

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

April 17, 2013

Doubletree by Hilton, Los Angeles Downtown
120 South Los Angeles Street
Los Angeles, CA 90012

Frieda Y. Taylor, M.S., Chairperson

COMMITTEE MEMBERS PRESENT

Todd D. Moldawer, M.D.	Johnson B. Lightfoote, M.D.
Linda L. Ortega, CRT, (R) (CV), ARRT	John L. Go, M.D.
Neil Mansdorf, DPM	Diane R. Garcia, M.S., CRT, RT (R) (CT)
Christopher H. Cagnon, Ph.D.	Cliff Tao, DC
Michael L. Puckett, M.D.	Dale Butler, MD

COMMITTEE MEMBERS ABSENT

Bonna Rogers-Neufeld, M.D.

MEETING SUMMARY

I. CALL TO ORDER

Chairperson Frieda Y. Taylor, M.S. called the meeting to order at 9:01 a.m.

II. INTRODUCTIONS

Ms. Taylor introduced the RTCC members (Committee) and California Department of Public Health-Radiologic Health Branch (CDPH-RHB) staff. Also acknowledged were former RTCC member Melissa Martin and students from radiologic technology schools in attendance.

III. GENERAL ANNOUNCEMENTS (Taylor)

Change to presenter order as published on agenda. Doug Passey will be presenting prior to Jeff Davis.

IV. APPROVAL OF MAY 2, 2012 MINUTES

Minutes from the May 2, 2012 meeting were unanimously approved with no corrections.

Motion: Puckett.

Second: Moldawer.

Ms. Taylor stated that the minutes would be published on the CDPH-RHB website within 30 days after the meeting.

V. LEGISLATIVE AND REGULATORY UPDATE

Phillip Scott, Senior Health Physicist

Radiologic Health Branch, Regulations Unit

A) Enacted Legislation

1. Senate Bill (SB) 1538 [Statute 2012, Chapter 458] (Breast Density) – From 04/01/13 through 01/01/19, health facilities that perform mammography shall include in the summary of written report sent to patient notice if the facility categorizes the patient as having heterogeneously dense breasts or extremely dense breasts based on ABR's BIRAD system. CDPH-RHB will implement via enforcement at inspections.
2. SB 1237 [Statute 2010] (Reporting Requirements, CT scans) – After 07/01/12, a person that uses a CT system capable of calculating and displaying dose shall record the radiation dose on every CT study produced during the CT exam in the patient's record. Exclusions do apply.
3. SB 1199 (Venipuncture Authorizations) – Restructuring of training requirements, supervision and use of practice sticks on humans or mannequins.
 - i. Nuclear Medicine Technicians (NMT)s can, for purposes of performing CT/PET scan, perform venipuncture if they are authorized pursuant to Health and Safety Code (HSC) 106976.
 - ii. Grandfathered previous training obtained if facility documents technologist's competence.
 - iii. Clarified that radiologic technologists (RT)s may not insert PICC lines. Additionally, they may not perform arterial puncture, any central venous access procedures, including repositioning or previously placed central venous catheters or cut downs or establish an IV line.

B) Proposed Legislation

1. SB 176 – Would require publication of notice in the California Regulatory Notice Register published by the Office of Administrative Law (OAL) at least 15 days prior to any meeting date or report, provided the meeting or report is seeking public input.
2. Assembly Bill (AB) 653 – Would require regulations to be approved by the legislature.
3. AB 866 – Would require that every state agency that documents regulations to involve the public in discussions prior to notices of all proposed rule-making. .
4. AB 376 – Would require any state agency that is enforcing a regulation adopted after 01/01/14 to notify a business that is required to comply with that regulation of the existence of that regulation 30 days before its effective date.
5. AB 213 (Military Education and Training)
 - i. Would require the Department, upon presentation of evidence by an applicant for an RT or NMT certification to accept education, training and practical experience completed by an applicant in military service towards meeting the qualifications and requirements if that education is equivalent to the Department's standards.
 - ii. Would require California-approved schools to have procedures in place no later than 01/01/14 to evaluate the applicant's military education, training and practical experience toward completion of that educational program that would qualify them for CDPH-RHB certification.

C) Adopted Regulations

1. AB 929 (Quality Assurance Standards – Film Screen Systems) – Requires medical and dental film users to store, handle and process film per the manufacturer's recommendations.
 - i. Radiographic users must perform a daily processor check.
 - ii. Dental users would need to create a reference film for image density, contrast, sharpness and overall quality that the dentist has approved to use as a comparison. If there are observable changes, they must make a record to note corrections.
2. AB 356 (Physician's Assistant (PA) Fluoroscopy Permit)

- i. Regulations scheduled to take effect 07/01/13.
 - ii. Requires licensed PA's who want to use fluoroscopy to obtain a PA fluoroscopy permit or maintain a RT fluoroscopy permit. The PA would work under a supervising physician as identified on the PA's Delegation of Services agreement (DSA) with the physician.
 - iii. PAs must obtain 40 hours of didactic and 40 hours of supervised clinical training either from a diagnostic RT school or an RTC fluoroscopy school that provides the curriculum as specified in the code.
 - iv. Currently being reviewed by OAL.
3. Radiologic Technology Act Regulatory Changes
 - i. Possible effective date for changes is 04/01/14.

DISCUSSION

1. Member Cagnon asked for clarification regarding supervision of PAs using fluoroscopy. Supervision of a PA is based on the existing Delegation of Services agreement. They are supervised by an appropriate Supervisor/Operator. (Phillip Scott)
2. Based on questions from Members Butler and Garcia, Phillip Scott clarified that a PA without a fluoroscopy permit can bring fluoroscopy equipment in, set-up and turn-on, but cannot set technical factors or expose the patient. These actions do not invoke the fluoroscopy permit requirement.
3. Member Lightfoote requested that in the future the State of California become consistent with federal descriptions and characterizations of regulations specific to terms related to types of supervision.
4. In response to questions from Member Garcia and Anita Selecta, Program Director, California State University, Northridge, Phillip Scott clarified the following:
 - i. Legislation passed was intended to allow a PA to obtain a fluoroscopy permit and operate fluoroscopy equipment under the physician's supervision as indicated on the PA's delegation of services agreement. The law does not limit what procedure or any procedure they may perform with their fluoroscopic equipment. Regulations will provide guidance specific to the Delegation of Services Agreement.
 - ii. PAs are licentiates but not supervisor/operators. They cannot supervise an RT.
 - iii. The existing laws in regard to supervision of students and exemption from certification requirements are not affected.

5. In response to a questions regarding PA education, Phillip Scott clarified that PAs could go to either diagnostic RT or RT fluoroscopy school to obtain the required education. The schools are not required to establish a program specifically for PAs. Physician assistant programs at universities can also apply to CDPH-RHB to become fluoroscopy schools. Upon approval, they would have to provide the required 80 hours of specific training and experience.

VI. CERTIFICATION UNIT – A GUIDE TO UPDATES

Marilyn Cantrell, Senior Health Physicist

Registration and Certification Section, Certification Unit

I. Revised Affiliated Clinical Site (ACS) Forms

Forms have been revised for both radiologic technology and limited permit x-ray technician schools.

- i. Now require only school name, school ID, and clinical site information.
- ii. No longer requires supervisor and operator, technologist information or facility signature.
- iii. Only submitted for new affiliated clinical sites when a school is discontinuing an affiliation or if there is a change in facility information.
- iv. Sites will automatically be renewed annually unless CDPH-RHB is informed via the new form. All information that the ACS is required to have by law or regulation will be verified upon inspection either by the Schools Certification Unit or the Inspection, Compliance and Enforcement Unit.
- v. For RT schools, CDPH-RHB will only be accepting the CDPH-RHB ACS form for new sites and state approval will be granted independently of the JRCERT approval.
- vi. ACS form was previously known as “CAS” form (Clinical Affiliate Site).

B) Revised Change of Information Form

Will only be used to report changes in school information (i.e. name, address, faculty, curriculum). All changes regarding clinical site information would be reported on the ACS form.

C) Annual Bills

Updated process is to issue school certificate upon receipt of payment. Schools are responsible for submitting payment prior to expiration of current approval.

D) Venipuncture

Law implemented 01/01/13 allows practice of the ten required sticks on mannequins instead of humans.

- i. Following completion of training, school issues student completion document. Document by itself does not authorize the holder to perform venipuncture.
- ii. If a technologist has a need to perform venipuncture, they must perform the 10 live sticks under the personal supervision of qualified personnel of the facility, and the facility will be responsible for documenting the procedures. If the technologist moves to a different facility, then that facility must also document the procedures.

E) Newsletter

Certification Unit publishes a quarterly newsletter that is distributed electronically to program directors and other interested parties.

DISCUSSION

1. In response to a question regarding changes to affiliations, Marilyn Cantrell advised that the changes do not affect the limited permit schools at this time.
2. Marilyn Cantrell advised that schools will no longer need to provide to the CDPH-RHB Certification Unit an annual list of RTs and licentiates that supervise students. This information would be verified upon inspection.
3. In response to the request that bills be sent to schools electronically, Frieda Taylor, Chief, Registration and Certification Section advised that this process was not feasible. Marilyn Cantrell stated that the current process has the bills sent via FedEx approximately 60 days prior to the approval expiring. A request was made to have the bills sent 90 days prior. Per Ms. Taylor, the request was noted.

VII. FLUOROSCOPY EXAM UPDATE

**Lauren Wood, R.N., Ph.D., L.P.,
Director of Psychometric Services
Nance Cavallin, B.A., R.T.(R)(T)(ARRT),
Senior Exam Development Coordinator
American Registry of Radiologic Technologists (ARRT)**

I. ARRT – Background and Information

Dr. Wood provided a history of ARRT and a timeline of the introduction of various examinations developed.

II. Fluoroscopy Examination Development

Purpose of fluoroscopy examination is to assess the knowledge and cognitive skills required to safely operate a fluoroscopy unit. The exam is administered at a licensing state's request under contractual arrangements and provides the results directly to the state.

- i. Procedures used to develop the fluoroscopy examination are similar to those developed for ARRT primary examinations that are used for national certifications.
- ii. Fluoroscopy examination development committee included a radiologist, two physicists, a registered radiologist assistant, a physician assistant, five radiographers, one radiography educator and an American Society of Radiologic Technologists (ASRT) representative who is also a radiographer. Three of these individuals were from California.
- iii. Exam development begins with job analysis and performing the core tasks that are required to perform the job safely. These items transition into the tasks inventory that is reflected on the content specifications for the exam.
- iv. Information that would appear in the examination is listed on the content specifications.
- v. ARRT presented at the March 2011 RTCC meeting regarding the possibility of California utilizing the ARRT-developed fluoroscopy examination. RTCC members voted to move forward with utilizing the ARRT fluoroscopy examination effective January 1, 2013.
- vi. Dr. Wood referenced information posted on the CDPH-RHB website beginning July 2012 regarding the upcoming changes to the examination including study materials and content specifications.
- vii. Previous examination is referenced to the *California Syllabus on Radiation Protection*. New examination is referenced to the *National Council on Radiation Protection and Measurements Report* and Section 1020.32 of Title 21, Code of Federal Regulations.

III. Fluoroscopy Examination – Preliminary Passing Statistics

Statistics are available for January through March 2013.

- i. Technologists - Passing rate of 77.3% for 1st quarter 2013. Passing rate for 1st quarter 2012 was 89.1%.
- ii. Large drop in number of technologists that took the fluoroscopy exam from 1st quarter 2012 (258 technologists) to 1st quarter 2013 (128 technologists).
- iii. Licentiates pass rate dropped 4% year over from 2012 to 2013.
- iv. The new examination has different content based on newer, more modern equipment and guidelines.
- v. Suggested study materials for the new examination include: Examination content specifications and continuing education materials available on the ARRT website, and study materials available on the ASRT website.
- vi. Candidates should be familiar with acronyms listed on the content specifications.
- vii. The new test format does not closely follow the *California Syllabus on Radiation Protection*. Candidates should broaden their study materials.
- viii. Reminders regarding examination security.

DISCUSSION

1. In response to questions from Member Lightfoote regarding what the examination presupposes on the part of the examinee, Dr. Wood and Ms. Cavallin clarified that the examination is designed for anyone who operates a fluoroscopy unit that has relevant didactic education.
2. In response to questions from Member Cagnon, Ms. Cavallin advised that based on quickly changing technologies, the examination will be reviewed again this summer by the examination committee to determine how questions are performing. With all ARRT examinations, content is continually reviewed and updated to ensure items are current.
3. Member Go asked for information regarding individuals who will be taking the American Board of Radiology (ABR) certification examination as to when they would be eligible to sit for the fluoroscopy examination based on changes to ABR certification timetables and when a radiologist is deemed certified. Phillip Scott advised that there have been discussions with ABR and the newly developed regulations would account for these changes.

LUNCH RECESS (11:51am – 1:04 pm)

VIII. REGISTERED CARDIOVASCULAR INVASIVE SPECIALISTS (RCIS) PRESENTATIONS

Six (6) individuals representing Registered Cardiovascular Invasive Specialists (RCIS) made presentations to the RTCC committee members and public attendees.

IX. TIME FOR REVISION (RCIS Presentation #1) Ed Pezanoski, RCIS

RCIS – Background and Information

Mr. Pezanoski provided information regarding the RCIS designation, education, and credentialing organizations.

- i. Cardiovascular technologists are part of the Cath Lab team and continually assist the cardiologist by keeping the working area visible to them during the procedure.
- ii. Recent interpretation of California Code of Regulations, Title 17 (17 CCR), section 30450 excludes the cardiology professional from performing this aspect of their duties.
- iii. RCIS representatives are requesting that CDPH-RHB allow a credentialed RCIS to either sit for the fluoroscopy examination or obtain a limited permit.
- iv. Academics of cardiovascular programs and credential standards establish a more than adequate education to test and achieve qualifications to safely maneuver the fluoroscopic equipment in the Cath Lab.
- v. California would be the eighth state to provide recognition of the RCIS credential.

DISCUSSION

Member Garcia asked how patient care would be increased if the radiation and imaging specialist is eliminated. She cited concerns that the RCIS is not educated in radiography or fluoroscopy to the extent an RT would be. Mr. Pezanoski stated that the intent is to allow a multidisciplinary team in the Cath Lab that includes people who are specialized in cardiovascular care as well as the RT.

X. CURRICULUM AND INVASIVE PROGRAMS (RCIS Presentation #2) Jeff Davis, RRT, RCIS, FSICP Co-Chair Education Committee, SICP

Dr. Davis stated that the RCIS would like to collaborate with the radiologic technologist to work together in the Cath Lab. By removing the RCIS from

working next to the cardiologist during procedures, a critical person is removed from the Cath Lab.

- i. RCIS works under direct supervision of the cardiologist in the Cath Lab.
- ii. Professional societies representing RCIS are the Alliance of Cardiovascular Professionals and the Society of Invasive Cardiovascular Professionals (SICP). Radiologic technologists are members of both societies. The credentialing organization is Cardiovascular Credentialing International (CCI). The accrediting organizations are the Commission on Accreditation of Allied Health Programs (CAAHEP) and Joint Review Committee on Education in Cardiovascular Technology (JRCCVT). RCIS is recognized by the Council for Higher Education.
- iii. JRCCVT recommends accreditation extensions in invasive cardiology, cardiac molecular physiology and echo ultrasound.
- iv. The majority of cardiovascular technologist programs are two years. Upon graduation, the individual is eligible to sit for the RCIS exam. The RCIS exam is recognized by the American College of Cardiology.
- v. Curriculums are comprised of general education courses (biology, microbiology, physics, algebra, math, science) and core cardiovascular content delivered by lecture, laboratory and clinical instruction. A typical RCIS program is about 1000 hours.
- vi. Radiation safety is emphasized extensively throughout the entire program and is embedded throughout the two years.
- vii. Mr. Davis explained the various courses and how radiography is incorporated into the curriculum.
- viii. The RCIS representatives would like to consider strategies to keep the RCIS in the Cath Lab functioning in the role and creating a very limited practice under the direct supervision of the physician.
- ix. Cardiac Catheterization team would include nurse, RT, and RCIS to assist the cardiologist.

XI. RCIS CREDENTIAL (RCIS Presentation #3)

Doug Passey, RCES, RCIS, FSICP

Immediate Past President, Cardiovascular Credentialing International (CCI)

I. CCI – Background and Information

Mr. Passey shared information regarding the history of CCI and the RCIS credentialing examination. CCI's purpose is to administer credentialing examinations that are high quality, defensible and relevant to those who practice in the profession.

- i. Each credential offered has physician and non-physician representation on the CCI Board.
- ii. The American College of Cardiology and the Society for Cardiovascular Angiography and Interventions both have physician members on the CCI board.
- iii. American College of Cardiology began offering “Partners in Care” memberships for non-physician and non-nursing technical staff that work in the lab. Members include individuals from various specialties certified by CCI.
- iv. CCI had 20,000 credentials held by registrants at year-end 2012 of which 6,000 are RCIS credentials.
- v. Examination process is accredited through ANSI, ISO and IEC, Title 17024. Purpose of accreditation is to ensure CCI examination standards meet national standards.
- vi. Mr. Passey explained the steps involved in examination development and how a passing score is determined based on statistical analysis performed.
- vii. Current RCIS examination includes radiological principles such as equipment, radiographic positioning and radiation safety.

II. Pathways to Certification

Per Mr. Passey, there are a number of pathways available to sit for the RCIS examination. The current pathway allowing on the job training, known as “RCIS 1” will be sunset July 1, 2013. The RCIS credential is available to professionals including nurses, radiologic technologists and respiratory therapists that work in the Cath Lab.

DISCUSSION

1. In response to questions from Member Ortega regarding the role of the RCIS, Mr. Passey confirmed that what the RCIS representatives were seeking was to have the ability to only do some positioning and work in a limited function in the Cath Lab.
2. In response to questions from Member Go regarding the RCIS examination, Mr. Passey estimated that the number of examination questions pertaining to radiography would be upwards of 18 percent. Dr. Go also requested clarification regarding the various pathways and categories that an RCIS can become certified.

XII. SCOPE OF PRACTICE

Elaine Shea, RCCS, RCS, RCIS, FASE;

Board of Trustees, CCI; Congenital Registry Examination Chair

Scope of Practice

Ms. Shea described the scope of practice for an RCIS based on the Society of Invasive Cardiovascular Professionals (SICP) standards.

- i. Four primary roles in which the invasive cardiovascular professional (CDT) performs include (1) Assisting during diagnostic and therapeutic cath procedures under the direct supervision of the physician, (2) Operation and maintenance of the diagnostic and therapeutic equipment used for procedures within the specific area of operation, (3) The CDT performs and reviews a baseline patient assessment, evaluates the patients response during cath procedures and (4) Provides patient care and drug administration under the direct supervision of a qualified physician.
- ii. RCIS is recognized by the American College of Cardiology and by the Society of Cardiovascular Angiography and Interventions as having the knowledge and competence to be able to function comfortably in situations commonly encountered in the Cath Lab.

DISCUSSION

1. Member Garcia stated that Title 17 did not eliminate anyone from performing fluoroscopy, in that Title 17 only included RTs and physicians. If cath lab techs were using fluoroscopy, they were doing so out of their scope of practice.
2. Member Garcia clarified that as positioning the patient has to do with dose to the patient, as such that is within the purview of the radiation and imaging specialist.
3. Member Garcia expressed that while an RT spends 18 weeks, two to four hours a week on radiology subjects, based on information presented an RCIS would only have 39 hours of radiology education total. Ms. Garcia stressed that a radiation specialist should be in the room. An RCIS should not be doing fluoroscopy as it is in the purview and scope of practice of an RT.
4. Member Go asked for clarification from the RCIS representatives regarding the RCIS categories and radiography education. Mr. Passey stated that Pathways 1, 2 and 3 are on-the-job training, while Pathway 2 and 3 would also have a science degree, either associate or bachelor degree. Pathways 4 and 5 are CDT programs with curriculum are described in Mr. Davis's presentation.

5. Members Lightfoote and Cagnon questioned Mr. Passey regarding whether the RCIS would position a patient on the table at the request of the cardiologist. Mr. Passey stated that the RCIS can transport the patient and gather data, but as soon as the pedal is pressed the first time, they would no longer be able to move the patient after the procedure has begun.

6. Member Cagnon stated that his understanding of current fluoroscopy regulations allow for only the radiologist, cardiologist, licentiate or licensed fluoroscopist to manipulate the patient while the beam is on.

7. Member Lightfoote stated that what is being asked for is authority to move equipment and that to achieve this would be through obtaining a fluoroscopy permit.

8. Phillip Scott cited 17 CCR, sections 30400 and 30450 regarding fluoroscopy for clarification. Additionally, Mr. Scott read excerpts from the CDPH-RHB policy memorandum regarding fluoroscopy permit requirements and what tasks an individual that does not possess a CRT fluoroscopy permit may perform:

- i. "Placing the patient on a table, moving a mobile fluoroscope from storage to the exam room and moving the equipment over the patient, plugging it in, and turning on the power for the fluorine. Prior to the initiation of the fluoroscopic exposure, the licentiate is responsible for reviewing the setup and making any necessary adjustments to the patient or equipment or confirming console settings. The licentiate is responsible for these actions, whether or not they actually perform them."
- ii. "Once the fluoro exam has begun with the initiating exposure, the nurse or medical assistant may not perform tasks associated with the exposure of the patient to radiation for the duration of the exam."

9. Member Puckett stated that there needs to be an interpretation of what is an "examination." Is it from the first pedal to the last pedal, or when the tube is on.

10. Phillip Scott stated that the CDPH-RHB position per the policy memorandum is that the fluoroscopy permit requirement is invoked when you begin fluoroscopy of the patient. The first initiation of exposure begins fluoroscopy of the patient, and it doesn't end until the last time it is done.

XIII. THE INVASIVE CATH LAB TEAM

Peggy McElgunn, Esq.,

Executive Director, Alliance of Cardiovascular Professionals

Ms. McElgunn stated that she is representing the Alliance of Cardiovascular Professionals (ACVP), the largest cardiovascular organization in the country. Her purpose for speaking today is to encourage the committee to not pursue a path that will result in the RCIS being eliminated from the Cath Lab.

- i. ACVP supports a team approach in the Cath Lab that is consistent with the Affordable Care Act. This spreads risk across the team instead of concentrating it on a few.
- ii. Cardiovascular specialists are recognized as an allied health profession that is first in line in cardiovascular understanding and advancing technologies.
- iii. Cardiovascular professionals' education, training and experience are all validated by the CCI credentialing and demonstrate and understanding ability to serve the patient.
- iv. Encourages RTCC to recognize that a team that includes the RCIS would provide the best possible support in the Cath Lab.

DISCUSSION

1. Member Garcia stated that it appears that what is being asked for is a positioning permit and not a fluoroscopy permit. Ms. McElgunn responded that what is being sought is way to not eliminate the RCIS from the lab, which could effectively be done with a positioning permit.
2. Member Garcia expressed that RTs have the ability to achieve an advanced certification in cardiovascular imaging, as well as her concerns that an untrained RCIS would be operating fluoroscopic equipment without the educational background needed.
3. Ms. McElgunn stated that the need for the RCIS in the lab is being minimized or eliminated as it is now being mandated and enforced is that setting up a patient must be done by an RT. Ms. Garcia clarified that Title 17 has always been the law.
4. Member Lightfoote suggested to the Committee that what is being asked for is a permit to position the patient and equipment and not to actuate fluoroscopy. Ms. McElgunn concurred that this is what RCIS is seeking.
5. Phillip Scott commented that changes to existing regulations would be based on the will of the Committee and recommendations made to the department.

6. In response to a question from Member Go, Ms. McElgunn clarified that 49 states currently have RCIS's, ten states offer fluoroscopy permits to RCIS's. Seven of these states have scopes of practices that are specific to RCIS's.

XIV. THE NECESSITY OF RCIS IN THE CATH LAB

Morton J. Kern, MD, FSCAI, FAHA, FACC;

Professor of Medicine, Chief of Cardiology, Long Beach Veterans

Administrative Hospital; Associate Chief, Cardiology, University of California, Irvine, University of California, Irvine Medical Center.

Dr. Kern addressed functions in the Cath Lab regarding the role of the RCIS and technology.

- i. As a practicing interventional cardiologist doing cardiac procedures, he wants his team to be broadly trained. Specifically, he would like the RCIS scrub person next to him at the table to be able to move the table or C-arm such that when his hands are busy, he can get the right radiologic image he needs. He would not want this person to activate the fluoroscopy.
- ii. Various Cath Lab procedures were described including diagnostic and therapeutic procedures, as well as the movement of the table.
- iii. The RCIS will not activate the fluoroscope. Dr. Kern would want the RCIS to move the table where he would want to see it.
- iv. Individuals in the Cath Lab: Technicians, nurses, physicians and ancillary services (prep, drape, assist and operate equipment).
- v. Dr. Kern stressed that physicians have the overall responsibility for patient and radiation safety in the Cath Lab. The RCIS would never administer X-ray or work without the supervision of the physician.

DISCUSSION

1. Member Garcia restated that it appears what the RCIS representatives are seeking is not a Fluoroscopy permit, but something different that should be discussed.
2. Member Lightfoote stated that there does not need to be another permit or license, but a reinterpretation of existing regulations as to permit positioning under physician direction during a patient procedure.
3. Member Lightfoote requested that Phillip Scott and Chairperson Taylor provide to the RTCC Members a revision of the interpretation of regulations such that positioning of patients and equipment by RCIS personnel during cardiac catheterization is allowed.

4. Member Go suggested that the topic be tabled to the fall meeting to allow for further review and discussion. What needs to be determined is an evaluation of the regulation itself and the definition of examination.
5. Member Cagnon stated that the Committee has to consider very carefully who a change would impact, who it might impact and what minimal standards we want them to have and the limits of what the permission would be.
6. Member Butler cited Title 17 and stated that he supports revisiting this topic in the fall and maybe several members could draft language in different language proposals to discuss.
7. Member Puckett stated that the question is, "Who can assist the physician licentiate in the course of an examination to move the patient?"
8. Member Ortega expressed concerns that individuals who did not have an RT's education can potentially do fluoroscopy or a portion of fluoroscopy. She also requested more exact on the education that's received by those who become eligible to sit for the RCIS as it pertains to radiography.
9. Chairperson Taylor stated that one topic for RCIS to bring back in the fall is to discuss their education and training as related to radiography and/or fluoroscopy and looking at a side-by-side analysis of all existing regulations and/or the proposed regulation package that is out for promulgation.

XV. MOTION

Member Go motioned to table the decision now, and in the fall, to discuss Title 17 with the possibility of including an amendment to Title 17, which would actually define or designate individuals under this provision of licentiate and/or RT person in the room who will be able to perform patient positioning under the supervision of a licentiate.

SECOND: Member Moldawer

AMENDMENT #1: Table Title 17 discussion for this meeting, CDPH-RHB to provide language to amend Title 17 to include designated individuals in the angio suite under the direct supervision of an RT or licentiate during a fluoroscopy procedure.

SECOND: Member Moldawer

AMENDMENT #2: To include any situation in which fluoroscopy is actively used beyond the Cath Lab and go beyond not just RCIS but other professionals.

SECOND: Member Lightfoote

Motion Passes: Vote 6 Yes, 3 No, 1 Abstain.

XVI. MOTION

Member Moldawer moved that the RCIS specialist in the cardiac cath environment under the supervision of a licentiate and RT can move the patient during fluoroscopy procedures.

SECOND: Member Lightfoote

Motion Fails: Vote 3 Yes, 6 No, 1 Abstain.

XVII. PUBLIC COMMENT PERIOD

XVIII. CLOSING REMARKS

XIX. NEXT MEETING DATE

October 23, 2013

1500 Capitol Avenue, Sacramento

Building Auditorium

XX. MEETING ADJOURNED

4:58 p.m.

RTCC - COMMONLY USED ACRONYMS

ARRT	American Registry of Radiologic Technologists
ASRT	American Society of Radiologic Technologists
BPPE	Bureau for Private Post Secondary Education
CAT Scan	Computerized Axial Tomography
Cath Lab	Cardiovascular Catheterization Laboratory
CCI	Cardiovascular Credentialing International
CRT	Certified Radiologic Technologist
CT	Computerized Tomography
FACC	Fellow of the American College of Cardiology
FAHA	Fellow of the American Heart Association
FASE	Fellow of the American Society of Echocardiography
FL	Fluoroscopy
FSCAI	Fellow of the Society for Cardiovascular Angiography and Interventions
FSICP	Fellow of the Society of Invasive Cardiovascular Professionals
JRCERT	Joint Review Committee on Education in Radiologic Technology
LPXT / XT	Limited Permit X-Ray Technician
NMTCB	Nuclear Medicine Technology Certification Board
PA	Physician Assistant
RCCS	Registered Congenital Cardiac Sonographer
RCES	Registered Cardiac Electrophysiology Specialist
RCIS	Registered Cardiovascular Invasive Specialist
RCS	Registered Cardiac Sonographer
RRT	Registered Respiratory Therapist
RT	Radiologic Technology
RTCC	Radiologic Technology Certification Committee
SICP	Society of Invasive Cardiovascular Professionals