It's the ARRT curriculum. ARRT that JRCERT recognizes. At this point, can we have a vote on this proposed amendment?

Chairperson Taylor: Could you restate?

Committee Member, Martin: The proposed amendment is to amend section 30452 to add section C.3 stating "graduates of JRCERT accredited RT programs who have passed their ARRT(R) exam in radiologic technology."

Committee Member, Moldawer: Second.

Committee Member, Martin: I'm making the motion as Chair of the subcommittee.

Chairperson Taylor: She's also an RTCC member. Second. Any further discussion? All in favor of the motion as stated please signify by raising your right hand. It's unanimous. Motion passed.

Committee Member, Martin: Our second motion is -- the Fluoroscopy Committee recommends to the RTCC that we have an amendment to section 30468 to change to add section D a statement, "signed by a licentiate possessing current California fluoroscopy

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permit or radiology certificate holder attesting the competency of the applicant in the use of fluoroscopy equipment." This is a recommendation. And the following are our justifications for adding that we would like to have a licentiate putting a statement of competency. Currently, there is no competency or educational requirement for licentiates who apply for the fluoroscopy permit. There needs to be documentation of competency in the use of the fluoroscopy through attestation a competence in use of fluoroscopy equipment while ensuring a high level of radiation protection and clinical proficiency by a licentiate possessing a current California fluoroscopy permit or radiology certificate holder. This is obviously geared to a different group. Okay. This is not the technologist. This is the licentiates.

Our second reason for adding this statement of competency from an existing holder of the fluoroscopy permit is to amend the section to ensure competency in the applicants for the fluoroscopy permit and thereby improve radiation protection and the quality of medical care for the citizens of California.

Our third justification was to add a clinical competency to the requirements for licentiates who are applying for the fluoroscopy permits.

And number four -- Question four that was given to us had four components. We felt that there was competency as required in order to maintain the health and safety of the citizens of California. It ensures that California has a competent work force to meet the needs of the growing California population. Section B; there are no desirable alternatives in our opinion to a competent work force.

Number 3, a valid California healing arts license does not ensure competency in fluoroscopy procedures without any further training. Number four, an undesirable non-competent work force with the potential to jeopardize the health and safety of the citizens of California due to an excessive or harmful dose of radiation during the practice of medicine without -- for those positions who receive no actual training in how to use the fluoroscope.

We followed the draft of AAPM, which is the American Association of Physicists and Medicine task group, 124 recommendations for developing licensure and competency programs in fluoroscopy. And number 6, this change does not require the use of specific technologies or equipment. This requirement is to add a requirement for those licentiates utilizing fluoroscopic equipment. So again, I would put this topic for discussion on the table for the RTCC members.

Committee Member, Moldawer: Todd Moldawer. Is it a correct statement that California is the only state out of the 50 states that require physicians to have a separate and distinct fluoroscopy license or permit?

Committee Member Martin: It depends on what you call the competency permit. The state of Massachusetts now actually requires each and every facility to have a credentialing program in place. So it depends on -- as far as a permit that may be true from the government regulation. California does it on an individual basis. Other states are doing it on a facility basis that the facilities are required to have competency programs in place. And each individual using fluoroscopy in that institution must go through that curriculum. And that is the model used in the state of Massachusetts.

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Committee Member, Moldawer: So on what basis does the subcommittee feel that the citizens of California are subject to an unreasonable hazard if no other state in the Union feels that physicians need to have this additional supervised training?

Committee Member, Martin: But California is the only one right now.

Committee Member, Moldawer: Other than the physicists, who perhaps have their own agenda, what factual basis is there? Has there been reported inappropriate use by physicians of the technology? Have there been medical injuries as a result of physicians not being properly certified? I'm trying to figure out what brought up this issue after all of the years that physicians have been involved in fluoroscopic evaluations of their patients. Why in 2009, does the American Society of Medical Physicists feel that the physician community is incompetent?

Committee Member, Martin: There have been documented cases in many states of severe injuries.

Committee Member, Moldawer: I'm sure that there are medical mishaps in every branch of medicine. The question is whether or not as a profession we have demonstrated a level of incompetence or level of education insufficient to support the current practice of allowing physicians to take a certifying exam and be able to practice within the scope of their license. You're proposing an additional burden on physicians, and I don't think you've yet met my burden to demonstrate the need.

Committee Member, Martin: That may be a point of discussion. It's a recommendation at this point. It's up for discussion.

Regulation Unit Chief Scott: One, this Committee does have -- we do have the authority to prescribe minimum standards for training experience for licentiate of the healing arts in certification. The other item you mentioned that you need to add a clinical competency. You need to identify what those components are and your basis for those. That's what I need.

Chairperson Taylor: Our next presentation is from Stephanie Eatmon. She's the Chairperson for the Minimum Standards for Therapeutic Schools/Proposed Regulatory Changes.

Ms. Eatmon: We changed from process based to outcome based education. We adopted the JRCERT standards and adopted the ASRT radiation therapy curriculum. We changed the title from Radiation Therapy Technology Programs to just Radiation Therapy Programs throughout the document. In the glossary, we removed the wording, "when necessary holds a valid fluoroscopy permit," and we did add the degrees that are required. And we can talk about that in a little bit. Radiation therapists at this point do not have to possess a fluoroscopy permit since we didn't use fluoroscopy for diagnostic purposes. And pretty much anymore we don't use fluoroscopy. We went with a Master's degree for a program director and a Bachelor's degree for a clinical coordinator. And because these folks are so far and few between, we've said that they could be in a program, but they would have to be completed with that program within one year. We also included CRT therapy and ARRT therapy to requirements for all of the personnel. The glossary section, we added clinical supervisor. That's different than radiography programs, and we deleted the clinical staff. We also changed direct supervision to read, "means student supervision by a qualified practitioner when the student performs any radiation therapy related procedures on a

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patient." Even though our students can show competency, they still have to be directly supervised at all times. Changed the title from Radiologic Technologist to Radiation Therapist. We also added the requirements for VA clinical affiliations, including registered equipment, CRT, and therapy, ARRT, and therapy verification, and S&O verification of physicians.

Any questions?

Committee Member, Martin: Knowing the directors that were involved in writing these suggestions, I think there's very few of us on this Committee that would have further suggestions. But I would speak in support of the changes -- I mean, from what I hear, these are the directors of the RT programs in the state of California. I would just like to speak in support of their suggested changes.

Chairperson Taylor: Phillip, have they adequately covered your six points as far as the Committee being able to vote?

Ms. Eatmon: No. We're not at that point yet. We still have the complete questions to answer. And we have a little bit more to do.

Chairperson Taylor: So you're just looking for feedback today?

Ms. Eatmon: Yes. Thank you.

Regulations Unit Chief, Scott: We would probably have to create a definition of a radiation therapist to mean a radiologic technologist authorized to perform therapeutic to apply x-ray for therapeutic purposes.

Ms. Eatmon: We can do that.

Committee Member Mansdorf: Can we get the team leaders of each of the groups to agree upon the definition of a clinical director, program director, direct supervision, indirect supervision, and just have a standard definition amongst all of the regulatory recommendations?

Ms. Eatmon: Direct supervision for radiation therapy is very different than direct supervision for radiography. Radiographers, once they have shown competency, can then go on and perform procedures. In therapy, that can't happen. Even though they can be shown to be competent at doing this particular procedure, they still have to be directly supervised. Because they're dealing with doses that are quite far and away much, much higher.

Committee Member, Garcia: I think the definition for direct supervision, whether it's radiologic technologist who's a radiographer or a radiologist technologist who is a therapist, is the same. I think the difference is under indirect supervision where the difference comes in. Direct supervision for a radiographer is someone who is supervised by someone who is directly in the room with the student who is responsible for every action that student makes. And I believe that's the same for therapy.

Regulations Unit Chief, Scott: One way to deal with this type of supervision level, I know on the federal level and possibly on nuclear regulatory commission side there's general

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supervision, which means what you guys have been defining it. Then there's direct supervision, which means that the supervisor is physically present in the facility. And then there's also personal supervision, which means that the supervisor is physically present in the room while the procedure is being done.

Committee Member, Garcia: I believe the definitions that we're going off of come from the JRCERT standards and not necessarily the national -- whatever it is that you said. We're trying to be consistent with JRCERT and because that is well known throughout the country for radiography and therapy.

Chairperson Taylor: The next presenter is Diane Garcia, Chairperson of the Joint Review Committee on Education and Radiologic Technology/Proposed Regulatory Changes and Leslie Winter is here all the way from Chicago representing JRCERT. Ms. Winter; Chief Executive Officer.

Chairperson Taylor: Chief Executive Officer of JRCERT.

Committee Member, Garcia: Hello. My name is Diane Garcia. I'm the Chair of the JRCERT Committee, which is a Joint Review Committee on Education and Radiologic Technology.

This Committee was charged with the following: We were to review the JRCERT process and compare it with the RHB's requirements for radiology school evaluations. When I speak about JRCERT, I'm going to use the shortened version, which is JRCERT, or JRC. What RHB expected from our Committee was to compare the RHB regulations with JRC standards. We were also to incorporate what was already done by the RHB and compare it with the standards set forth by the JRC. We were then to create a bridge between JRC and California's regulations. And all of this was to be done to serve the patients in California.

Now some of the supporting documents that we utilized were the 2002 JRCERT standards, which I had supplied. I think that they are --if you picked up all the paperwork should be there. We also used a letter dated August 29, 2007, from Mr. Gary Butner, and this letter allowed the CDPH to consider approval and/or certification by other agencies. At that point, subcommittees were created, and the subcommittees were reviewing the existing regulatory requirements, considering the third-party accreditation. And we were going to promulgate the regulatory revisions as needed. We have to do all of this by January 1, 2011. There's also a position statement that was included dated March 12, 2007, where Ms. Taylor and Ms. Kwok with JRC staff to see their standards and how they handled the accreditation of the programs. There's also a letter dated August 11, 2007. And this allowed for the use of federal facilities as training sites in California. The federal facilities agreed to register with the CDPH machines that were used by students in training, allow the CDPH access to clinical training affiliate sites for unannounced inspections, have S&O permits or certificates issued by the CDPH for each licensee providing supervision for students, and have appropriate certificates or permits issued by CDPH for each radiologist technologist providing supervision of the students. Now, I'd like to introduce Ms. Leslie Winter, who is the CEO of JRCERT. And she's going to let you know what JRCERT will do for the State of California.

Ms. Winter: I am Leslie Winter, the Chief Executive Officer of the JRCERT. The only agency recognized by the United States Department of Education to accredit education programs in radiological science. Recognition by the USDE is a fairly stringent process. We

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basically go through the same process as our programs do. We submit a self-study to the department. We currently accredit 720 programs, 625 in radiography, 80 in therapy, three in magnetic resins. And we were happy to take over the medical densitometry group about two years ago. And we currently have 12 of those programs that are accredited and six applications of self-study reports that are in the office for those programs. We have 33 radiography programs in the state of California, five therapy programs. And what does that come out to? Five-hundred-sixteen clinical education settings. That's a lot of settings. And just for you statistical people, we have on our database in the office 698 clinical instructors/supervisors identified for your clinical sites. That's a lot of people. Approval of clinical affiliation sites, the inspection process, and the investigation of allegations and complaints.

Basically through a contractual agreement with the JRCERT, we can assure the State that the programs that are accredited by us meet these provisions. And I want to talk real briefly about the three incompatibility statements.

Number 1 is the approval of clinical affiliated sites. We can document that all clinical instructors maintain certification -- California State certification, and that's all of your 698 people. We can document that all your imaging equipment is registered through the Department. And we can document that all licentiate supervising students maintain current supervisor and operating licenses.

In compatibility number 2, we can assure that you have a Memorandum of Understanding between the federal clinical education settings and the program that authorizes the Department to conduct an unannounced inspection of the program and the clinical affiliate. In compatibility statement number three was the investigation of complaints and allegations. And I believe one of the concerns was a timeliness issue. Consistent with JRCERT policy 11.610(a), once you sign on for accreditation gives us a right to perform an unannounced site visit at any time. The majority of the time these are based on allegations that are in complaints. This is just an overview of how that process takes place. The allegations are submitted into the office. They're reviewed for non-compliance.

Chairperson Taylor: Since I'm wearing two hats here and Sudana and I did spend quite a bit of time speaking with you when we went to Chicago. I know there was concern with regard to duplication of effort, because JRC does do inspections at some frequency. One of our concerns with regard to inspection frequency was some schools don't get inspected maybe five, seven, eight, nine years. And being fair, some in California still aren't getting inspected with that frequency. But what would a contractual agreement with regard to our ability to go in and inspect if we feel the need, what is the feeling with regard to that?

Ms. Winter: You would have that ability.

Chairperson, Taylor: You're not suggesting that with the contractual agreement if JRCERT inspects -- I guess part of it is would the schools' expectation be that if you came in you would expect to see us? That is one concern that we have. Would we have the ability to do joint inspections?

Another concern that was expressed from some of the other schools and city colleges and State university programs was how the State dealt with non-compliance issues, which seemed to be a little bit different with how JRCERT dealt with non-compliance. In other

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words, if there was a problem identified by us, we don't necessarily have a period of coming into compliance. You have a violation, and it's dealt with -- appears to be dealt with a little bit differently.

Ms Winter: Okay. And if allegations are deemed severe enough, we can go in right away. I can go in on my way home if I want to, you know, and visit one of your schools. So once those allegations are identified, you need to determine if they're true or not. So, of course, the program has to have that opportunity to answer those allegations.

Chairperson Taylor: Well, there's also been concern -- I'm sorry. I'm just trying to vet some of this for the Committee, because you all are going to be voting on it. We have gotten feedback from some entities that felt that JRCERT requirements trumped State law and/or State requirements.

Ms. Winter: That's not true.

Chairperson Taylor: I'm just sharing with you some of the feedback we get. And/or if, you know, they felt that they were in compliance with JRCERT with regard to inspection of JRCERT was out a year ago or a day ago and there wasn't any issue. And the State may have found an issue there was concern with if it's good enough for JRCERT, why isn't it good enough for you? Those are some areas of concern.

Ms. Winter: It's opposite. If they're compliant with the standard and you say they're not, you're going the trump us because it's State regulations.

Chairperson Taylor: Big question. I think Kyle brought this up for several years, fees. Is it the intent if we were able to enter into a legal agreement that there be also an intent to not pay the mandated fees for schools renewing and/or clinical site fees? Just putting on it the table, because I know it's in back of someone's mind.

Mr. Thornton: Kyle Thornton, City College of San Francisco. I think that we all know that the fees are here to stay for the RHB. And we've changed our budgets accordingly. So I don't think anyone here in this room is going to protest. But sad as it is, I think I believe we know the fees are here to stay.

Chairperson Taylor: So sounds to me like you're interested in a collaborative effort, not necessarily one over the other. Am I correct in my understanding?

Mr. Thornton: Correct.

Chairperson Taylor: I'm just being truthful, because it's a matter of public record.

Ms. Winter: We're in the process of building an electronic database, which we could include you in those correspondences. So as soon as we identified or approved something for one of your programs, we're going to hit that send button, and we can have it go right to you folks also. So you're copied on all the correspondence so you know what's going on with your programs in the State of California.

Chairperson Taylor: I know Phillip had some concerns and Sudana and her staff may also have some concerns.

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Regulation Unit Chief, Scott: The only thing I need to point out is whatever the recommendation is, we must consider there's a policy issue here. Do you want all schools to be accredited by JRCERT? All the diagnostic therapeutic schools so that anybody who wants to come in; diagnostic or therapeutic school has to be JRCERT. You also have an alternative. If they are not, if they do not want to be JRCERT, then you've got to have an alternative of equivalency. And if it's going to be an equivalent, what is the equivalency criteria? That's what we need to set out.

Committee Member, Garcia: I think the next presentation will address that.

Chairperson Taylor: We're just trying to get some clarity so that when the RTCC members vote.

Wendy Tellez, RHB: What about new schools that are coming into California? What's their alternative?

Ms. Slechta: The next presentation is to change our standards for our regulations. And the regulations are going to parallel the JRC. If you have a new school in California, the intent is that they will meet the high standard of the JRC that currently exists and not be under the 30-year-old or no longer pertinent regulations, which we have in Title 17. So it's kind of we're walking tandem, but we need to change the regulations so new schools who aren't JRC accredited will have California accreditation. It will be just as high. If they so choose not to be JRC accredited and just be California, well, then the onus is on California to go out and make the same kinds of evaluations. But you'll be trained, because you'll have all of our other schools.

Committee Member, Tao: Is JRCERT entirely funded by the programs?

Ms. Winter: Yes. Our budget is all on our annual fees.

Committee Member, Goler: I just need a clarification. JRCERT, are they involved now in the California CRT program?

Committee Member, Garcia: Yes.

Committee Member Goler: What's on the table? Just proposed changes?

Committee Member, Garcia: There are some programs in California that are not JRC accredited. There will be a parallel accreditation standard for those programs. But I believe the majority are JRC accredited.

Chairperson Taylor: The main thing was to eliminate duplication of effort. And we can partner with JRCERT to look at documents. And if what has been submitted to them parallels ours, we don't need to ask for it, if I correctly understand this.

Committee Member, Goler: This is just for certifying the schools, not the CRT. Thank you.

Senior Health Physicist, Kwok: Certification Unit, RHB. I just want to verify regarding the allegations. And it's going to be all allegations you are going to investigate; right?

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Ms. Winter: We're required by the United States Department to investigate all allegations. Any complaint that comes into that office that's written we have to investigate.

Senior Health Physicist, Kwok: Thank you. And also here on the diagram it says review of non-compliance with JRCERT standards. So that also it relates to California regulation?

Ms. Winter: When we develop our standards, we have some really generic objectives that we can -- that are out there, because we can't have an objective for every situation. The document would be a thousand pages long. So we have two. One, ensure integrity to all representation. We can stick a lot of different things in integrity. Two, is to ensure JRCERT accreditation. So we put things under there that are kind of outliers. And then the other one is maintain federal and State compliance 8.8 with federal and State radiation protection laws.

So we have a number of places that if we really feel that it's a concern, then they put these outliers that you're concerned about.

Chairperson Taylor: Would we submit it -- for example, a lot of time when allegations get submitted to NRC, they get forwarded to us. Then don't necessarily investigate it. So would we have knowledge of the allegation perhaps when you get it, and not six months later after you complete your investigation?

Ms. Winter: No. You would get it as soon as we identified the allegations, Frieda. You would be copied on that correspondence to the program. So you'd know immediately that there are allegations.

Senior Health Physicist, Kwok: This is just for my interest. It's your accreditation is -- are you going to include in the future limited permit program?

Ms. Winter: We've talked about accreditation of limited programs. But that's about as far as it's gone.

Mr. Thornton: Kyle Thornton, City College of San Francisco. I wanted to assure the Committee that as a matter of form, I don't think I'm alone in this. That every time we renew our accreditation with the JRC or that an individual clinical instructor, clinical coordinate, or program director is recognized, that I always submit the State certificates and State documentation as well.

Ms. Tellez, RHB: If a school or a clinical site was in non-compliance, what timeframe does JRC have for those schools to come into compliance? I think that's a big concern.

Ms. Winter: USDE requires that depending on the length of the program, if the program is 18 months or greater, that they come into compliance within 24 months or we have to take adverse reaction, which is withdrawal of accreditation.

Ms. Tellez, RHB: I would think that there would be some other type of timeframe that may be needed if it was severe enough.

Chairperson Taylor: I think Wendy is saying we don't necessarily allow 12 months or 24, but that's something if we were to enter into agreement that could be something -- you may have 24 months to take action, but we may need to do something sooner.

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I think that's something that wouldn't pose a problem, if I'm correct.

Committee Member Garcia: I'd like to make a motion. I just wanted to make sure everybody realized it was there. The State of CDPH RHB accepts the JRCERT accreditation for the approval of the California Radiologic Technology Programs. The JRCERT is the only agency recognized by the USDE to accredit educational programs in radiologic technology. The JRC, through contractual agreement, will assure that all California's CRT programs will comply with specific provisions that are not included in the original JRCERT standards. Ms. Ortega, Committee member; I second that.

Chairperson Taylor: Any further discussion? Ready for the question?

All in favor of the State of California Department of Public Health Radiologic Health Branch accepting the JRCERT accreditation for the approval of California radiologic technology school programs please signify by raising your right hand.

Motion is carried. I would like to express my appreciation to everyone, Diane and to Leslie, for coming out. And to also make it known this doesn't require any regulatory change. It doesn't require any change to law, because the law already allows for third-party accreditation. But what we do need to do is take the next step. And that is to enter into a contractual agreement working with legal to see how we can make it happen. So that may take a bit of time. But I think I speak on behalf of the Department in saying that this looks like a workable solution for everybody.

Committee Member, Garcia: Thank you.

Chairperson Taylor: Our final presentation is from Anita Slechta, Chairperson, Minimum Standards for Diagnostic Schools/Proposed Regulatory Changes.

Ms. Slechta: To give the new members of RTCC background, if you read your minutes, which I know you did because you approved them, you read that last time I brought you the theory. I said our theory was to look at the JRCERT standards and to take those, since we wanted the JRC to become the accrediting group for California schools. It's accredited the majority of the schools, and we've had two things going on for years, that we wanted to take what the JRC does, which is a higher level of educational review, because it's using the new standards for education of competency and not hours.

So you voted to approve the intent of the Committee, which was to go and somehow get verbiage to give to Phillip to argue to take what the JRC uses as standard and put them into our regulations, so that if a program in California who has the legal right not to be accredited by the JRC but to have California accreditation only. That's their legal right. We're not taking away that right. If they so choose that, they will at least be at the higher standard and not using 30-year-old regulations which don't even include some of the technology that's available, let alone procedures and HIPAA, lots of things. So, that was our intent, was to bring California regulations up to the high level of standards. So what you have in your handout and what I'm displaying -- and I'll displace the first. I'm hoping that we can go through these regulatory changes one by one, but vote on it as a group of acceptance. I do have the six questions that are answered on another document that you have in your hands and that we can project. But, in fact, every change has the same list of six answers. And so we thought it would be more within the time constraints of this Committee to give you a full

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document and then another full document. So we want make revisions to Title 17, section 30421 for diagnostic radiologic technology schools.

You'll notice that under that provision, first, we have "A" we want to delete. So I'm trying to show you where we're cutting out of the regulations. And we want to substitute this new paragraph that in order to be approved by the department as a diagnostic radiologic technologist school, a training facility shall include in its master plan, which is the key educators are using of education, all of the following educational standards requirements of subsection B through K inclusive of this section.

We're going from curriculum requirements that we used to have to the new ones. The biggest change if you'll notice section B, the old B, has hours. That will be Phillip's most difficult fight with lawyers who don't understand medical education. But we're ready to make the fight, because we need quality medical care in California. And that's to delete those hours. We are keeping the one hour. It's in another section of 1850, for clinical, because we don't want to see schools saying like they did in some states where they said, okay. We can do it in 500 hours. And you really can't get that kind of competency for the breadth of the technology we have in CRT schools. 1850 is what most schools are doing now or more. So it's a safe number, because all CRT programs have at least that. Deleting those hours, we are substituting the standards, and we are substituting -- you'll see that as we progress down -- all of the standards that you would find in the JRCERT standard. We do have permission from the JRCERT to use these. Standard one is program mission goals for student learning outcomes, which is how we are measuring quality. All of us have outcomes.

C is being deleted. Pediatric radiography, film critique senior -- and it's not that you're not doing hours of these topics, because in the ASRT curriculum, it has all these plus more topics. So that's in another document. These are just the regulations.

And under D, the general radiographic laboratory, we're getting rid of this. In today's technology, we have a whole curriculum that includes the types of things that have to be covered from labs that have to for radiographic technique, for exposure, for CR, for DR, within the ASRT curriculum. And then we're substituting C as standard two for the JRCERT standards curriculum. And it replaces all of the above. That curriculum is updated every five years, it goes through national review, national educators. We've got it posted on the website for the ARST. Now we don't want these regulations to be out of compliance with the other regulations. And you just put this CR DR package together. We added those 20 years so that we didn't get out of compliance with this new regulation. Though in fact within a JRC program, you're talking a whole lot more.

Six, the program shall have curriculum that reflects assessment of affective, cognitive, and psycho motor. We added standard three - faculty qualifications. The program shall have sufficient qualified faculty and staff. We added for every 16 enrolled students, there shall be one designated full-time or full-time equivalent qualified faculty clinical coordinator. For every eight students in a lab, there shall be one full-time or full-time equivalent qualified faculty. Now that goes a little bit beyond what the JRCERT is doing. But it kind of parallels some of numbers we see in California and that we're more comfortable with from a quality point of view. Standard four is administrative organization. So we have to show that, it's not Anita's x-ray school in her backyard. I am a University with a building, with people, with administrative structure, funding and budgets. In order for the CDPH to approve a California RT school to utilize a federal government facility -- here's where we get into what we don't

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currently have in our regulations. So this is new, but we're paralleling the agreement we had. We want to put that in the regulations that you can walk into federal facilities. We want it in the regulations. Or, if I use a federal facility, I have to have that Memorandum of Understanding. I have to have the S&Os that are S&Os at a federal facility, where currently they don't really have to be. But if they're with our students -- California students, now they do have to be. They have to be a California S&O. They have to be CRTs, not just ARRTs if they're in a federal facility. So if you're in a program that has a federal facility, it will be in our regulations to meet the same things that the JRCs going to contract to do for California.

Committee Member, Eng: If I understand you correctly, the regulations here are verbatim to the JRCERT standards as it stands right now with some caveats related to California?

Ms. Slechta: Correct. With the caveats that I have included, with the numbers for the hours, with the federal thing -- the Feds if we're using a VA.

Committee Member, Eng: So that any RT program in California has the choice. They can either follow these regulations and say I'm not going JRCERT. I'm going to do this, which is essentially the current JRCERT standards with the California-specific modifications, or do JRCERT. Let's say we adopt this eventually that JRCERT standards will continue to evolve. How is that rectified in terms of as they sort of diverge again over the next 20 years?

Ms. Slechta: We can recommend, and we will, that these regulations be updated every five years.

Chairperson Taylor: Clarifying, you mean if JRCERT changes, then we are automatically current with them?

Regulation Unit Chief, Scott: The regulations do not address third-party accreditation. The law addresses third-party accreditation and authorizes us or grants us the ability to consider third-party accreditation. However, our laws do not allow us to say you follow any curriculum that is adopted by the ASRT and we can't do that. It's called prospective incorporation. It removes public's due process rights under the State Constitution. So unless the Legislature grants us that authority, if that's the case, then we can say -- we can say you follow the most recent version of the ASRT curriculum, but we don't have that authority because that has to be adopted by the Legislature. We do have to update this, as always.

Ms. Slechta: We're going through the standards for the JRCERT. The next standard, standard five, the fiscal stability. That's kind of self-explanatory. Standard six, facilities. It talks about the learning resources for the students. Not only physical classrooms, but that they have the right clinical. They have the variety and the volume that they need in order to get it. If I don't have that, I have to go find more clinical sites. The program reviews, evaluates, and maintains learning resources. So they're going to check our library. They're going to check my computer lab. All student learning resources. Standard seven is for students. And this is really protecting the students' rights. We have to provide procedures that protect their rights, their health.

Standard eight, consumer protection and radiation safety. We make sure we follow both the federal and the State guidelines.

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Standard nine, program ethics and integrity. And there's a whole list of subsections within that for the standard. But we don't want to put that in the regulations of all of the check-offs that Leslie was referring to earlier. And those are the substantive changes that have been put into these regulations and suggested revisions. So this is the RHB kind of verbiage that says we have to remain approved by the State. So these are the revisions that we would like to vote on. I would like you to accept those today.

Because we're into voting, and we need to move on with this. It's going to take another year and a half to get it through all the lawyers. But we do have the justification document right here, final justification. And it has to do with that the practice of radiology has changed over the last 20-plus years. And we can't be using the old standards. And you, the subcommittee, two years ago today -- it was the March -- we were down south, asked to create subcommittees to review all this curriculum and get it updated, because we were not providing quality education and therefore quality personnel in the State of California. That's where this subcommittee came from. So it's been two years to get to this point. And these are our recommended revisions. The answers to the questions that Phillip gave us are also here. Description of the problem. These standards were first -- drafted and enacted in 1977. The revisions that we refer to in '83 only increase the number of hours for clinical. It was not a curriculum revision. So there hasn't been any substantive revisions since 1977. And in 1977, we don't have CT.

Number two, statement of the specific purpose of the provision. We need to comply with HIPAA. We need to comply with the new radiation protection standards.

Number three; describe what the proposed provision does. Again, it incorporates clinical competency education, insuring quality patient care, consumer protection versus clinical components in outdated regulations. It directs formal education offered at all 203 California statewide programs. If we don't update the regulations and you take the JRC, we really have a huge, loophole of poor protection of our California citizens.

Committee Member, Go: Mr. Scott has said you wanted to change these standards. And I do agree with you that they do need to be changed. Why not just go ahead and incorporate what is actually stated in the ASRT guidelines for the curriculum directly into the document then?

Ms. Slechta: We've been told that the problem with saying -- we said the current ARST curriculum is used by, used for. That gives you that which is approved by the JRC. So it gives you two things to look at.

Committee Member, Go: Why not incorporate both then?

Ms. Slechta: The actual standard document I use for accrediting my program in writing is 45 pages. And it has subsections within those standards that address that standard.

Chairperson Taylor: But he's saying how are we going to evaluate it if they're not incorporated? How are people going to know what it is?

Ms. Slechta: In the state of California, you also have the program standards for certified programs in radiologic technology. The program standards are another document which California will have, which we supplied to the Committee last time.

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Chairperson Taylor: How are you going to tie all this together?

Ms. Slechta: In the regulations.

Regulations Unit Chief, Scott: We can incorporate a publication. And when we do that, we have to state of course the title, document, who it's published by, and the date of publication. So it has to be a complete file which addresses both our authority to adopt something, the reference to the actual law that we are putting into -- that we're implementing. We have to show the necessity for every single thing. If I ask for an application, you shall submit an application that has your name, your date of birth, your Social Security number. I have to tell you why I need your name. Why I need your birth date? You have to justify what it is. So when we get into these documents, it's sometimes real hard to tailor a publication to meet the California legal requirements, but we can do it. And what we would do here if it pulls in the ASRT curriculum, we say the schools shall follow the curriculum as of this date. One of the documents is called the Initial Statement of Reasons. And it's telling the public how you came to require somebody to do something. What is the criteria to determine what is sufficiently demonstrated? .

Committee Member, Go: But I still think it is a compliance issue, though. It's like you're creating standards. If you don't meet the standards first, how are you going to enforce it if you're not in compliance? What metrics are you going to use to measure -- to make sure you're actually in compliance?

Ms. Slechta: Last time when we were here I presented the California approved standards for diagnostic radiologic technology programs.

Ms. Dutton: Andrea Dutton, Chaffey Community College. As a member of the subcommittee, that document Title 17 with the revisions, if we could refer to that and we refresh and recall the information on page 2. Title 17 with the recommended revisions and we go down to the bottom of the page, page 2, standard 2, curriculum, and our recommendation is: Follow the current ASRT curriculum.

Ms. Slechta: Standard two. It says follow ASRT curriculum and also the Art's professional competencies. But your question was why didn't we put it in the regulations? But we have put it in the program standards, and we refer to it in the regulations that you must follow it.

Regulations Unit Chief, Scott: Compliance in this particular standard shall follow the ASRT curriculum. If we specify the date of publication, January 1, 2009, the compliance would take the January 2009 ASRT curriculum, evaluate the program and determine whether they're in compliance with the document.

Committee Member, Garcia: I'd like to make a motion. In the interest of time, I'd like to make a motion that we accept these revisions to the regulations.

Committee Member Martin: Second.

Chairperson Taylor: Any further discussion?

Regulations Unit Chief, Scott: I'll just point out there's many sufficiently, adequately, and all these adjectives that create the need to establish the criteria. One is to deem that the activity has been met. It would have to be flushed out in regulation, because that tells the

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regulated community and the inspection staff this is the criteria how you determine whether somebody is in compliance and whether they're competent and all that. So there will be more flushing out.

Ms. Slechta: I know there's going to be subsequent documents to note to identify how we comply. But we won't know where we start until we have the regulations to then go create those documents, one of which is the standards that we already have. And then to create the other documents for check-offs if you will that we're using for the JRC that the State will then have available to them to use when they actually go out for compliance checks. Because the compliance checks that even your inspectors use, they don't pull them out of regulations. It's what's been developed to identify that whatever they're testing meets the regulations. So the regulations are telling you where you want us to go. And then we're going to create the document for check-off. They're already created. One of them we had last time. And there are others that the JRC uses for check-offs. You've got to vote.

Chairperson Taylor: Okay. The motion has been made and seconded. But could you just restate it before I call the question, Diane, so everybody knows what they're voting for?

Committee Member, Garcia: The motion is to accept the revisions to the regulations; Just the regulations? Recommended by the subcommittee.

Chairperson Taylor: Are you all ready for the question? All in favor of accepting the recommendations by the subcommittee for 30421 signify by raising your right hand. All opposed signify by raising your right hand. Motion is passed. So for clarity of where we go from here, because we don't go forth tomorrow with what we said today, Phillip, can you explain what the next steps are with regard to the prior presentation with Diane and this, because there's been the tendency to make a motion and it's passed and then everybody goes out and does what we said before the process is complete.

Regulations Unit Chief, Scott: All recommendations from the Committee today and at any time still have to go through the Department review and acceptance and through the rule-making file, if the rule-making process requires regulation. So these things, it may take a few years to get it done, because the rule-making process is not an overnight thing. Doesn't happen in ten days, because there are public participation processes involved in that, legal review and acceptance. And so it's going to be a while.

Chairperson Taylor: I guess with regard to the JRCERT issue, I'm the point person for that, because it does not require any promulgation or change in legislation. And with regard to this issue, you need to let Anita know specifically what information you need to go to the next step. And I don't think the Committee needs to vote on that. But the concern that the Committee has expressed is that if it has been passed that we now take action and move forward so that we can report to the Committee at the next meeting where we're at in the process.

Regulations Unit Chief, Scott: We will draft that language and then come back, because we will have to clarify many things in this.

Chairperson Taylor: So at the next RTCC meeting in September, the goal would be for Leslie and I and Diane to have collaborated with the Department and have something to present to you with regard to where we're at in moving forward with this effort. And also for Phillip to be able to present where we're at with regard to starting the promulgation process for the changes to the diagnostic portion of regulation since you approved that. Dr. Eng.

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Committee Member, Eng: Yes, one suggestion for you, Frieda, and the RHB. When you're beginning your negotiations with JRCERT, I would recommend that when you discuss the specifics of the interaction that includes having JRCERT notify RHB as to any changes in their regulations as time goes on and migrates away from this that then gets directed to us so that we can try to keep up with the changes in a timely basis.

Chairperson Taylor: Whatever formal document we come up with as far as an agreement, I think it's appropriate to, since the Committee voted on it, to present it before we finalize it, to make sure there's not any loopholes such as what you've suggested. That it's all above board and we're not coming back and circling around in a year.

Chairperson Taylor: The next agenda item is the public comment period.

I received a public comment via email from an individual who was unable to make the meeting. It is from Lori Covington, MS, Program Director, Radiology Technology, San Diego Mesa College. "Ms. Taylor, I regret that I will not be able to attend tomorrow's RTCC meeting due to travel budget constraints, but I will keep watch for minutes once they are posted. "I would like to submit the following for tomorrow's public comment portion of the meeting. An important issue I would encourage the RTCC to consider is the requirement of digital radiography education for current CRTs. "Right now, Title 17 only requires 20 hours of digital radiography (CR/DR) education for students (via diagnostic curriculum) and for limited permit holders, but most of the radiographic examinations are executed by technologists who have no formal CR or DR training whatsoever. The advent of CR and DR radiography has many advantages. However, it carries serious radiation protection and image quality issues. Unfortunately, because of computerized post-processing capabilities, there is widely practiced negligence and incompetence with regard to the unnecessary doubling of radiation doses to patients to obtain a radiographic image.

"Also, with the ease of 'cropping,' the patient often receives a radiation dose to an area larger than diagnostically appropriate. "With respect to image quality, most technologists do not understand histograms, algorithms, and other factors that they negligently change on the image before sending it to the radiologist. These are widespread practices which have unfortunately yielded a 'point and shoot' quote era. "While I do not believe technologists are malicious, I do believe they are ignorant and are in dire need of mandatory digital radiography education. "I would like to see the 20 hours of digital radiography education outlined in Title 17, sub-chapter 4.5, group 1, article 8, for limited permit holders, (and students in group 2, article 2) mandated for every CRT renewal starting in 2010. "I believe the type of education should mirror the fluoroscopy permit requirements in that the education must be from an approved educational program and includes laboratory experiments to provide direct manipulation of image quality factors and demonstrate understanding thereof. "This is not something that can be simply learned on line or by self-study methods.

The public relies on our professional oversight of their radiation safety and health care quality. "Thank you for your time. "Appreciatively, Lori."

Chairperson Taylor: Any other comments?

Ms. Jones: Pamela Jones, Cañada College. I have two comments. One is with regards to the current regulations that are moving through committees, AB 356 and AB 445. And that

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is just to encourage the Department to let the authors know of the potential problems, given that they need to have licensing for fluoroscopy and/or radiology.

And the other thing that I wanted to do is really urge you to come up with some type of plan where you'll review curriculum every five to seven years, that that will be on an automatic cycle. And that will be for all the programs, because that has been consistently a problem. Kind of hard to remember to do it if you don't have some specific timeline. Thank you.

Chairperson Taylor: I just want to make sure that we're not moving forward with something prematurely.

Mr. Achermann: I'm Bob Achermann with the California Radiologic Society. And just make a short request to the RTCC for your further consideration. A couple years ago, we sponsored legislation to create the radiologist assistant category in California, because of the programs that exist that are producing these individuals and provide a career ladder for RTs in terms of this continuing education and training and jobs experience. We were not successful in that effort due to fiscal cost of implementing that new program. This was about two years ago. Certainly this year is not going to be conducive to any new elements or new costs. But we want to continue to that effort in terms of exploring your recognition and a means for the RTCC either through an extended permit process or new permit category since these people are already certified RTs that are recognized by the program, perhaps there's a different way to go about this that might not engender the same degree of cost for the RHB. So we'd like you to put that on the agenda for further consideration. We'll look at this next year legislatively and hopefully come to some means of addressing this issue.

Committee Member, Martin: I'd like to make a motion that the RTCC actually speak in opposition to bill -- is it 356? The one that would allow physicians' assistants to basically operate as licentiates. I just bring it to the floor at this point. I think it's appropriate for the RTCC to comment on this.

Committee Member, Garcia: I'd second that motion.

Chairperson Taylor: Any discussion?

Committee Member, Ortega: We're opening more potential of operating machines without the appropriate education or certificate or permit.

Committee Member, Butler: Yes. I'm not sure that as a Committee we can actually take a position against a legislative bill.

Committee Member, Martin: Yes, we can.

Chairperson Taylor: Are the members in favor of amending the amendment to change the words to motion to disapprove as opposed to oppose? You have a motion to accept that amendment?

Committee Member, Eng: I would support the amendment. I think it might depend on the original author accepting it as the most important person. But I would be in favor of some language along those lines, disapprove unless amended as the official language.

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Committee Member, Martin: I guess I will accept the amendment. I just want it recorded that we're certainly not in support of that bill. So if disapprove is the appropriate politically acceptable term, that's okay.

Committee Member, Butler: Personally, I agree with that also.

Chairperson Taylor: Anybody want to second that language to disapprove the bill? That was you, Dr. Eng.

Committee Member, Eng: Disapprove unless amended.

Chairperson Taylor: Amending the original motion to disapprove the bill as opposed to oppose the bill. All in favor of the amended language please signify by raising your right hand. Motion is passed, as a matter of record.

Committee Member, Eng: Just a follow-up to a prior request from the audience. So I just want to make sure that the request for the RA for discussion on the agenda next time, if you need an official RTCC member to request that to get it on, I'll be happy to volunteer. Not to present. To make sure it's an agenda item.

Chairperson Taylor: We need a presenter as well.

Mr. Docherty: Bryce Docherty on behalf of the California Academy of physician assistants, the proud sponsor of AB 356. I just want to under the public comment period thank the friends in the audience and the Committee itself and the Committee staff. It is a process in terms of not only legislation, but trying to push policy. And it's an education process, if nothing else. So I look forward to engaging the Committee, certainly via staff, but also at the September meeting. But also throughout the legislative process to try and come up with some sort of balance between allowing physician assistants -- whose scope of practice does allow them to act as an agent of the physician in a variety of different settings. And the hope would be that when they're patients in whether it's rural or urban settings of the State, have the ability to safe forms of radiation, whether on a procedural basis or whether it be in a categorical basis as defined under the Act. So I'm going to take back everything from this meeting to our Board of Directors, which is meeting tomorrow down in southern California. And we will probably come forward with amendments or a version of the bill that will look much different than what it is in its current form. And so I would just hope that the Committee and members in the audience would provide us some patience as we move forward with this process. And I appreciate the indulgence of the RTCC to not adopt firm solid positions in stone, because oftentimes that's not how the Capitol operates. So with that, I appreciate your time, and I look forward to reporting back to the Committee in September.

Ms. Clausen: Lorenza Clausen, CSRT. I want to make a comment actually before you had voted on that last amendment, because there are two bills, as mentioned earlier, there are kind of tied into the same topic. And 356 could eventually actually allow some of what would occur in 445, which is the other Assembly Bill right now. That needs to be taken into consideration. I think someone mentioned earlier that there was documentation of some injuries that have occurred by people who were primarily non-radiology trained physicians and technologists who were performing those exams. So that needs to be taken into consideration for that -- you know, both bills need to be looked at, not just 356. Another comment, I wanted to go back on the skull revision for the limited permits. If there was some way to specify the specific views that are accepted so that there's not a redundancy of

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maybe one or two particular views that are performed in those 40 or 60 repetitions that are required. Sixty repetitions could just be the same view over and over. So rather than just say procedures, there should be some form of specification that they are performing the variety of views that are out there.

Ms. Alipoon: Laura Alipoon, Loma Linda University. I just wanted to say back on the PA issue that there probably aren't that many rural areas left in California. And those that are, we don't want to compromise the health care of those patients in the rural areas. And we do have a good solution, and that's the radiologist assistant. And I want to thank Bob Achermann for coming up and proposing that it be on the agenda next time.

Committee Member, Eng: One more question for an agenda item for next time. I would like to discuss CT certification. I think it's at least something to discuss in light of the tragic events of a pediatric patient in this last year.

Chairperson Taylor: Did you have anybody in mind for presenting the issue, or just look to see and find somebody to present it?

Committee Member, Eng: There might be someone qualified that we could dig up in the next six months.

Ms. Stone: Hi. Renee Stone, Loma Linda University. What's an approved California mammography school program? My second question is right after that it says clinical experience obtained outside California is acceptable. What does this mean that someone can go out of California, go to a continuing education, actually touch, manipulate a breast and then come back to California?

Chairperson Taylor: We can get back to you. We've got your name and your question. If you don't have a follow-up within 30 days, don't hesitate to email with specifics. That might be helpful if you could email me your question into details, and we'll vet it through the branch and get an answer back to you.

Ms. Slechta: Anita Slechta, California State Northridge. A lot of you are from northern California. I'd like ethics put on the next meeting. But we actually have a case where in Los Angeles County they hired a convicted sex offender rapist who has a CRT license. The LA Times investigative reporter couldn't understand why that wasn't an ethics violation to lose their license.

My answer is I don't know of any ethics violations that would cause you to lose your license, unless you do it while you're on the job. Is that true? We need to identify this information to the public. And why this person is still listed on the CRT site as having a license, when the ARRT has denounced him. We have some issues with ethics. I'm not sure how to address them legislatively or in a regulatory manner.

Regulations Unit Chief, Scott: You are correct in one aspect. Under current the RT Act, certificates and permits may be denied, revoked, suspended for any of the following reasons: Habitual intemperance in the use of any alcoholic beverages, narcotics, or stimulants to the extent as to be incapacitated for the performance of professional duties; incompetence, or gross negligence in performing RAD technology functions; conviction of practicing one of the healing arts without a license; procuring a certificate of permit by fraud, misrepresentation, or by mistake or because of mistake; use of designation implying

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certification as an RT by one not so certified; nonpayment of fees as prescribed in Section 1078; violation of other provisions of the Act; and conviction either within or outside the state of a felony or misdemeanor involving moral turpitude that was committed during the performance of radiologic technology duties. That is what the existing law sets as our grounds. If we are to take legal action against them, we need to find it within here or some other authority of the law. It may be able to happen. But, again, that would have to go to legal staff to determine what our -- what we would be able to do in that situation.

Committee Member, Martin: If we're going to cover CT, and we're discussing CT certification, just suggesting another topic that may be appropriate is how California or RHB is going to incorporate inspection procedures or requirements for basically the image gently requirements for reducing the dosage to pediatric patients. And how is that going to be implemented or reviewed by RHB? Or what's the RTCC's recommendations for using the image gently – implementing the image gently requirements for pediatric patients?

Chairperson Taylor: We've got a note of that, Melissa. We'll talk about it internally and get back to you on that.

Branch Chief, Gary Butner: I am Gary Butner. I'm very pleased with the progress that we're moving along with. And look forward to continued success with the RTCC. And it's very important to have the audience participate, not only from RHB, but also from the regulated community and users of the services. Without you, we would not have the issues that we need to move forward on. Very interesting agenda items for next time. I look forward to it. Thank you, Madam Chairman. And again on behalf of the Department, thank you all for participating in support of this valuable process.

The California Radiologic Technology Certification Committee meeting was adjourned at 4:28 p.m.

Submitted by,

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