

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

**October 25, 2017**

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

Frieda Y. Taylor, M.S., Chairperson

**COMMITTEE MEMBERS PRESENT**

Christopher H. Cagnon, Ph.D., FAAPM  
Daniel K. Lee, DPM, PhD, FACFAS  
Ehtisham Mahmud, MD, FACC, FSCAI  
Nancy J. Perkins, M.A., Ed., RT(R)(M)

Michael L. Puckett, M.D., FACR  
Hector RiveraMelo, DC, DACBR,  
Mauricio Silva, MD  
Anita Slechta, M.S., BSRT, RT (R)(M), ARRT,  
CRT

**COMMITTEE MEMBERS ABSENT**

Erica Kinne, MD  
Johnson B. Lightfoote, MD, FACR

**MEETING SUMMARY**

**I. WELCOME / OPENING REMARKS**

Chairperson Taylor called the meeting to order at 9:00 a.m. and introduced the RTCC members as well as the California Department of Public Health-Radiologic Health Branch (CDPH-RHB) staff.

**II. APPROVAL OF OCTOBER 5, 2016 RTCC MEETING MINUTES**

Chairperson Taylor indicated that only members who were present at the October 5, 2016 RTCC meeting could make a motion to approve or cast a vote of approval, denial, or abstention.

## **MOTION I**

The committee voted to approve the October 5, 2016 RTCC meeting minutes as drafted.

Motion: Committee Member Puckett

Second: Committee Member Perkins

### **Vote:**

4 Yes: Dr. Daniel Lee, Dr. Michael Puckett, Nancy Perkins, Dr. Christopher Cagnon

0 No

0 Abstain

## **MOTION PASSED UNANIMOUSLY**

Chairperson Taylor noted the approved minutes would be visible on the CDPH-RHB website no later than 30 days from October 25, 2017.

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

**Phillip L. Scott, MA, CRT**

**Senior Health Physicist Regulations Unit**

**Strategic Planning and Quality Assurance Section**

Mr. Scott reviewed the following Legislative/Regulatory items:

- Assembly Bill (AB) 911
  - Exempts a bomb squad of a city, city and county, county, special district, or the State of California, including the University of California from the Department's industrial certification and training requirements, if specific conditions are met.
  - Authorizes CDPH to revoke or rescind the exemption if a jurisdiction fails to comply with the conditions.
- Limited Permit X-ray Bone Densitometry Category – Whole Body Composition Procedures & Terminology Change.
  - Submitted to California Department of Finance.

- Certified Radiologic Technologist (CRT) Scope, Movement during fluoroscopy, 2 yr. experience requirement for those providing oversight to students.
  - Circulating through CDPH management for approval and submittal to California Health & Human Services Agency (Agency).
- Elimination of Fluoroscopy Permit for certain CRTs.
  - Agency accepted recommendation.
  - Regulations in development.
    - Development relies on workload analysis currently in progress.
    - Should have regulations ready for the Committee by next meeting.
- Mammography Facility Requirements
  - Currently under review by Agency.
- Radioactive Materials (3 packages)
  - Under review by Department of Finance.
  - Not subject to the RTCC.

## **DISCUSSION**

COMMITTEE MEMBER PERKINS: “What do you anticipate is the timeline for the limited permit x-ray bone densitometry now that it’s in Department of Finance, and where would it go after Department of Finance?”

SENIOR HEALTH PHYSICIST SCOTT: “It is almost approved... the next step after their approval is that we develop the public notice, and we actually begin the official rulemaking process.”

COMMITTEE MEMBER SLECHTA: “Oftentimes, we have a task force/subcommittee who actually goes through the writing process, or are you writing the regs that you’ll present?”

SENIOR HEALTH PHYSICIST SCOTT: “My staff and I are writing those draft regulations.”

COMMITTEE MEMBER PERKINS: “I would just like to comment on Anita's suggestion that the RTCC writing of the draft of regulations for fluoroscopy... I

think I'm safe in saying that both she and I would be very interested in assisting the Department and moving that along.”

## **MOTION II**

COMMITTEE MEMBER SLECHTA: “I move that RHB establish an external set of eyes to look at the regulations before they're presented to RTCC for the purpose of catching any areas that the education community would have with the regs.”

## **AMENDMENT**

COMMITTEE MEMBER CAGNON: “I would amend that you want other specialties in that same group. And I think it's a great idea to review it...You have a spectrum of expertise in this Committee, and I think putting out a request for volunteers to serve would help.”

Motion: Committee Member Slechta

Second: Committee Member Perkins

## **VOTE:**

8 Yes: Dr. Michael Puckett, Professor Anita Slechta, Dr. Ehtisham Mahmud, Dr. Mauricio Silva, Professor Nancy Perkins, Dr. Hector RiveraMelo, Dr. Christopher Cagnon, and Dr. Daniel Lee.

0 No

0 Abstain

## **MOTION PASSED UNANIMOUSLY**

### **IV. POSTING INFORMATIONAL RADIATION SAFETY TOPICS ON THE RHB/RTCC WEBSITE**

**Diane Przepiorski**

**Executive Director**

**California Orthopaedic Association**

Ms. Przepiorski thanked the Committee and audience for their time.

MS. PRZEPIORSKI: “...one problem that we'd like to bring to the Committee's attention is that in reviewing your websites we're not aware of any methodology that the RTCC has or the RHB has in allowing members to either post best practices in radiation safety, new research in the area of radiation safety, or even from your earlier discussion this morning, regulatory updates, answer questions about licensing, and things on that order. So our recommendation to the

Committee is that you consider adding to your website some mechanism for this to take place... I really don't see any place currently to try to post these best practices.”

## **DISCUSSION**

COMMITTEE MEMBER SLECHTA: “I would hope that we would want to put together a committee to evaluate how to identify those types of practices that have been peer reviewed so that we have documented validation that this actually is a practice that either reduces dose or reduces time under whatever.”

MS. PRZEPIORSKI: “I agree with you Anita that having peer-reviewed materials on the website would be ideal, but I'm not sure I would close the door totally to just the experiences of surgeons in the O.R. who have developed mechanisms... and I would expect that the Committee would do some review of that.”

CHAIRPERSON TAYLOR: “Diane, with regard to the Committee reviewing anything that people may bring forward, they're bound by the Bagley-Keene Act, so they can't have a discussion amongst themselves, except in a public forum.”

COMMITTEE MEMBER PERKINS: “I think it's a great idea to have practices shared... But there would have to be some sort of editorial review board... that would monitor the output, so that it doesn't become Tweet or Facebook like... It wouldn't be members of the Committee, but the branch could have some mechanism, and they would have to develop some procedures for that to occur.”

COMMITTEE MEMBER CAGNON: “I think it would be wonderful if there was a venue on the RHB website to point people to some well-established, known best practices, but then you have the challenge of deciding who gets to say what is acceptable best practice and not.”

COMMITTEE MEMBER PUCKETT: “The content would require such active curation, that there's no way the RTCC could do it... I would also argue the scope is probably beyond the RHB... I sympathize with the need. I just am not sure that this is the right home for it, and that is my opinion.”

COMMITTEE MEMBER PERKINS: “We're nominated by professional groups. Therefore, we all have professional groups that we represent. A place to start would be to have links to all of our professional organizations on the website, Because that would be a clear link on RTCC.”

### **MOTION III**

COMMITTEE MEMBER PERKINS: "I recommend that the Radiologic Health Branch provide links on their website to include professional organizations and professional licensing organizations that would provide information on radiation safety and protection."

Motion: Committee Member Perkins

Second: Committee Member RiveraMelo

### **AMENDMENT**

COMMITTEE MEMBER SLECHTA: "Other licensing, you mean other credentialing organizations because licensing is only the State."

### **AMENDMENT**

COMMITTEE MEMBER LEE: "On the current amended version, I would recommend, since our discussion was focused on best practices, I don't see that on it. It might be misleading as far as radiation safety and protection, which is already available on our State website. On that fourth line 'would provide best practice information.' And that would separate this and make it a distinctive item."

### **AMENDMENT**

COMMITTEE MEMBER PERKINS: "In addition, I recommend RTCC member nominating groups recommend websites to be included on the RHB site."

### **FINAL MOTION III**

CHAIRPERSON TAYLOR: "So the motion that was made, seconded, and after discussion and amendments reads, 'I am recommending that the RHB provide links on their website to include professional organizations and professional credentialing organizations that would provide information on best practices in radiation safety and protection. I recommend that member RTCC nominating groups recommend websites to be included on the RHB website.'"

### **VOTE:**

4 Yes: Dr. Ehtisham Mahmud, Dr. Mauricio Silva, Professor Nancy Perkins, and Dr. Daniel Lee.

3 No: Dr. Michael Puckett, Professor Anita Slechta, and Dr. Hector RiveraMelo.

1 Abstain: Dr. Christopher Cagnon.

### **MOTION PASSED**

**V. Proposed Amendment to Allow X-Ray Technicians with Extremities Radiography Permit to Operate Medical Cone Beam CT Diagnostic Equipment**

**Simone Adams, ARRT, MBA  
CurveBeam, LLC**

Ms. Adams introduced her presentation and proposal to allow X-ray technicians with extremities radiography permit to operate medical cone CT diagnostic equipment. She noted that registered dental hygienists and dental techs that have the dental laboratory radiography permits are operating cone beam CT systems. Ms. Adams noted the cone beam CT for extremities evolved over the last five and a half years and is relatively new for extremities. She stated that essentially the same technology has been adopted from dental over to the extremity world and requires the use of a CRT.

Ms. Adams shared that although the FDA classifies cone beam CT as a CT scanner, Medicare determined cone beam CT scanners fall outside of the scope of radiation dose monitoring standards for CT scanners.

Ms. Adams then introduced the lower extremity pedCAT CT device and provided illustrations of low radiation exposure, minimal patient positioning, fixed field of view settings for techs, exposure time and device functionality. Ms. Adams stated that 80% of lower extremity cone beam CT's in California are in podiatry offices resulting in a hardship for the practice if a CRT is not hired to operate the systems. She noted that her proposal had been discussed with the California Podiatric Medical Association as a matter for consideration.

Ms. Adams proposed “RTCC allow limited technologists with a lower leg permit that has already been trained in taking radiographs from the knee down to utilize cone beam CT, and to operate it as long as they can vet and attest to having had the operator training.”

Lastly, Ms. Adams shared a correction to her slide presentation which should have read “Proposed endorsement from CPMA”, adding “That is not supposed to read endorsement. We're hoping that there's going to be an endorsement, but we don't have that yet.”

## DISCUSSION

COMMITTEE MEMBER PERKINS: “How does cone beam dental get around the restriction in section 30447, that says limited permit technicians cannot perform procedures involving CT?”

SENIOR HEALTH PHYSICIST SCOTT: “It goes to the law. Under Health and Safety Code section 106975 subdivision (e), a licensed dentist or a person who, under the supervision of a licensed dentist, operates only dental radiographic equipment for the sole purpose of oral radiography is exempt from the prohibition of certification under the Radiologic Technology Act.”

COMMITTEE MEMBER PERKINS: “So we cannot use, as I understand it from what you said, the information for cone beam dental to apply to this, it's a different area.”

SENIOR HEALTH PHYSICIST SCOTT: “I'm not saying that at all...I'm just saying that the individuals who are using this equipment in a dental office are not subject to the certification requirement of the Radiologic Technology Act which is implemented and enforced by RHB.”

COMMITTEE MEMBER SLECHTA: “But the dental labs are...the audience doesn't understand. There's dental offices, and then there's dental labs. We control dental labs.”

SUPERVISING HEALTH PHYSICIST RUSSELL: “We do control the dental labs. There just aren't very many of them. And if there's a dentist at that practice, if he's got a dental lab and it's his dental practice, then that person also falls under the dental assistant. But if we do have a stand-apart dental lab that's doing it, we would cite them.”

COMMITTEE MEMBER LEE: “The California Podiatric Medical Association, as policy, does not endorse any products or technologies. None of these slides were purview to the California Podiatric Medical Association, and there's no approval of such of these slides...This is not something that California Podiatric Medical Association will endorse in any way...I think this has to be properly vetted by our human physicists who know more about this technology than we do...And then as far as the education and training, that also goes back to the curriculum whether this is covered or not for the protection of our patients, you and I falling into that.”



COMMITTEE MEMBER CAGNON: “When you were quoting these doses... are you quoting effective dose? Are you quoting dose to the foot? Are you quoting dose to the chest? I think I know what you're quoting, but these get misconstrued a lot because I can give you enough dose to say, burn your pinky, and your effective dose could be quite low. And that's just, I think, another challenge that we have to consider. It's going to be an interesting fight.”

COMMITTEE MEMBER PUCKETT: “On the equipment side, I think there are some pieces of equipment that are exempt. I seem to recall a micro C-arm or something they use in the emergency room, where the operator is exempt.”

COMMITTEE MEMBER SLECHTA: “I don't believe there's an exemption. I believe it's in a variance, an individual basis that you have allowed.”

SUPERVISING HEALTH PHYSICIST RUSSELL: “I'm not aware of any variance. A facility could request one. I don't know that it would be granted, but I'm not aware of any that we have granted.”

COMMITTEE MEMBER PERKINS: “I would just like to iterate that the comments by Dr. Lee regarding the curriculum, and that there is really nothing in the regulations in the area of the curriculum for school regulations currently. And if this were to, in any way, be looked at again in the future, the curriculum requirements for this would have to be addressed.”

COMMITTEE MEMBER SLECHTA: “This Committee has seen many manufacturers come forward for various reasons. But I do want to reiterate, Dr. Lee was wonderfully eloquent, that this Committee is not here to face workforce issues, or to expand workforce for or to meet the needs of any office, as far as whether CRT, XT, but it is for radiation safety. That's our primary purpose since the seventies when the law went into effect.”

#### **MOTION IV**

COMMITTEE MEMBER SLECHTA: “So with that, I don't know that we need a motion. But if we're going to start wordsmithing, I move to not approve this change.”

Motion: Committee Member Slechta

Second: Committee Member Lee

**VOTE:**

8 Yes: Dr. Michael Puckett, Professor Anita Slechta, Dr. Ehtisham Mahmud, Dr. Mauricio Silva, Professor Nancy Perkins, Dr. Hector RiveraMelo, Dr. Christopher Cagnon, and Dr. Daniel Lee.

0 No

0 Abstain

**MOTION PASSED UNANIMOUSLY**

Chairperson Taylor adjourned for a morning recess.

**VI. MORNING RECESS**

10:42 a.m. – 10:57 a.m.

**VII. NOLA – THE NEW ONLINE LICENSING APPLICATION**

**Debra Mack-Mitchell, Project Director**

**Charles Washington, Project Manager, Scrum Master  
Information Technology Services Division**

Ms. Mack-Mitchell and Mr. Washington shared that NOLA in its simplest form will be an enterprise licensing platform to allow physicians and physician assistants to submit online applications for new licenses to use x-ray equipment, and to renew those same licenses. The application will include an online payment process with an automated workflow functionality.

Mr. Washington shared that the Radiological Health Branch (RHB) is responsible for providing public health functions associated with administering a radiation control program that includes:

- Licensing of radioactive material users, radiation and x-ray producing machines,
- Certification of individuals using radiation sources for medical and industrial purposes,
- Inspection of facilities using radiation,
- Investigation of radiation incidents, and
- Surveillance of radioactive contamination in the environment.

Mr. Washington noted that this is accomplished through the licensing of 2000 radioactive waste users, registration of over 35,000 facilities that have radiation producing machines, certification and permitting of over 78,000 individuals using

x-ray machines, inspection of various facilities using those x-ray machines, radiologic technology schools and affiliated clinical sites, and conducting enforcement actions. Lastly, Mr. Washington provided the volume of new license applications as well as license renewals for the following fiscal years:

- Fiscal Year 2013-2014
  - 1,087 new license applications
  - 13,591 license renewals
  
- Fiscal Year 2014-2015
  - 1,052 new license applications
  - 8,407 license renewals
  
- Fiscal Year 2015-2016
  - 1,091 new license applications
  - 13,187 license renewals
  
- Fiscal Year 2016-2017
  - 1,236 new license applications
  - 8,487 license renewals

Mr. Washington noted that included in this current manual process is handling of all paper checks, supporting documentation, paper correspondence to and from the applicant. He then provided a high-level process flow including the following information:

- Initial Common Components
- Applying for a New License
- Payment Processing
- Application Review
- Exam Processing
- Renewing an Existing License

Ms. Mack-Mitchell listed some of the common components that are going to be connected to the NOLA application such as:

- USPS Connector
- AccuZip Connector
- First Data (Certification) Payment Connector
- IDM/UPM Connector

- E-Signature Connector
- Isilon Connector
- CalSTARS (Financial) Connector
- EDD (Print) Connector
- User Experience Standards (UX) Connector
- DOJ (Pending)
- SSN Verification (Pending)

Mr. Washington shared a diagram of the process flow user's point of view and addressed how each of the components above would assist in the process. Lastly, Mr. Washington shared the NOLA project timeline and release plan, which includes three releases:

- Regression testing for each release,
- User acceptance testing for each release and
- "Sprint Z" which includes finalization of any changes or bug fixes that the product owner deems necessary before the product is able to go live.

## **DISCUSSION:**

COMMITTEE MEMBER SLECHTA: "RHB has still been using Social Security numbers. I assume we're going to not use those anymore?"

SENIOR HEALTH PHYSICIST SCOTT: "It's a State law that requires all State agencies that issue licenses, permits, authorizations or other things to collect the Social Security number of those applicants, and to provide them to any child protective agency."

MS. MACK-MITCHELL: "If it were me, I'd use the online system as soon as it was available, because your Social Security number is going to be encrypted."

COMMITTEE MEMBER PERKINS: "I have a few questions. You had made a statement about fees increasing. So I wondered, are our fees going to be increasing? And when do we anticipate the CRTs and XTs being added?"

MS. MACK-MITCHELL: "So, to my knowledge, your fees are not increasing... I am hopeful that I will be here long enough to do all 52 licenses, but we do not have a timeline yet for that."

COMMITTEE MEMBER SILVA: "Do you guys have any particular goal in mind in

terms of the amount of time that it's now going to take from the moment that you apply until you get your license?"

MR. WASHINGTON: "For new licenses, you have to go to ARRT. You have 365 days to take your exam. So that becomes one of the restraints that you have for new licenses. For renewal licenses, once you receive your renewal notice, which the system will generate, I think it's 60 days before the renewal date, you will come back into the system and then you can renew your license... it's a matter of pushing a button."

MS. KROGER: "Will validation of the California medical license be automatically done or is it still going to be the expectation that a person has to upload a copy of their medical license?"

MR. WASHINGTON: "The program has not asked us to build and interface or a connector to the California Medical Board licensing yet... if the program decided, they would have to pay to have that built to the Medical Board licensing."

MS. PRZEPIORSKI: "I cannot imagine going through this automation process, which is very detailed, and very complex, without a goal of having a shorter timeline to get the people through this process... I mean, this is still going to take a couple of months by the time they hit all those processes."

CHAIRPERSON TAYLOR: "I think once we start moving along the process and we start working with ARRT in January and build that interface, we'll be able to better communicate what we think might be the efficiencies that we've realized once we see how that piece is working automated."

MS. PRZEPIORSKI: "I guess my bottom line was going to be whether or not you might be open to having some of the physicians who are going through the process be part of your beta testing or your program development."

CHAIRPERSON TAYLOR: "We have actually had discussion about that with the product owner, who's Gonzalo Perez our Branch Chief... that has already been brought on the table. So that's all part of our implementation strategy if... laws and regulations allow the regulated community participate in the beta testing."

With no further discussion, Chairperson Taylor adjourned for lunch.

## VIII. LUNCH

11:45 a.m. – 1:00 p.m.

## IX. California Licentiate Supervisor and Operator Radiography Permit Examination Review

**Phillip L. Scott, MA, CRT**

**Senior Health Physicist, Regulations Unit**

**Strategic Planning and Quality Assurance Section**

Mr. Scott introduced his presentation and shared an extensive historical development of the Supervisor and Operator radiography permit examination. He elaborated on the following:

- Current radiography permit exam
  - Exam items developed about 1975.
  - Originally developed exam items are still administered.
  - Exam items:
    - Have not been updated since 1975.
    - Were not developed or validated using psychometric methods.
    - Not easily secured.
- Exam Authority & Implementation
  - Health & Safety Code section 114870(e) requires CDPH, upon RTCC recommendation, to:
    - Prescribe procedures for examining applicants for certification.
  - Title 17, California Code of Regulations (17 CCR) section 30466(a)(3) requires applicant to:
    - Pass examination in radiography radiation protection and safety, and use and supervision of use of radiography and ancillary equipment.
- Historical Review for Exam Purpose
  - 1959-1969:
    - Use of fluoroscope for fitting shoes prohibited unless by MD, DO, DC, DPM or technician under their supervision. (1959) (HSC 106955)

- California Atomic Energy Development & Radiation Protection Law enacted. (1959)
  - Unsuccessful Legislative efforts to require certification of non-licentiates. (9 bills)
- 1961: Radiation Control Law enacted.
- 1965: Senate Fact Finding Committee on Public Health and Safety: (February)
  - Recommendations on legislative changes.
- 1965: Senate Concurrent Resolution (SCR) No. 53 (Resolution Chapter 188). (June)
  - Stated the subject matter areas that should be adequately represented in examinations used by the Medical, Podiatry, & Dental boards (Boards) for practicing the professional discipline, on or after Sept. 1, 1965.
    - Purpose: To ensure candidates for certification or licensure are adequately trained to use X-rays safely and skillfully.
- Required the Boards to submit report by January 1967 on implementation of the topics on their examinations.
- SCR 53 – Topics (5)
  - Nature and properties of X-rays and biological effects of radiation.
  - Knowledge of radiation factors such as:
    - Kilovoltage and milliamperage, beam collimation, filtration, gonadal shielding,
    - Use of fast film and optimum film development, fluoroscope operations, and
    - Principles of protection for X-ray installations, including protection for machine operators and other persons in the vicinity.
    - Proper positioning of patients for various radiographic procedures.
    - Relevant factors for making judgments to employ or order diagnostic X-ray examinations in individual cases.
    - Proper interpretation of radiographic films.
- 1965: AB 849 enacted. (July)
  - 5 months after Senate committee report.
  - 1 month after SCR 53.
  - Amended Medical Practice Act.

- MD/DO/DPM curricula must include roentgenologic technique and radiation safety beginning Sept. 1, 1965.
- 1967:
  - DDS/MD/DPM boards submit Legislative report per SCR 53 (1965).
  - Chiropractic Board, though not subject to SCR 53, confirms their exams cover the topics.
- 1969: RT Act enacted, expiring in 1975.
  - Requires Licentiate certification with examination beginning January 1972.
  - Provides that a licentiate who prior to July 1, 1971, operated or supervised operation of a registered X-ray machine shall be granted a certificate to continue such operation or supervision.
- 1971:
  - Medical Practice Act amended to delete “roentgenologic technique” from MD/DO/DPM curricula adopted in 1965.

Mr. Scott noted that the purpose of the examination, which is found in Legislative history, is to provide reasonable assurance that a licentiate is adequately trained to use X-rays safely and skillfully.

**X. RADIOGRAPHY SUPERVISOR AND OPERATOR EXAMINATION UPDATE**  
**Lauren Wood, Ph.D.,**  
**Director of Examination Requirements and Psychometrics, The American**  
**Registry of Radiologic Technologists (ARRT)**

Dr. Wood thanked the Committee, welcomed the students in attendance and shared the objectives of her presentation:

- ARRT’s history of exam development
- California Licentiate Radiography Supervisor and Operator Permit
- Current examination
- Future examination
- How examinees can prepare

Dr. Wood shared a brief history of the ARRT and described ARRT’s existing professional relationship with the State of California, listing all ARRT-developed



examinations for the state of California. She provided detail for the current examination for radiography supervisor and operator including:

- Current exam content
  - Regulatory requirements
  - Patient protection
  - Operator protection
  - Radiation biology and general radiation protection
  - Obtaining diagnostic quality radiographs, and
  - Quality assurance and control.

Dr. Wood noted that in 2016, the 90-question exam was administered 382 times resulting in a 47.6 percent resulting pass score. She then presented a side-by-side review of the current and future California radiography supervisor and operator examination noting the following:

- The radiography supervisor and operator examination replacement exam has three major sections:
  - Patient care
  - Safety
  - Image production.
- Total scored questions are 100 questions
  - An introduction and a tutorial and a survey that adds an additional 30 minutes to the examination time
  - Because there are different questions on the examination for the replacement examination, examinees will be allowed more seat time at the test centers to complete the examination.
    - Current seat time is 90 minutes. It will be 100 minutes at the test site.
    - Fee to take the examination will increase slightly (\$25.00)
      - This is the first fee increase for this examination since 2008

Dr. Wood modeled an example of a more detailed content specification list and noted that ARRT's examinations are frequently refreshed with new questions that are up-to-date which keeps the content current and thwarts those might be subverting the examination. She then provided resources for study materials from the ASRT, or American Society of Radiologic Technologists website such as "Essentials of Digital Imaging Module, Dose Reduction and Patient Safety."

## DISCUSSION

COMMITTEE MEMBER PERKINS: "I'm often asked by the community for the various physicians how to study for the exam... Does the branch anticipate with this coming into play July of 2018 to have a more extensive list of study materials for the licentiates?"

CHAIRPERSON TAYLOR: "There will be a series of communications that will be going to the regulated community over the next several months in preparation for that."

COMMITTEE MEMBER CAGNON: "There's a lot of new technologies, a lot of hybrid technologies. And how does ARRT get input on that? I would say radiographers is a great start, but do you have, I assume a committee, a physicist, for instance, that might be involved?"

DR. WOOD: "For each of our examinations and for all of our practice analyses, we involve physicians and we involve physicists at the same time. And we do these practice analyses every five years."

COMMITTEE MEMBER MAHMUD: "What process do you have for refreshing the questions? I would say any exam that has a 48 percent pass rate is fundamentally flawed. So are there some data that you will be looking at analytics down the road to figure out what the appropriate pass rate would be for such a modern version of this exam?"

DR. WOOD: "When it comes to the analytics, the psychometricians have reviewed people that have taken a fluoroscopy examination, and another examination. There's very few of them. They believe that the passing rate will increase slightly with the new examination. And they're just, at this point, guessing. We don't have enough numbers of people to be able to give you an exact number, but they believe the passing rate will increase... We have about 150 item writers across 14 different categories that are constantly writing new examination questions. We have between one and three item writing workshops that are two-day workshops to teach people how to write the examinations."

MS. FOSTER BOLLMAN: "I teach fluoro at both schools, and I have a difficult time finding curriculum. I use the syllabus from 1975, which is very out of date,

and incorrect in many, many places. I can't find curriculum to teach the newest, latest technology... Is there a new syllabus that's going to come out? Is there something, a resource for us instructors to teach fluoroscopy in today's world?"

COMMITTEE MEMBER CAGNON: "You can go to some of the principal text books that radiologists use. I could recommend a few... Start with the textbooks, and then again looking at certain the ACR, the AAPM, the main societies I know of."

COMMITTEE MEMBER SILVA: "I'm curious to know once you take a test, what is the process? I'm sure that it is analyzed by the psychometricians in regards to the answers. How long does it take to get the test results back to the licensing office?"

DR. WOOD: "I do know that we process the results every Wednesday. So for the previous week, up until the previous day, every Wednesday all of those results are processed. And we go through many different scoring and rescoring and QC, but it is all done on that Wednesday."

RTCC COORDINATOR ARRIOLA: "The examination results are... made available on Thursdays for the Radiologic Health Branch... it's a two-week window from the time the examinee takes the test to the time we're notified... We're mandated to process those within 45 days from their examination date."

CHAIRPERSON TAYLOR: "I think there's probably a misnomer based upon a lot of inquiries we get from various applicants. We don't have staff dedicated to process exam results, and staff dedicated to process applications."

COMMITTEE MEMBER CAGNON: "If the budget was increased presumably by fees, would that increase processing time and would the medical physician and medical technologists public want that, if it would, in fact, expedite it?"

SENIOR HEALTH PHYSICIST SCOTT: "So you increase the number of positions, you increase the cost. So you have to go and develop that, run it through the management and the budget office, and the California Department of Finance. It has to go up to the legislature. So there's a long process that we have to do. Just increasing fees doesn't necessarily mean that you get more positions. Just because you get more positions doesn't mean you get to raise your fees."

## **XI. ACCEPTABLE AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS (ARRT) DOCUMENTATION**

**Helen Lovelace**

**Staff Services Manager I**

**Registration and Certification Support Unit**

**Registration and Certification Section**

Ms. Lovelace thanked the Committee and presented information relative to a recent change in acceptable ARRT documentation.

- ARRT Changes (2017)
  - June 20, 2017 ARRT informed RHB of two changes that were published in the Educator Update on January 10, 2017
    - A certificate indicates only that you met the requirements for obtaining your initial certification and registration in that discipline.
    - R.T.s no longer need to receive annual seals.
    - Clarifying language on certificates
      - R.T.s receive the certificate when they initially complete ARRT's certification requirements.
      - R.T.s met initial standards on the date they passed the exam; the certificates don't imply that R.T.s have met all current requirements.
      - Employers and others should contact ARRT to verify an individual's certification and registration status.
    - ARRT policy change for reporting potential ethics violations effective January 1, 2017 and September 1, 2017
      - January 1, 2017, ARRT changed their policy for reporting potential ethics violations. R.T.s must report ethics violations within 30 days of the occurrence or during their annual renewal, whichever comes first.
        - Previously R.T.s were required to report the information once a year when they renewed. Now that they have to report within 30 days or less, their credential card could become invalid.
      - Effective September 1, 2017 all applicants for certification and registration are required to notify ARRT of any ethics violation, including state licensing

issues and criminal charges and convictions, within 30 days of the occurrence.

- Impact to the Radiologic Health Branch (RHB)
  - What do these changes mean?
    - At the time they passed their exam, they met ARRT's education and ethics requirements. But, something may happen two months later that would invalidate their certification/registration.
  - What is the impact to the applicant and RHB's processing of applications?
    - RHB will be checking each applicant's status immediately before issuance of a certificate or permit. If upon verification with ARRT an applicant is no longer certified and registered, the applicant is not eligible for a California Diagnostic Certificate or Fluoroscopy permit.
  - RHB will accept the following documentation with applications:
    - The American Registry of Radiologic Technologist Certificate with or without a seal or expiration date; or
    - The American Registry of Radiologic Technologist card, which has an issue and expiration date.
    - Note: per ARRT, R.T.s met initial standards on the date they passed the exam; the certificates don't imply that R.T.s have met all current requirements.
  - Caveat
    - An applicant may still be eligible if they have:
      - Graduated from an RHB-approved radiologic technologist school and/or fluoroscopy permit school; AND
      - Passed an RHB-approved examination in diagnostic radiologic technology and or fluoroscopy radiation protection and safety, and the use of fluoroscopy and ancillary equipment. Applicants should review their copy of the application submitted to RHB for information on these options.
    - For questions regarding ARRT policy changes, please contact ARRT directly at (651) 687-0048.
- RHB Notifications to Program Directors
  - Notifications communicating ARRT Changes

- August 30, 2017 e-mail from Marilyn Cantrell, Senior Health Physicist, Senior Health Physicist, to Program Directors.
  - Radiologic Health Branch, Certification Unit, RAD SCHOOL RESOURCE, Summer 2017, Issue 19
  - October 11, 2017 e-mail from Marilyn Cantrell, Senior Health Physicist, Senior Health Physicist, to Program Directors.
- RHB Implementation
    - August 29, 2017 implementation.
      - Changes to form CDPH 8218 (5/17), Radiologic Technologist Fluoroscopy Permit Application
      - Changes to procedures

Ms. Lovelace concluded her presentation and opened the floor to any questions.

## **DISCUSSION**

COMMITTEE MEMBER SLECHTA: “I can graduate from Cal State Northridge, and I can apply to take the RHB-approved exam and not the ARRT, but go straight through that, is that true?”

STAFF SERVICES MANAGER I LOVELACE: “That's true.”

COMMITTEE MEMBER SLECHTA: “So if that's true, then if I come out of a prison system in the State of California, and I go through a program, I can then, as a past felon who has not gotten all my rights back, I can then apply -- because you're not checking ethics, I can apply to take the RHB-approved exam, and you don't check anything. You just see that I graduated from Cal State Northridge, is that true? It just seems like a loophole for felons, because the part of the reason we wanted to use the ARRT is their ethics... So my question is, is that my loophole?”

SENIOR HEALTH PHYSICIST SCOTT: “When we issue something, we have limitations. There are legal processes, when we deny something or revoke or suspend. We have to follow those legal processes. And under the Radiologic Technology Act, we have a provision that specifies some of the reasons why we can revoke, deny, or suspend a certificate or a permit... It's in Health and Safety Code section 107070... So when an individual does apply to us, and if something brings us to suspect some issue... we do get with our lawyers, and

discuss it on a case-by-case basis. But we do not have a regulation or a law that comes out and talks about the ethics in the same way that ARRT does.”

COMMITTEE MEMBER SLECHTA: “The loophole there for most of you is that Cal State Northridge, you couldn't graduate from my program without going through a hospital... But there are many programs in the State of California that don't place students in hospitals. And so your outpatient clinics don't do background checks. So you have that potential.”

CHAIRPERSON TAYLOR: “Well, I guess that would be where the regulated community could possibly have the opportunity to get a sponsor to introduce legislation.”

## **XII. AFTERNOON RECESS**

2:22 p.m. – 2:52 p.m.

## **XIII. THE REVISED AFFILIATED CLINICAL SITE INSPECTION**

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

Ms. Cantrell introduced her topic and provided a brief background. At the request of the RTCC Committee, the School Certification Unit revised its inspection procedure to take the compliance responsibility for the clinical sites off the shoulders of the school and put it on the clinical sites themselves.

Regarding a pre-approval Inspection, Ms. Cantrell noted that this starts when a request is received from the school to add a clinical site to their roster – A clinical affiliated site. She stated that an inspection might be performed if:

- The site has not been inspected by ICE within the last two years
- They have never been inspected
- They have never had students

Ms. Cantrell stated that once it's been determined that an inspection will be done for a site before approval, the School Certification Unit will:

- Ask school for contact information
- Contact the site

- Send list of inspection items
- Perform inspection
  - The school is encouraged to accompany but it is not required
- Leave inspection findings at site – cc school
- Deficiencies?
  - If not corrected within 45 days, no approval
  - School may re-submit after deficiencies are corrected

Regarding the process for inspections of schools, Ms. Cantrell stated that the School Certification Unit would:

- Inform school – ask for site contact info
- Contact site – send list of inspection items
- Perform inspection
- Leave findings at site – cc school
- Deficiencies?
  - If not corrected within 45 days, site will not be approved when school renews

## **DICUSSION**

COMMITTEE MEMBER PERKINS: “I would like to commend RHB for the processing and making this process much more transparent, and really it's been proven very effective to have the inspection process smoothed out... Is the list, the inspection list, on the website?”

SENIOR HEALTH PHYSICIST CANTRELL: “Currently, it's not on the website, but we'll take it under consideration.”

COMMITTEE MEMBER SLECHTA: “Phillip, I have another question... about students and about supervision at the clinical sites... there is a bill, AB 387, which we, as a program directors, addressed last spring into summer. And it is a bill that has been brought to the Assembly that will require, and the bill's been changed now, to say that all RT students should be paid by the clinical hospitals.”

CHAIRPERSON TAYLOR: “With regard to period of public comment, you're welcome to comment... But we cannot introduce a new topic, even though everybody is here, and it might be interesting, and it might be apropos, the time to say that you want to talk about it is when we're establishing the agenda.”



COMMITTEE MEMBER CAGNON: "So on the issue of getting records together... one of the questions we often get for inspections and, particularly students, is dosimetry records... How do you know they're not working somewhere else?"

SENIOR HEALTH PHYSICIST SCOTT: "The way it works is that the facility essentially is the responsible party for all individuals who receive an occupational dose in their facility... if I work in two separate facilities, both facilities have to be informed by the individual that they work in two separate facilities. So the individual is responsible to inform them that they're getting radiation exposure from another facility. Both facilities have to account for the total that that individual receives, so that the individual does not exceed the occupational dose limit."

COMMITTEE MEMBER CAGNON: "Is the clinical site obligated to badge the students? Because it sounds like a much more practical solution, is the student is going to multiple clinical sites that they have their own badge... The question of who the user is is starting to become very interesting... Who is the user? Is it the radiologist or the facility, and how does the RHB interpret that?"

SENIOR HEALTH PHYSICIST SCOTT: "So the term "user" as defined in Title 17, section 30100(z) as in zebra, means 'Any person who has registered as possessing a reportable source of radiation or who otherwise possesses a source of radiation which is subject to registration'. Okay so that's the user. Person means 'Any individual, corporation, partnership, limited liability company, firm, association, trust, estate, public or private institution, group, agency, political subdivision of this state, any other state, or political subdivision or agency thereof.'"

COMMITTEE MEMBER CAGNON: "So it sounds like it's the name on the building."

SENIOR HEALTH PHYSICIST SCOTT: "Yeah, pretty much. They're responsible for that radiation source who has registered that equipment, that's the registrant."

COMMITTEE MEMBER CAGNON: "And they're responsible for the dosimetry for the staff and students."

#### **XIV. PUBLIC COMMENT**

DR. WILLSON: "I would like to discuss what Anita was talking about, about the bill that I thought had just completely gone away, not tabled. While the students, while you might all think this is a really good idea, what you need to understand is they're talking about the clinical facilities having to pay minimum wage. Hospitals are very clear, they're not going to do that... The problem is is many job applicants state must be a graduate of a JRC school. So if we lost RHB, that would be a problem. And to Anita's other discussion about supervision, we are required to supervise our students. If they are now being paid by the clinical facilities, we're no longer going to have the availability to be doing the supervision. That changes everything. You would then be an employee of the hospital, not necessarily a student of a school. Thank you."

MR. FERRANTE: "My question was regarding the payment too, because we have overtime hours right now that we can have. As of June though of next year, we won't have those anymore. They won't be documented. We stay over the amount of eight hours and because of that, we have to make up 16 hours for this module. So will these 16 hours that we make up, like the extra hours, no longer count for the extra hours that we've worked, and we just won't get paid at all? It will be basically free labor? And how will the cost of the coverage be covered for that because if we have to just pay a higher tuition it's basically like we're getting reimbursed that money that we already got paid, not money that we didn't have."

MR. REID: "I'll turn this into a comment, because it was a question. I'm sure the Committee is aware that in 2008 that the American Association of Physicists in Medicine, and the International Electrotechnical Commission created a standard for exposure index. And I guess to make it a comment, I'm wondering when it might be adopted, if the Committee thinks that's a good idea?"

CHAIRPERSON TAYLOR: "So what I would recommend for your comment, if you want to engage with the Committee, I would recommend that you give your program director this as an agenda item, and have him immediately send it to me, and we'll get it on the agenda for discussion at the April meeting."

MS. PERKINS: "With regard to AB 387, my comment has to do with student supervision, and really in regard to the split supervision. If a student is hired by an entity in a hospital, and there becomes issues on who is supervising who... But the other big issue here is a discriminatory practice. If AB 387 goes forward for RTs, or that the idea of radiologic technologists, and it goes forward for hospitals, most,

if not almost all, schools affiliate not just with hospitals, they go to imaging centers, they go to doctors' offices, they go to other entities for their training. And therefore, we would have some students paid and some students not paid. That's a very discriminatory practice. And as a federally funded institution, we have to have complete non-discrimination policies in place. It would be a complete violation of that. And that's one of my largest issues with something like this.”

MR. LEHRER: “I am the program director at Santa Rosa Junior College. I'm sure that you're aware in the news that Santa Rosa has been a hot topic this month, if you'll pardon the pun. I want to thank the members of the radiology community for reaching out to me, not only by phone and email, but also here at this venue. And this tragedy has stricken 50 of our faculty, and over 200 of our students. The college community has banded together and a lot of resources, not only from the college, but also in the community have been made available to the students who have been -- and faculty who have been affected by this tragedy. For those of you who might be interested in helping this effort through this SRJC Foundation, there's a website set up where you can make contribution. And 100 percent of your contribution is going toward the students and the faculty who have been affected by this, that is at [firerelief.santarosa.edu](http://firerelief.santarosa.edu). Thank you.”

## **XV. CLOSING COMMENTS**

Chairperson Taylor thanked those who assisted with, attended, and participated in the meeting. She noted that the next RTCC meeting would be held in Southern California on April 11, 2018. Chairperson Taylor adjourned the meeting at 3:36 p.m.