

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

**April 8, 2015**

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

Frieda Y. Taylor, M.S., Chairperson

**COMMITTEE MEMBERS PRESENT**

Dale Butler, M.D.

Christopher H. Cagnon, Ph.D., FAAPM

Diane R. Garcia, MS, CRT, ARRT (R)(CT)

John L. Go, M.D.

Johnson B. Lightfoote, M.D., FACR

Todd D. Moldawer, M.D

Neil Mansdorf, DPM

Michael L. Puckett, M.D., FACR

Bonna Rogers-Neufeld, M.D., FACR

Anita M. Slechta, M.S., BSRT, RT (R)(M),

ARRT, CRT

Cliff Tao, DC

**STAFF**

Ricardo Arriola, RTCC Coordinator

Corine Amato, Health Program Specialist

Marilyn Cantrell, Senior Health Physicist

Gonzalo Perez, Chief, Radiologic Health  
Branch

Lisa Russell, Supervising Health Physicist

Phillip Scott, Senior Health Physicist

**ALSO PRESENT**

Ms. Teri Braun-Hernandez, CRT

Ms. Nance Cavallin, ARRT

Ms. Dawn Charman, El Camino College

Ms. Lorenza Clausen, CSRT

Ms. Melissa Martin, Therapy Physics  
Inc.

Mr. Roland Martinez Jr., Cedar Sinai  
Medical Center

Mr. Robert McDermott, Cypress College

Mr. Joe Melanson, JEM College

Mr. Ed Pezanoski, Grossmont Hospital

Ms. Jerilyn Powell, ARRT

Ms. Diane Przepiorski, California  
Orthopaedic Association

Dr. Lisa Schmidt, Pima Medical Institute

Ms. Sue Shannon, Modern Technology  
School

Dr. Jennifer Yates, Merritt College

## MEETING SUMMARY

### I. WELCOME / OPENING REMARKS

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

Chairperson Taylor welcomed all meeting attendees and introduced the RTCC members and California Department of Public Health-Radiologic Health Branch (CDPH-RHB) staff. She shared a newly clarified understanding of Bagley-Keene Open Meeting Act Government Code 11120 through 11132 requirements. Effective January 12th, 2015, any subcommittee consisting of three or more persons that is created by formal RTCC action will be viewed as being subject to Bagley-Keene's Opening Meeting requirements. Presenters were provided instructions regarding the timing procedures for the day's presentations.

### II. APPROVAL OF OCTOBER 29, 2014 RTCC MEETING MINUTES

#### MOTION I

The committee members approved the October 29, 2014 RTCC meeting minutes to include the following edits:

- Committee Member Neil Mansdorf was not listed as attendee but was present at the meeting on October 29, 2014. To be amended.
- RTCC Coordinator to attach the letters that were read aloud at the October 29, 2014 meeting as an appendix. RTCC Coordinator to add verbiage to the last page of the minutes referring to letters attached.

Motion: Committee Member Moldawer

Second: Committee Member Go

Vote:

10 Yes: Dr. Moldawer, Dr. Cagnon, Dr. Puckett, Ms. Garcia, Dr. Lightfoote, Dr. Butler, Dr. Mansdorf, Dr. Tao, Dr. Go and Dr. Rogers-Neufeld

0 No

0 Abstain

Note: Committee Member Anita Slechta is a new member who was not present at the October 2014 meeting. She did not vote on the motion.

## **MOTION PASSED**

Chairperson Taylor stated that the approved minutes would be visible on the CDPH-RHB website no later than 45 days from the meeting's date. She then introduced the first agenda Item.

### **III. RECOGNITION**

**Frieda Y. Taylor**  
**RTCC Chairperson**  
**Supervising Health Physicist**  
**Registration and Certification Section**

Chairperson Taylor presented a Certificate of Appreciation and letter to the family of former RTCC Member Ms. Linda Ortega. Mr. Joe Melanson of JEM College received the Certificate and letter on behalf of Ms. Ortega's husband, Mr. Richard Anthony Ortega.

### **IV. LEGISLATION UPDATE**

**Corine Amato**  
**Health Program Specialist**  
**Strategic Planning and Quality Assurance Section Regulations Unit**

Health Program Specialist Amato informed the Committee and audience members of two legislative proposals that would affect the Radiologic Health Branch. As proposed,

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

- This legislation would allow the naturopathic doctors to perform and interpret diagnostic x-ray studies consistent with naturopathic medicine.
- Removes the requirement for “an appropriately licensed health care professional” to perform and interpret a study ordered by a naturopathic doctor.
- Does not clarify if naturopathic doctors are subject to the RT Act.

## **Assembly Bill 1095 – Magnetic Resonance Imaging (MRI) Technologists**

- Individuals operating an MRI must be licensed by CDPH.
- Violation of this provision is a misdemeanor.
- There would be an annual renewal fee and renewal
- License may be denied, revoked or suspended by CDPH
- Does not apply to:
  - Licentiates of the healing arts.
  - Students attending an approved school where the instructor is a licensed MRI technologist.
  
- Application Requirements
  - Submit application and applicable fee
  - Be certified by the American Registry of Magnetic Resonance Imaging Technologists (ARMRIT) or the American Registry of Radiologic Technologists (ARRT) (MRI specialty)

### **DISCUSSION**

COMMITTEE MEMBER GARCIA: “Why is ARMRIT being considered? I suggest that that be eliminated and only the ARRT MRI be required, because the standards are far superior.”

SENIOR HEALTH PHYSICIST SCOTT: “This is proposed legislation of which we are not sponsors -- this just came out from the legislature. The author's office is the one that proposes those two bodies to be the applicable organizations.”

“What we do as the Department, we'll do an analysis of the bill and provide that information to our administration. We can put the information there regarding the RTCC members have recommended that change.”

COMMITTEE MEMBER CAGNON: “So presumably, if the RHB felt the people weren't qualified or with support from RTCC, that could also go into the analysis.”

COMMITTEE MEMBER LIGHTFOOTE: “There is a substantial risk of patient injury and public injury. That bill really belongs under the purview of...the Medical Board of California. I think this Committee has every right, arguably an obligation, to inform and enlighten the legislators and their legislative assistants about these technical issues, of which they may be unaware.”

## **MOTION II**

“I move that RTCC directs the RHB to include in their analysis of this bill (SB 538) that we are opposed to ND’s (Naturopathic Doctors) doing a radiographic imaging procedure and interpreting a radiographic imaging procedure.”

Motion: Committee Member Slechta

Second: Committee Member Lightfoote

Vote:

11 Yes: Ms. Garcia, Dr. Go, Dr. Cagnon, Dr. Lightfoote, Professor Slechta, Dr. Rogers-Neufeld, Dr. Puckett, Dr. Moldawer, Dr. Mansdorf, Dr. Tao, and Dr. Butler.

0 No

0 Abstain

## **MOTION PASSED**

### **V. RTCC RECOMMENDATION STATUS UPDATE**

**Phillip L. Scott**

**Senior Health Physicist**

**Strategic Planning and Quality Assurance Section**

**Regulations Unit**

Senior Health Physicist Phillip Scott updated the Committee and audience members of the following recommendations made in previous RTCC Meetings:

- Recommendation:
  - Whole Body Composition & X-ray Bone Densitometry.
    - Rulemaking documentation being finalized.
- Recommendation:
  - Scope of Practice for Radiologic Technologists:
    - In Legal review.
- Recommendation:
  - Eliminate need of fluoroscopy permit for certain CRT’s.
    - In Branch and Legal review.

## DISCUSSION

CHAIRPERSON TAYLOR: "Are there any comments from the members on the recommendations? Since Phillip moved rather quickly, I hesitate, but if there's any other questions back from the MRI presentation or the bill, Dr. Lightfoote, I think you had a comment."

COMMITTEE MEMBER LIGHTFOOTE: "Well, yes, I would like to make a motion similar to what Ms. Slechta made with respect to MRI, and I'm sure the Committee members would like to discuss. Does anybody know why they want this or who wants it?"

SENIOR HEALTH PHYSICIST SCOTT: "The answer that I got from the author's office was that the FDA, U.S. Food and Drug Administration, has reported that there have been increases of injuries to patients in the use of MRI equipment."

COMMITTEE MEMBER SLECHTA: "There is another issue, and it's a political issue. Most of your large hospitals within the State of California are accredited. And in order to prove that their people are qualified, the majority of these hospitals are using the ARRT(R)(MR) as proof of the qualification for reimbursement reasons for the Feds. I believe, from my discussions nationally, that this is a back-door to allow hospitals to identify these people as qualified for their employment..."

COMMITTEE MEMBER PUCKETT: "The second part is that if they don't exist in law, they can't be granted any additional privileges, specifically venipuncture and the injection of contrast, if you're not an RT, that MR technologist cannot do that."

"And third, the patient safety issue is it is typically with the interaction of the magnetic field and metal objects are not a good thing. And that's where the injuries, I think, were brought up by the Joint Commission last year as a focus."

### **MOTION III**

"I move that the RTCC send a letter to the bill sponsor that we don't think that licensure of MR techs is necessary or wise."

**AMENDMENT:** That the letter also be sent from the RTCC to the RHB as part of the recommendation and analysis to the Governor's office.

Motion: Committee Member Lightfoote

Second: Committee Member Garcia

Vote:

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

2 No: Dr. Puckett, Dr. Mansdorf

0 Abstain

### **MOTION PASSED**

At this point, Mr. Scott's presentation was concluded and Chairperson Taylor introduced Ms. Lisa Russell of the Radiologic Health Branch. She also acknowledged Gonzalo Perez, Chief of the Radiologic Health Branch.

## **VI. FLUOROSCOPY USE: INSPECTION HISTORY AND EXEMPTION REQUESTS**

**Lisa Russell**

**Supervising Health Physicist**

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

Per RTCC member request at the Fall 2014 RTCC Meeting, Ms. Russell shared an overview of the following items from the CDPH-RHB X-Ray Inspection, Compliance and Enforcement Section: An inspection history, a summary of findings and the number of exemption requests related to allowing someone to perform fluoroscopy or not perform fluoroscopy, rather to move the patient at the direction of a physician or to move the fluoroscopy equipment that had been found over the last few years.

Inspection Findings:

- There were over 200 inspection findings.
- 45 of these facilities had findings related to fluoroscopy use.

Please Note: The DRAFT Minutes have NOT been approved by the RTCC.

- Over 100 of those findings were related to physicians.
  - Either performing fluoroscopy without a permit themselves;
  - Supervising somebody who was performing fluoroscopy without a permit;
  - For these violations performing fluoroscopy did include moving the patient, moving the equipment, or actually performing fluoroscopy.
  - 35 technologists and technicians were performing fluoroscopy either outside their scope or they were limited permit technicians who were performing fluoroscopy.
  - 12 people who had no radiation safety training performing these tasks.
    - 3 Physician Assistants
    - The rest were other people without any sort of a permit.
- 5 Medical Board referrals have been made.

#### Exemption Requests:

- 5 total
  - 1 requested only to position the patient.
  - 4 requested both to position the patient and to position the fluoroscopy equipment.
  - All would still be under the direct supervision of the licensed physician in the room with the fluoroscopy permit.

#### **DISCUSSION**

COMMITTEE MEMBER CAGNON: “How would you find these people?”

SUPERVISING HEALTH PHYSICIST RUSSELL: “We either find it on routine inspections or we get complaints and we do an investigation of the complaint.”

“More than half of the findings were related to physicians. They either didn't have a permit at all, or they were allowing somebody else to perform fluoroscopy with no permit.”

COMMITTEE MEMBER GO: “What type of action are you really doing or are you doing nothing?”

Please Note: The DRAFT Minutes have NOT been approved by the RTCC.

SUPERVISING HEALTH PHYSICIST RUSSELL: “No, we don't have the ability to levy a fine, like Licensing and Certification does. It's got to go through a trial process.”

COMMITTEE MEMBER GARCIA: “I want to be a little more clear. Has the RHB ever given any consequence to this action ever to anyone?”

SUPERVISING HEALTH PHYSICIST RUSSELL: “On certain facilities that have had an extensive history of violation, either a large number of individuals or a long history of doing it, we have been moving forward to take them to court. And frequently, we'll reach a settlement agreement before we get there.”

COMMITTEE MEMBER LIGHTFOOTE: So your action -- your reaction to an offense is to require immediate correction.

SUPERVISING HEALTH PHYSICIST RUSSELL: Correct.

SENIOR HEALTH PHYSICIST SCOTT: “The Legislature actually specifies what a violation is, whether it's a misdemeanor, infraction, felony, et cetera. So the legislation that comes down that we are enforcing specifies what crime is committed when a violation occurs. The Legislature has also specified the due process, both in a formal basis procedure in the Government Code and on an informal basis. We, as a State agency, have to follow that.”

COMMITTEE MEMBER CAGNON: “Is it within the authority of the RHB to make inspection findings public and post it? I'd suggest that's something that the Committee might consider recommending. ”

SUPERVISING HEALTH PHYSICIST RUSSELL: They do have to post the notice within the facility. They are subject to public records. We don't have, right now, anything in a position to publicly publish all of the violations on our website or anything. I would have to consult with our legal counsel and find out whether that's a possibility.

COMMITTEE MEMBER SLECHTA: I think you've got to have public notice. Our whole job here is to protect the citizens of California, and that's through disclosure and transparency.

#### **MOTION IV**

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

Motion: Committee Member Slechta

Second: Committee Member Garcia

Vote:

10 Yes: Ms. Garcia, Dr. Go, Dr. Lightfoote, Prof. Slechta, Dr. Rogers-Neufeld, Dr. Puckett, Dr. Mansdorf, Dr. Moldawer, Dr. Tao, and Dr. Butler.

1 No: Dr. Cagnon

#### **MOTION PASSED**

Chairperson Taylor then dismissed for the morning break.

### **VII. MORNING RECESS**

10:29 AM – 10:50 AM

Prior to introducing the next speaker, Chairperson Taylor allowed for one motion to be introduced as a follow-up to the previous presentation.

#### **MOTION V**

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

Motion: Committee Member Garcia

Second: Committee Member Lightfoote

Vote:

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

1 No: Dr. Mansdorf

1 Abstain: Dr. Puckett

#### **MOTION PASSED**

Chairperson Taylor then introduced the next speaker, Dr. Mary Hurley, MD

**VIII. FLUOROSCOPY: UNDERSTANDING THE NEED FOR PA/RNFA/RNP/FIRST ASSISTANT TO BE ABLE TO POSITION PATIENT UNDER FLUOROSCOPY DURING SURGERY**

**Mary E. Hurley, MD**

**Chief of Orthopedics**

**Kaiser Permanente, Fontana Medical Center**

Dr. Hurley introduced herself and shared her background as a pediatric orthopedic surgeon. She shared the process that is followed by a licentiate in her institution during fluoroscopy and referred to the members of the team of assistants used in the procedure (Physician's Assistant, Registered Nurse First Assistant, Registered Nurse Practitioner, First Assistant... etc.)

Acknowledging the different scopes of practice present in the sterile operating room, Dr. Hurley posed the question "What am I, as the supervising physician with my own license, able to direct to happen within the room within the sterile environment?"

Dr. Hurley shared an instance where, as result of a citation received, an exemption was granted for patient movement during fluoroscopy. She asked the members "What do we do when the radiology technician is not able to perform those duties in the operating room or in any setting where they're not adjacent to the patient."

Dr. Hurley's concerns covered a range of topics concerning patient movement during fluoroscopy including:

- "The interpretation of what... an S&O physician who's responsible for staffing, training, supervising, and the outcome of the procedure [does] with [their] assistants under their scope[s] of practice."
- Patient movement: I can do it under my license. The RT can do it under their certification. Where there is overlap?
- Emergency department or Urgent Care: "Our Physician Assistants within the scope of their practice take first call."

## DISCUSSION

COMMITTEE MEMBER BUTLER: "I think the problem is that the regulations have not kept up with the modern practice of medicine. Title 17 keeps being referred to. I would suggest that that Title 17 came into effect long before the modern portable fluoroscopy units were even available."

COMMITTEE MEMBER GO: "It's my understanding with our orthopedic colleagues here that they need an assistant to help move the patient while fluoroscopy is actually on, isn't that correct?"

DR. HURLEY: "Yes."

COMMITTEE MEMBER LIGHTFOOTE: "I make a distinction between positioning for the purposes of fluoroscopy and positioning for a medical or surgical purpose. What you need, Dr. Hurley, I believe, is an assistant who is allowed to position a patient for surgical or medical purposes."

"You need a radiation technologist, a radiologic technologist to help mitigate exposure and manage exposure to radiation for all in the room, the surgeon, the assistant who's doing the manipulation, as well as the patient. So I would ask RHB if we can come to an interpretation of these rules which allows a surgical assistant to manipulate the patient for medical or surgical purposes on the one hand, but a radiologic technologist manages the radiation exposure in the room during the procedure for the benefit of the patient, the surgeon, and the assistant."

MR. McDERMOTT: "Bob McDermott. I'm the Regional Radiation Safety Officer for Kaiser. It is policy in our facilities that during every surgical procedure there is -- that are using fluoro, there's a CRT in the room. By policy, the CRT is responsible for the radiation safety issues in the room, along with the licentiate physician. And our OR personnel do receive annual radiation safety in-service."

"I agree, there is a distinction -- needs to be a legal distinction between positioning for fluoroscopy versus positioning for surgery."

**IX. RTCC SUBCOMMITTEE: PRACTICE STANDARDS FOR CERTIFIED RADIOLOGIC TECHNOLOGISTS**

**Diane Garcia, M.S., R.T. (R) (CT), ARRT, CRT**

Ms. Garcia thanked the subcommittee Co-Chair and Members for their participation and work on the subcommittee. Ms. Garcia stated the directive received and that the work was completed and submitted to the RTCC with recommendations.

The Subcommittee was formally discharged.

**X. RTCC SUBCOMMITTEE: FLUOROSCOPY CONTENT WITHIN THE CURRENT ARRT EXAM UPDATE**

**JENNIFER YATES, ED. D., RT (R) (M) (BD)  
DIRECTOR, MERRITT COLLEGE RADIOLOGIC SCIENCES PROGRAM**

Dr. Yates acknowledged the subcommittee Co-Chair and Members and stated the directive received and what work was completed and submitted to the RTCC with recommendations.

Recommendation:

- “To allow technologists who had completed programs that used ASRT fluoroscopy curriculum to be able to get fluoroscopy permit without taking an additional exam.”

**DISCUSSION**

DR. YATES: Phillip's slide, his last slide from his presentation. So it says eliminate the need of the fluoroscopy permit for certain CRTs. And my understanding was that we were not eliminating the permit, we were simply eliminating the additional exam. So can you speak to that, Phillip?

SENIOR HEALTH PHYSICIST SCOTT: “Yeah. Correct. The elimination -- the total elimination of the fluoroscopy permit was not part of the recommendation.”

“If you pass the radiography exam at ARRT, and you graduated from a JRCERT-accredited program, then you are qualified to sit for the exam. And I believe the recommendation was that if you had passed that examination, then you did not have to pass the Department's fluoro permit exam.”

CHAIRPERSON TAYLOR: "But it did not eliminate the need for a fluoro permit?"

SENIOR HEALTH PHYSICIST SCOTT: "Did not eliminate the need for it."

CHAIRPERSON TAYLOR: "Well, the confusion with when the -- how the subcommittee got formed was eliminating the need for two exams. And I think initially there was some discussion of elimination of a fluoro permit."

"But one of the questions was, was there an exam that was rigorous enough to test for fluoroscopy, meaning the radiography? So that's when the subcommittee was formed, and they looked at the existing radiography exam to determine if the rigor was there for fluoroscopy, because we only had a radiography exam, and we only had a fluoroscopy exam, but we didn't have an exam that a person that was from a JRCERT-accredited school could take that would test for radiography and fluoroscopy. So they determined -- the subcommittee determined, as Dr. Yates just stated, that the radiography exam would test for rigor in fluoroscopy."

"So therefore, if you passed that radiography exam and you were applying for a radiography and a fluoroscopy permit, you could get issued the permit once you passed the radiography exam, because you'd been tested for both. But you would still need the radiography and fluoroscopy permit. It's just eliminating the need for the exam, taking two exams because you've already been tested for both."

COMMITTEE MEMBER GARCIA: "Right. But also being a JRCERT graduate, there's two kinds."

CHAIRPERSON TAYLOR: "Yeah, that was very clear. You'd have to be from a JRCERT-accredited school, because that has the embedded curriculum for fluoroscopy. If you are not a JRCERT accredited school, you do not have that embedded fluoroscopy."

COMMITTEE MEMBER SLECHTA: "How are you going to prove that a person who sends in their ARRT(R) to get their CRT and their fluoro permit comes from a JRCERT-accredited school? You have nothing on your form."

CHAIRPERSON TAYLOR: "So we will have to look at that to see if that will be an implementation problem for direct issue certificates."

“So we can look at that. And perhaps, at the October meeting, if Phillip is ready to have some discussions, we can discuss implementation strategies, and some recommendations as to how we might be able to implement the Committee's work, subcommittee's work and bring it before the Board and see where we fly with that.”

The Subcommittee was formally discharged.

## **XI. LUNCH**

11:44 – 12:56

Chairperson Taylor called for order and introduced the next speaker, MS. Marilyn Cantrell.

## **XII. RADIOLOGIC TECHNOLOGY SCHOOLS PASS RATES**

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

Ms. Cantrell shared an overview and history of Radiologic Technology School's performances, their five-year averages, and the requirements for schools not meeting the regulatory criteria.

She also shared the goal of the certification unit: To validate the Department's commitment to maintain quality education in radiologic technology by enforcing the basic standards that are established in the California Code of Regulations and the Health and Safety Code.

Ms. Cantrell stated that “Before October of 2013, Title 17 basically stated that if at any time during the previous five years, a school fell below the 75 percent pass rate, they could be revoked, suspended, limited, or conditioned.”

“The current regulation states that if the five-year average falls below the 75 percent rate, they can be revoked, suspended, limited, or conditioned. So we went from if, at any time, to a five-year average.”

Ms. Cantrell shared that the schools that are deficient are sent a deficiency notice. “The elements of the deficiency notice are the cumulative scores, which

are again based on the five-year average for each of the certificate or permit categories. The schools must submit a comprehensive corrective action plan within 60 days of the notification, and then the certification unit will continue to monitor the deficient schools and the effectiveness of the corrective action plan and then decide what further actions we will take based on the case-by-case basis.”

## **DISCUSSION**

COMMITTEE MEMBER SLECHTA: “You have the fluoro programs listed as 28, I believe. It’s my understanding that those fluoro programs are predominantly the quote unquote old programs in the community colleges. They aren’t the new 4040 programs.”

SENIOR HEALTH PHYSICIST CANTRELL: “No, they’re -- all of the fluoro schools are abiding by the new regulations. They’re teaching 4040, yes. They’re not old schools. They’re current fluoroscopy schools teaching the current regulations.”

COMMITTEE MEMBER GO: “Just a quick question... Everybody appeared to be in compliance with the regulations, except for one school... So what timetable are you looking at then in terms of the corrective action plan?”

SENIOR HEALTH PHYSICIST CANTRELL: “We would have to give them enough time to implement their plan. You can’t do it -- like for RT schools, it would quite possibly be two graduating class cycles, which could be up to four years... It’s subjective, we get to choose.”

CHAIRPERSON TAYLOR: “Depending upon which action, there’s a level of severity, revoke, suspend, or condition. In all of our enforcement actions in Marilyn’s unit, we work closely with our legal staff. We look at the inspection history, the pass rate. There’s a lot that will go into whether a school is revoked, suspended, or conditioned.”

MS. CHARMAN: “I’m wondering why the graduates, when they take the fluoroscopy test, they’re not told anything about their score.

CHAIRPERSON TAYLOR: That’s something that we can look into.

Chairperson Taylor introduced the next speakers, Dr. Christopher Cagnon and Ms. Teri Braun-Hernandez.

**XIII. RTCC SUBCOMMITTEE MEETING: REQUIREMENTS, ROLES, AND RESPONSIBILITIES AS PERTAINS TO X-RAY FLUOROSCOPY DURING MEDICAL PROCEDURES UTILIZING FLUOROSCOPIC GUIDANCE**  
**Christopher Cagnon, PhD, FAAPM**  
**Teri Braun-Hernandez, CRT, RT, (R)(M)(CI), ARRT**

Dr. Cagnon shared information regarding the subcommittee's ability to meet per the Bagely-Keene Open Meeting Act requirements. He then introduced the Subcommittee members and the background of the subcommittee formation.

Dr. Cagnon shared concerns regarding:

- The rapid growth in the use of medical radiation and concerns about what it means to future population.
- The automation of fluoroscopy.
  - "The regulations still talk about manual control, but fluoroscopy is automatic by its control."
- Radiation dose

He then shared a review of the understood background of the issue of fluoroscopy roles.

- A permitted technologist the State of California can only perform fluoroscopy under the supervision of a permitted licentiate of the healing arts, a physician osteopath, et cetera, who also has passed that fluoroscopy requirement.
- An appropriately permitted licentiate is not required to use a technologist though to perform fluoroscopy.
- Certain procedures, however, may require a medical specialist who's not permitted or trained in radiography.
- The existing regulation requires a fluoro permit for any technologist who exposes the patient, positions the patient, or positions the fluoro equipment.

Dr. Cagnon referred to a September 30, 2014 exemption superseding a previous notice allowing non-permitted individuals to move the patient/equipment under

supervision, provided that certain specific conditions are met. He also referred to the rescission of the exemption notice in December of 2014.

He referred to discussion at the Fall 2014 meeting of the RTCC and one of the discussion items was, was the RHB moving independently of what the RTCC had recommended? Dr. Cagnon stated that “we are only a recommending body, but we'd hope we serve a purpose and that our recommendations come into account.”

Dr. Cagnon stated that the subcommittee's challenge: “When and how do we allow a medical specialist, who's non-permitted, as far as fluoroscopy goes, who has specific skills, training to perform certain medical functions that might also potentially impact patient dose and radiation safety?”

Dr. Cagnon shared some proposed objectives:

- We should review and define supervision, first off, as it applies to fluoroscopy and radiology supervisor and operator permit.
  - My understanding is supervision of a fluoroscopy procedure is not defined by the State California.
- We should review and define operator as it applies to fluoroscopy operator permit.
- We should define/delineate the functions of the non-permitted support staff during fluoroscopic guidance.
- We need implementable strategies to improve and optimize radiation safety for the patient staff during procedures, using fluoroscopic guidance.

Dr. Cagnon proposed the following:

- Document the patient dose and -- or metric for patient dose in the medical record. And I want to start off by saying that all modern fluoroscopy machines report what's called air kerma.
- Machine-specific training. Modern fluoroscopy equipment is typically equipped with multiple modes and capabilities.

## DISCUSSION

MS BRAUN-HERNANDEZ: "I do want you to realize that that is an issue that your radiologic technologist is brought into the picture to manage your dose and to keep the equipment operating in ALARA principles."

COMMITTEE MEMBER SLECHTA: "If the State of California actually starts capturing dose information for fluoro, we will be leading the nation."

MS. MARTIN: "At almost 10 years now, the equipment has been required to produce this information of air kerma. Until the State of California basically outlaws the resale of old equipment that does not have this capability,... We're making the facilities with the new equipment jump through all the hoops, and we're basically turning loose all the more economically challenged facilities that buy old, used equipment that will never comply."

COMMITTEE MEMBER MOLDAWER: I think that the orthopedic community in California is waiting to hear our recommendations on how to address the issues brought up by Dr. Hurley this morning, and which has been on our agenda for the last couple of RTCC meetings.

COMMITTEE MEMBER LIGHTFOOTE: "Dr. Hurley and the other orthopedists and the cardiologists have a need to have people in the room to help them manipulate their patient... and that's often done better by someone who's not a CRT."

"So if we take those three roles as being sort of divided into three compartments, each medical professional gets to concentrate and focus on the thing that he or she does best."

"So my proposal would -- when we get to that point, would almost certainly require all three of those people to be present based ultimately, of course, on the judgment of the licentiate."

MS. BRAUN-HERNANDEZ: "From what I'm hearing is that we have two different types of positioning that's coming up. For the positioning that's coming up for the orthopedic surgeons is totally different for something that's coming up of what's happening in the interventional radiology and the cath lab."

COMMITTEE MEMBER CAGNON: "I think what Dr. Lightfoote is recommending is to say, and how we define a medical procedure – or medical positioning for fluoroscopic purposes versus medical purposes could be thorny."

MS. BRAUN-HERNANDEZ: "My concern is, is that when is positioning of the patient surgically going to cross the line to be looked at as operating the equipment."

COMMITTEE MEMBER GARCIA: "This is all about patient care. This is not about eliminating people from the room. So if they -- if it's required to have an RT in the room and an assistant for the orthopedic surgeon, then that's what it's required to have. Our job is not here to save the hospital money or to eliminate anybody from the room that is required to be in that room."

COMMITTEE MEMBER MOLDAWER: "I think that we should avoid creating a standard of care in California that's materially different than every other state in the country."

MS. CAMPBELL: "When Mr. Cagnon said we need to look at the duties, and the roles, and who's doing what, and what supervision means, I would request that the subcommittee continue looking at that and not make any hasty decisions."

Chairperson Taylor called for a break at 2:30 p.m.

#### **XIV. AFTERNOON RECESS**

2:30 P.M. – 2:50 P.M.

#### **CONTINUED DISCUSSION**

MR. MARTINEZ: "It's a very, very expertise practice that you guys practice, and I respect it, but I don't think that any regulation can fix a quality radiologic technologist and good communication between the orthopedic surgeon and that technologist."

MR. PEZANOSKI: "I want to remind people that there are two permits, the S&O permit and the fluoro permit. They're two separate permits. And in the S&O permit it doesn't say anything at all about moving the patient, moving the table, or having somebody help them. It says that in the RT permit, and it says that because they're working independently and they need to be given those

privileges and they have to make sure that they're doing that properly, because they're not having an immediate supervisor there telling them what they're doing and reassessing each time that they're doing it."

COMMITTEE MEMBER SLECHTA: "It's the position of the American Society of Radiologic Technologists that only radiologic technologists certified in radiography by ARRT or equivalent are qualified allied health professionals through education, clinical competency, certification to perform high quality and safe fluoroscopic procedures."

MR. PEZANOSKI: "We want to assist the physician and be there to do whatever they ask us to do at that time."

COMMITTEE MEMBER CAGNON: "Which no one here has a problem with, I think. I suspect what people have a problem with - and I'm not saying myself - is if you're moving the table while the beam is on, that you could impact -- some people would argue you're doing fluoroscopy."

COMMITTEE MEMBER PUCKETT: "First, I'm going to bring up that the definition of fluoroscopy in the September memorandum was changed and then the subsequent rescission of that."

"If we look at the definition of fluoroscopy again, I would propose that in the smaller settings, that, yes, the S&O can have somebody assist with positioning, as long as the equipment is not actuated. And so the definition -- you know, so if you're going to actuate it and have somebody help you move, you need an RT in the room. So that's -- it's a fine definition. It may not be practical, but that's where I would draw it."

MS. BRAUN-HERNANDEZ: "I think it needs to go back to committee and to be discussed through the subcommittee, but I think that if you need to be able to position for a surgical positioning, but not for fluoroscopy positioning, and that's the big difference."

SUPERVISING HEALTH PHYSICIST RUSSELL: "I just wanted to provide some clarification. All of the previous policy guidance is not in effect right now. It's strictly what is in regulation. So what the positions were before, they've all been rescinded."

## **SUBCOMMITTEE RECOMMENDATION**

COMMITTEE MEMBER LIGHTFOOTE: "This will be a motion to the subcommittee. And it's going to be a recommendation. I'm going to ask that the subcommittee recommend to the RTCC, and RTCC recommend to RHB the following: Multi-part.

- Number one, fluoroscopy is often a technology used to guide surgical and other medical procedures to -- often, not always, because sometimes it is an examination, but -- that's number one. And that's a definition of fluoroscopy, is often a technology used to guide medical and surgical procedures.
- Number two, for the purpose of fluoroscopic positioning, a fluoroscopy permit is required; however, for the purposes of surgical or medical positioning, a fluoroscopy permit may not be required.
- Number three, under certain circumstances, as determined by the physician with the fluoroscopy Supervisor and Operator Permit, a non-permitted individual may physically move a body part or a patient table under fluoroscopic guidance when, and only when, a CRT with a fluoroscopy permit is present in the room, to monitor and control all C-arm movements, rotations, collimations, acquisition, and other technical factors. The C-arm shall be operated according to ALARA and radiation protection principles at all times.
- Number four, That RHB be requested to formulate scenarios and FAQs to answer questions of potential licentiates, permit holders, and non-permitted individuals in circumstances which are not explicitly delineated above."

## **DISCUSSION OF RECOMMENDATION**

COMMITTEE MEMBER CAGNON: "I like it. I think the RHB will need some more help from hopefully RTCC members and experts to figure out how to flesh that out into something that they can actually practically implement. I'm trying to give due diligence to just how difficult it might be to implement wishes."

COMMITTEE MEMBER CAGNON: "One of my main reasons to ask and hopefully always get RHB feedback sooner rather than later, is I don't want to spend a lot of time on something that the RHB can't or won't implement."

RADIOLOGIC HEALTH BRANCH CHIEF PEREZ: "But I would like to say that the RHB is very interested and hopeful that the Committee is able to make a motion.

SUPERVISING HEALTH PHYSICIST RUSSELL: "My concern is with the conditional amount of, "maybe", "might be", we'll answer it in FAQs, we're going to have a very difficult time writing regulations, because they have to be very specific. And our enforcement will also be very difficult for the inspectors in the field to split that hair of what is a surgical manipulation, when is it positioning for fluoro, if that's not well defined."

SENIOR HEALTH PHYSICIST SCOTT: "As Lisa points out, whenever the words, "appropriate", and all those types of things that are subjective come up to play, it creates havoc with underground regulation. The other thing to remember is that the regulation is speaking to when a radiologic technologist must have the fluoro permit. And that's what it is only addressing."

COMMITTEE MEMBER CAGNON: "Going back to Dr. Lightfoote's extremely important motion, and I still think we should go through it step by step, but I think we, as a group and the RTCC... when we talk about a surgical versus fluoroscopic positioning, I think this is a good place to start defining it right now."

COMMITTEE MEMBER PUCKETT: "Yeah, I believe the wording was technique to Dr. Hurley's point. And that is what that first memorandum in September -- a big part of that was establishing that definition. And the justification in that memorandum, September 15th I think it was, explained the background of why it should be worded that way, because it made reference to FDA regulations. So I would suggest that we just go back to that new definition."

## **MOTION VI**

"I would move that we adopt the rationale and definition as put forward in September as part of the preamble on that first memorandum. Adopt the definition of fluoroscopy that was put forward in the September 15<sup>th</sup> memorandum."

Motion: Committee Member Puckett

Second: Committee Member Mansdorf

### **MOTION WITHDRAWN**

SENIOR HEALTH PHYSICIST SCOTT: "The existing regulation as adopted October something 2013, states, "Fluoroscopy means a technique for obtaining continuously or periodically a sequence of x-ray patterns and presenting them directly or through a transfer and optional processing simultaneously and continuously as visible images." The reference document, the September document, was merely summarizing in a shorter fashion the definition that is currently existing."

COMMITTEE MEMBER PUCKETT: "Madam Chairman, point of order. I believe I can withdraw my motion, and I would like to do so at this time."

### **MOTION VII**

"I move that RTCC recommend to RHB the adoption of the following four points in its regulation and rule-making:

1. Fluoroscopy as defined by current regulations is often used to guide medical and surgical procedures.
2. There is a distinction between positioning for medical surgical purposes and fluoroscopic purposes.
3. Under special circumstances determined by the physician supervisor operator, a non-permitted individual may physically move a body part or the patient table under fluoroscopic guidance only, if and when, a CRT is physically present in the room to monitor all technical factors -- monitor and control all technical factors and operate the C-arm fluoroscopic unit -- make that fluoroscopic unit is operated according to ALARA and radiation protection principles.
4. That RTCC requests that RHB clarify any ambiguities in the foregoing principles using FAQs and scenarios."

Motion: Committee Member Lightfoote

### **MOTION WAS NOT SECONDED**

**MOTION VIII**

“I make a motion that we temporarily request the RHB to adopt the September 15th memorandum, pending the additional evaluation and rule-making recommendations at the next RTCC meeting in the fall.”

Motion: Committee Member Moldawer

Second: Committee Member Mansdorf

Vote:

4 Yes: Dr. Moldawer, Dr. Mansdorf, Dr. Tao, and Dr. Butler.

7 No: Ms. Garcia, Dr. Go, Dr. Cagnon, Dr. Lightfoote, Prof. Slechta, Dr. Rogers-Neufeld and Dr. Puckett.

0 Abstain

**MOTION DID NOT PASS**

COMMITTEE MEMBER CAGNON:” Okay. I would ask before we leave, there was two other motions that were basically going to parallel exactly what my slide said.”

**MOTION IX**

“That the RTCC make a recommendation to the RHB to incorporate into regulation the requirement for the documentation of air kerma somewhere in the patient record.”

Motion: Committee Member Cagnon

Second: Committee Member Lightfoote

Vote:

11 Yes: Ms. Garcia, Dr. Go, Dr. Cagnon, Dr. Lightfoote, Prof. Slechta, Dr. Rogers-Neufeld, Dr. Puckett, Dr. Moldawer, Dr. Mansdorf, Dr. Tao, and Dr. Butler.

0 No:

0 Abstain

**MOTION PASSED**

COMMITTEE MEMBER LIGHTFOOTE: “And I would make a second motion that we adopt Dr. Cagnon's second slide, that machine-specific training be provided for all technologists and operators, so as to improve radiation dose.”

**MOTION X**

“I make a motion that the RTCC make a recommendation to the RHB to incorporate into regulation a requirement that a facility is able to show -- prove documentation -- or document machine-specific training for any licentiate and/or technologist permitted to use fluoroscopy that is specific to that particular machine.”

**AMENDMENT**

“If the RT was not present, then that S&O would have to know about that machine, at least be informed in some way before he does that procedure.”

Motion: Committee Member Cagnon

Second: Committee Member Lightfoote

Vote:

11 Yes: Ms. Garcia, Dr. Go, Dr. Cagnon, Dr. Lightfoote, Prof. Slechta, Dr. Rogers-Neufeld, Dr. Puckett, Dr. Moldawer, Dr. Mansdorf, Dr. Tao, and Dr. Butler.

0 No:

0 Abstain

**MOTION PASSED**

**XV. RADIOLOGIC HEALTH BRANCH UPDATE – RTCC MOTION – REGULATORY LANGUAGE REGARDING FLUOROSCOPY USE**

**Lisa Russell**

**Supervising Health Physicist**

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

Ms. Russell gave an overview of her presentation by sharing the text of the regulation, sharing language from the October 2014 RTCC meeting and reviewing the motion made by the Committee. She then stated that she would propose an information notice and/or enforcement policy language for when fluoro is off only.

The motion from October 2014 stated "proposed, "An individual under the direct and immediate supervision of the S&O may move the patient or fluoroscopy equipment as instructed by the S&O when fluoroscopy equipment is not actuated or energized. Movement of the patient or equipment may change the spatial relationship between the patient and the fluoroscopic equipment. When there's a change in the spatial relationship between the patient and the equipment, an individual with a fluoroscopy permit must reassess the exposure technique and radiation safety consequences prior to any subsequent patient radiation exposure".

Ms. Russell shared the proposed language for an information notice or policy enforcement language, whichever title was preferred by the RTCC:

1. "Only a qualified person (permitted individual) may initially establish or re-establish spatial relationships (i.e., where the patient is in relation to the radiation source), determine exposure factors, and/or expose a patient to X-rays in a fluoroscopy mode. A licentiate may use fluoroscopy equipment independently, provided he/she holds either a Radiology Supervisor and Operator Certificate or a Fluoroscopy Supervisor and Operator Permit. The physician assistant and the radiologic technologist holding the appropriate fluoroscopy permit must be under the supervision of a permitted licentiate.
2. During the period of time that the fluoroscopy machine is energized, a non-permitted individual may not move the patient or the equipment.
3. An individual under the direct and immediate supervision of the S&O may move the patient or fluoroscopy equipment, as instructed by the S&O, when fluoroscopy equipment is not actuated or energized. Movement of the patient or equipment may change the spatial relationship between the patient and the fluoroscopic equipment. When there is a change in the spatial relationship between the patient and the equipment, an individual with a fluoroscopy permit must reassess the exposure technique and radiation safety consequences prior to any subsequent patient radiation exposure.
4. Pursuant to Title 17, California Code of Regulations (17 CCR), Section 30450(b), a certified therapeutic radiologic technologist performing fluoroscopy for therapeutic treatment planning is not required to hold a radiologic technologist fluoroscopy permit. This exception may not be construed to allow a certified therapeutic radiologic technologist to use

fluoroscopy for diagnostic purposes.”

## **DISCUSSION**

COMMITTEE MEMBER CAGNON: “My main concern, basically bullet point 3, is that no one can reassess the technical factors unless the machine is on.”

COMMITTEE MEMBER GO: “These comments make movement of the patient when the machine is actually off, but there are situations in which it sounds like the orthopedic surgeons or surgeons need an assistant during real-time manipulation during fluoroscopy, so maybe that could be the ordering, where you'd say, an individual under the direct and immediate supervision of the S&O may have an individual present to aid in the real-time manipulation of the patient under fluoroscopy with the presence of a CRT as well.”

“But you cannot have just the supervisor/operator and that individual who's manipulating the patient. There will have to be a third person in the room.”

COMMITTEE MEMBER BUTLER: “I'm not sure that it's necessary to have that technician have to have safety training under those circumstances.”

COMMITTEE MEMBER GO: “If a person is going to use radiation, they should actually have some knowledge of radiation safety.”

COMMITTEE MEMBER MOLDAWER: “I think if you're going to establish requirements of radiation safety, based upon the fact that the OR tech is in the room, it should apply whether they're touching the patient or not. And I don't see the relevance to the motion about moving the patient that all of a sudden that implies they need additional training.”

COMMITTEE MEMBER CAGNON: “...I would add as far as the training, it could be provided by the institution -- up to the institution to decide.”

COMMITTEE MEMBER GO: “That could be designated by the RHB to decide what we consider adequate.”

COMMITTEE MEMBER LIGHTFOOTE: “Would this be a separate item, number 5 -- point number 5?”

COMMITTEE MEMBER GO: “Yeah.”

### **MOTION XI**

“An individual under the direct and immediate supervision of the supervisor and operator may have an assistant -- may have an assistant -- may use an assistant in the real-time mobilization of the patient under fluoroscopy for a medical or surgical procedure with a CRT Present in the room. The chosen individual should have documented radiation safety training.”

Motion: Committee Member Go

Second: Committee Member Cagnon

Vote:

10 Yes: Ms. Garcia, Dr. Go, Dr. Cagnon, Dr. Lightfoote, Prof. Slechta, Dr. Puckett, Dr. Moldawer, Dr. Mansdorf, Dr. Tao, and Dr. Butler.

0 No:

0 Abstain

Not Present: Dr. Bonna Rogers-Neufeld

### **MOTION PASSED**

### **CONTINUED DISCUSSION**

SUPERVISING HEALTH PHYSICIST RUSSELL: “Is that motion specific to only when fluoroscopy is on and you're satisfied with when fluoroscopy is off with this particular guidance?”

COMMITTEE MEMBER LIGHTFOOTE: “The item that we just passed would be an additional item of proposed information notice and/or enforcement policy language.”

### **MOTION XII**

“I move that we adopt items 1, 2, 3, and 4. Item 2 be edited to so that at the end of the statement it reads ‘Except as provided in item 5.’”

Motion: Committee Member Lightfoote

Second: Committee Member Mansdorf

7 Yes: Dr. Go, Dr. Cagnon, Dr. Lightfoote, Dr. Puckett, Dr. Moldawer, Dr. Mansdorf, and Dr. Tao.

0 No: Ms. Garcia, Prof. Slechta,

0 Abstain

Not Present: Dr. Bonna Rogers-Neufeld, Dr. Dale Butler

### **MOTION PASSED**

## **XVI. PUBLIC COMMENT**

MS. CHARMAN: "Last year, we got our bill for the annual, you know, fees for the radiology and fluoroscopy license. And we sent our check in, and then I got a couple of emails from Mr. Baker that said payment is due in two weeks, and now your payment is due in one week. And I fully knew my check had been mailed weeks ago, so I wasn't paying attention. And then I got a cease and desist email, that I immediately had to stop teaching this whatever. And the whole thing turned out to be the check was in RHB somewhere."

CHAIRPERSON TAYLOR: "I think we acknowledge that it was our oversight. And Marilyn has worked with the billing and cashiering section, and there have been some policies and procedures implemented to mitigate this type of confusion on our part in the future."

MS. CHARMAN: "I think the State should look into a way to have, you know, ethics check box maybe on the renewal statement or something saying that I haven't had a felony or ethics violation in the past year like we do on the ARRT, because it concerns me that someone could still have their CRT and practicing, and they've got, you know, a sexual offense or something."

SUPERVISING HEALTH PHYSICIST RUSSELL: "Currently, we don't have any regulation or authority to suspend or revoke a certificate for ethics violations or for felony. So it would require that additional authority."

MR. MARTINEZ: "This is to the RTCC members. 'Radiologic Technology has a long tradition of dedicating its services and knowledge to patient safety. Radiation safety and protection is not only taught in a two-year Associate's Degree Program, but it is reinforced throughout our careers. The concept of ALARA, as low as reasonably achievable, is a code that all registered licensed radiologic technologists are nurtured into. This often begins at the pre-requisite stage of all two-year programs by requiring students to take college level chemistry and/or physics that will build the foundation allowing us to understand the workings and consequences of radiation at the particle level. It is further reinforced by the vast physics equations that all radiologic technologists must fully understand. In addition, it takes two years of experience to fully understand, and therefore apply these principles in our respective field. Only then can a radiology professional safely and competently assist in the operation of fluoroscopy equipment, which provides vital images needed to properly treat

patients. This is by no means a matter that should be overlooked or taken lightly. Furthermore, we have built a passion and pride for radiation safety and to become the patient's advocate during surgery. Applying the correct technical factors, knowing when and how to adjust for the inverse square law, and abiding by the Hippocratic Oath are but a few examples how we protect our patients and anyone adjacent or in proximity to our fluoroscopic equipment. The concepts and laws of physics and the practice of radiation therapy is not something that can be taught or learned in a couple of hours of training. Aside from undermining the long tradition of the radiologic sciences, and the two-year minimum sacrifice that we as students undergo, these discussions and considerations primarily violate our patients and jeopardize their well-being and are in direct conflict with the foundation of western medicine under the Hippocratic Oath. I urge you esteemed members of the Radiologic Technology Certification Committee to please place our patients before anything else on your agenda by taking into consideration the sacrifice, hard work, and long, proud tradition of radiologic technology schools that just like all schools of wisdom who have introduced great women men to the field of health and medicine. Most attentively, radiologic technology students at PCC, and registered technologist at Cedars-Sinai."

## **XVII. CLOSING COMMENTS**

Chairperson Taylor thanked everyone who assisted with, attended, and participated in the meeting. She then acknowledged that the CDPH will continue to partner with the regulated community in an effort to better serve the citizens of California and maintain the focus on public health and safety.

Chairperson Taylor provided information about the next RTCC meeting to be held in the Sacramento on October 14, 2015. She stated that the venue would be announced at a later date.

Chairperson Taylor adjourned the meeting at 4:56 p.m.