



Tennessee Board of Radiologic Imaging and Radiation Therapy

Tuesday, April 17, 2018

MINUTES

The meeting of the **Tennessee Board of Radiologic Imaging and Radiation Therapy** was called to order at 9:05 a.m. in the Iris Room, Ground Floor, Metro Center Complex, 665 Mainstream Drive, Nashville, Tennessee 37243.

Board members present: Matthew Fakes, RT(R)
Kae Brock Fleming, EdD, RT(R)
Karen Munyon, BSRT(T)(CT)
Gary Podgorski, MD
Chester Ramsey, PhD, DABR

Board member(s) absent: Spencer Madell, MD
Kathy Hunt, RT(R)
Pamela Ward, RT(R)(M)(CT)(BD)

Staff present: Stacy Tarr, Administrative Director
Rene Saunders, M.D., Medical Consultant
Candyce Waszmer, Administrative Director
Tammy Davis, Administrator
Peyton Smith, Office of General Counsel
Francine Baca-Chavez, Deputy General Counsel

Peyton Smith began the meeting by asking everyone to introduce themselves. Once introductions were made, Mr. Smith advised that there is a quorum present today and that Board business can be carried out. Accordingly, discussion of election of officers was begun. The statute states that a Chair and Vice-Chair must be elected.

Election of Officers

Dr. Podgorski nominated Karen Munyon for Chair. Mr. Ramsey seconded the motion. Ms. Munyon accepted the nomination. There was no discussion. The Board voted unanimously to elect Ms. Munyon for a one-year term as Chair of the Board.

Dr. Podgorski nominated Kae Fleming for Vice-Chair. Ms. Munyon seconded the motion. Ms. Fleming accepted the nomination. There was no discussion. The Board voted unanimously to elect Ms. Fleming for a one-year term as Vice-Chair of the Board.

After the elections, Mr. Smith stated that he would like to start the meeting with a discussion of the rules starting in the beginning. Ms. Baca-Chavez circulated some suggestions regarding

definitions to the Board members. After review of this document, Ms. Munyon asked about the definition of a full license. She stated that there is nothing stating that the national certifying organization (NCO) certification must be in good standing. Dr. Saunders stated that the wording for “unrestricted” implies in good standing. Mr. Smith agreed.

After the Board had reviewed the definitions presented to them, Mr. Smith led a quick review of each one:

Certification – At the first Board meeting, there was discussion regarding a definition of “credential” which would distinguish from a license so that potential licensees would understand the difference between “license” and “credential”. Generally, in order for a definition to be included in the rules, it must be defining something in the rules. There is no mention of the word “credential” in the rules, so it was changed to “certification” to try to effect the same intent that the Board intended, as discussed at the last meeting: A procedure by which recognition is issued by a National Certification Organization to individuals verifying their qualifications in accordance with established professional requirements or standards. A certification issued by a National Certification Organization is separate and distinct and does not equate to a license issued by the Board.

Full License – The wording was changed to add more information than what was originally included: License issued by the Board upon submission of current and unrestricted national certification issued by a National Certification Organization which will enable the licensee to perform, except for bone densitometry, any and all radiologic imaging or radiation therapy procedures.

Limited License – remains basically the same. The wording at the beginning was changed to include “license issued by the Board to qualified individuals”: License issued by the Board to qualified individuals for the performance of chest, extremities, skull, sinus, and lumbar spine radiography and bone densitometry with the exclusion of the performance of fluoroscopy, computed tomography, magnetic resonance imaging, mammography, nuclear medicine, radiation therapy, mobile imaging procedures, or imaging procedures using oral and intravenous contrast media.

Licensee – Additional wording was added to read “who holds a current, lawfully issued license”: Any person who holds a current, lawfully issued license by the Board.

After Mr. Smith’s review, the Board looked at each definition currently in Section 0880-X-.01 individually and discussed what, if any, changes need to be made. The Board agreed that A.R.R.T., Board, and Board’s Administrative Office, do not need to be amended. They agreed to replace “Credential” with the “Certification” verbiage presented to them in the definitions at the beginning of the meeting. Division needs no amendment. They agreed to amend “Full License”, “Licensee”, and “Limited License” with the verbiage previously presented.

Mr. Smith stated that there has been some correspondence from a body that would like to be recognized as a National Certifying Organization, ARMRIIT. Dr. Saunders stated that the organization’s website suggests that they hold an international presence. It is a certifying body for individuals who opt to go straight to school and get education related only to MRI. These individuals are not RT(R) and are not eligible for ARRT certification. The request comes from an MRI tech who is concerned that if this organization is not recognized as a national certifying organization, it will be illegal for individuals who have chosen this path to practice in the State of Tennessee. The Board asked for more information such as how many Tennessee techs hold a

certification issued by this body, what are the educational requirements, how many certifications are held in the US, how often they need to recertify, and what is required for recertification. Mr. Smith said that he will research these questions and have the answers at the next Board Meeting.

Dr. Podgorski mentioned that he is uncomfortable with the lack of the limited license representation on the Board and asked what, if anything, could be done to add a limited license member. Mr. Smith stated that the Board's composition is dictated by the Statute and that there is nothing we can currently do to change that. However, there will be rulemaking hearings and interested parties will be invited to attend. Limited operator licensees will have an opportunity to attend these hearings. As far as changing the statute, interested parties would have to speak to their legislators. The Board members are certainly welcome to approach their lawmakers to lobby for a statutory change to the composition of the Board. Dr. Fleming added that she believes that there are radiographers who have intimate knowledge of how the limited licensure process works and have been involved with that process. It's not impossible to think that someone on the Board can accurately represent that group of licensees.

Dr. Fleming inquired regarding the recent resignation of Board members and whether now is an appropriate time to discuss their replacements. Ms. Tarr stated that we do not yet have an effective date for the resignation and until such time as that date is known, we cannot move forward with replacing those members. Dr. Fleming asked what positions were affected by the resignations. Ms. Tarr responded that it was Licensed Nuclear Medicine Technologist and Licensed Physician in a Hospital Setting. To date, the statutorily required consumer member has not been appointed.

On a side note, Mr. Fakes wanted to make the Board aware that there are x-ray personnel operating without an ARRT license. They are certified by another Board. These individuals are primarily dental and chiropractic. Dr. Saunders stated that currently the State licenses x-ray operators under dental, podiatry, chiropractic, medical examiners, osteopathic and veterinary. Mr. Smith added that this Board is concerned with medical and osteopathic x-ray.

Mr. Smith directed the Board back to the discussion of the definitions. The Board agreed that no. 10 is sufficient. He noted that nos. 11, 12, and 13 under Section 0880-X-.01 are taken directly from the Statute. The Board agreed that no changes are necessary to nos. 11, 12, and 13.

Dr. Saunders asked the intention of the last part of no. 12: "by a full scope imaging professional". She asked if it means that a limited scope operator does not perform radiography. Dr. Fleming stated that the term "radiographer" is the defined title for someone with an ARRT certification. Dr. Saunders asked what term should be used for a limited scope operator. Dr. Fleming suggested that a limited scope operator should be referred to as "x-ray operator". Ms. Baca-Chavez reminded the Board that the language is directly from the Statute. She said that the Statute also defines a Limited License machine operator. It was agreed that no. 12 will stand as is.

Dr. Podgorski queried the Board regarding whether they could think of any type of radiography that does not use an external source. After discussion, the Board could not think of any type of radiography that does not use an external source.

Dr. Fleming asked if the Board is creating confusion by using the word “radiography” in no.8. She asked if it is a direct quote from the Statute. After reviewing the Statute, it was determined that it is directly from the Statute.

Mr. Smith suggested that the discussion continue with the following section:

0880-X-02 – Fees

Ms. Baca-Chavez began the discussion by stating the fees currently listed under this rule are the fees currently in place. Mr. Smith informed the Board that the State Regulatory Fee “biennially” is \$10 and suggested that “\$5” should be removed for clarity. It was decided to remove “annually thereafter” for clarity as well.

There was discussion regarding the amount of the application fees for both full and limited licensees. Currently, the application fee for a limited license is greater than that of a full scope applicant. There was also discussion regarding the process to add a modality or “upgrade” a limited license. After discussion, the Board decided to table this subject and requested that the administrative staff gather additional information regarding licensure fees and requested that the financial office attend the next meeting to give insight as to what they see in the Board’s financial future. It was also decided to revisit the idea of an upgrade form at a later date.

Approval of Minutes

The Board reviewed the minutes. Dr. Fleming noted that on page 16 at the bottom she is unsure what “ABMA” is referring to. Ms. Davis asked if she would like that reference removed. Dr. Fleming said to please remove it. A motion was made by Mr. Ramsey to accept the minutes with the revision proposed by Dr. Fleming. The motion was seconded by Dr. Fleming. The motion passed.

0880-X-03 – Scope of Practice

Dr. Fleming noted that no. 4 (posting in a location visible to all patients) is cumbersome. Dr. Saunders responded that they can be placed on a clipboard in a central location. Dr. Fleming asked if this applies to other professions. Ms. Tarr stated that this is a state law.

Mr. Ramsey posed a question regarding specialties, scope of practice, and the intent of no. 5. No. 5 in this section states “Full licensee may, except as provided in subparagraph (a), perform any and all radiographic procedures or function that are within the American Society of Radiologic Technologists’ (A.S.R.T.) scope of practice for radiographers.” His question is if someone is issued a full license, are they good to practice in all modalities, even those for which they are not certified. For example, someone is ASRT certified in x-ray but is practicing in radiation oncology. Does this disallow this? The Board agreed that more clarification is necessary. Ms. Munyon stated that there is no mention of radiation therapy or staying in the designated ASRT certification. Mr. Fakes asked that the Board keep rural hospitals in mind while discussing scope of practice due to the fact that applicant pools are limited in these areas. Dr. Fleming added that is it not mandatory that they be certified in every modality. Dr. Saunders asked the Board if they are comfortable allowing rural area patients to not have the expectation that those performing radiological imaging of any sort are not certified in that specific area. If there is discomfort in that, do we issue a full license to someone who is RT(R) and then issue an upgrade when they obtain additional certifications? Dr. Fleming stated that she feels that this is beyond the Board’s scope. After discussion, it was agreed that a reference to radiation

therapy needs to be added to no. 5. Mr. Smith confirmed that the Board wants no. 5 to read as follows:

Full Licensees may, except as provided in subparagraph (a), perform any and all radiographic procedures or radiation therapy procedures and functions that are within the American Society of Radiologic Technologists” (A.S.R.T.) scope of practice for radiographer or radiation therapists.

0880-X-.04 – License Requirement

The Board again expressed its desire for a definition of “licensed medical doctor” in (1).

There was discussion regarding (5) “operators of ionizing radiation equipment who are practicing within the scope of practice of a certification or license granted by this state under this title.” It is believed that the intent of this section is to exempt chiropractic, dental, and podiatry licensees.

It was decided that (5) would be changed to read “operators of ionizing radiation equipment who are practicing within the scope of practice of a certification or license granted by another authorized Board or Committee this state under this title.”

There was no further discussion of this section and the Board moved to Section .04.

0880-X-.05 – Qualifications for Full License

Dr. Fleming pointed out that (1) states that a person who holds a current and unrestricted certification issued by a National Certification Organization SHALL receive a full license from the Board. Mr. Smith said that “may” might be a better word because it gives the Board some discretion if a situation arises that an applicant has a national certification but for some other reason, the Board is opposed to granting a license.

After discussion, it was agreed that (1) will be changed to read “may” instead of “shall”.

There was discussion regarding (3). Ms. Munyon highlighted that when discussing the limited license, the Board added “current and unencumbered” to the section dealing with reciprocity. The current section dealing with full licensure does not contain those words. The discussion continued with Dr. Saunders pointing out that if “unencumbered” is used in this section, it would imply that the Board would not license someone who has been disciplined in another state. After discussion, it was agreed that (3) would be removed entirely.

Dr. Podgorski inquired regarding whether an applicant trained outside the United States was discussed at the last meeting. It was not specifically addressed during the last meeting. Dr. Fleming stated that because the definition of an NCO includes “or equivalent”, any applicant who is not US trained will appear before the Board for individual review. If an applicant does not possess certification from a national certification organization or other equivalent certifying body, they will not qualify for licensure in Tennessee due to the way the statute is written. The only way to issue licensure to someone who is otherwise qualified is by a petition for declaratory order, which is a lengthy process.

0880-X-.06 – Qualifications for Limited License

Mr. Smith informed the Board that the Qualifications for Limited licensure was discussed at the last Board meeting and the current copy of the rules reflects any changes and/or updates decided on at that meeting. Mr. Smith stated (f) “cause to be submitted” was included in this section because the applicant must rely on a third party to forward information to us on their behalf.

After review of this section, the Board agreed to move to the next section.

0880-X-.07 – Educational Course, Approval And Curriculum For Limited License

Mr. Smith directed the Board to (1)(c). He added “along with the graduate pass rate for first time takers on the examinations over at least a twelve (12) month period. He added that so that the Board can monitor a program’s pass rate. It is much easier to have each program submit this information with each reapproval request. The minimum standard for course approval is seventy percent (70%) over a twelve (12) month period. This information is found in (3). Mr. Smith welcomed additional discussion of the minimum standard. This issue was discussed at the last meeting but it was unclear what was decided.

Dr. Fleming asked for clarification of (2)(c): “Clinical training must be supervised by either a Board-eligible radiologist or by a licensed physician in conjunction and consultation with a fully-licensed and registered operator (A.R.R.T. technologist or equivalent) with at least one (1) year of experience when appropriate.” Her question focused on “when appropriate”. After discussion, it was decided to remove “when appropriate”.

There was additional discussion regarding “fully-licensed and registered operator...” Currently, when an application is received for a limited license, that applicant submits a physician’s statement of clinical experience attesting that the applicant has completed the required hours in each modality for which they are applying. The physician signs the form. We don’t have a way of knowing the identity of the tech who supervised the applicant. After discussion, it was decided that “licensed” would replace “fully-licensed” in section (2)(c). The section will be rewritten to read: “Clinical training, defined as hands-on observation and participation in the production of diagnostic radiographs. Clinical training must be supervised either by Board-eligible radiologist or by a licensed physician in conjunction and consultation with a licensee with at least one (1) year of experience.”

Dr. Fleming suggested that Section (1)(a) 2 be altered to read: “...may not under any circumstances teach or otherwise provide limited license classroom instruction for formal course approval purposes;” The Board agreed. This section will be rewritten as well.

The discussion moved to the number of clinical hours required for limited license and the definition of the specialty areas. Currently the definition of limited license on page 2 (8) states “limited X-ray machine operator license for the performance of chest, extremities, skull, sinus, or **lumbar spine** radiography or bone densitometry with the exclusion...” However, on page 8, (2)(d), spine includes cervical, thoracic, and lumbar. It was decided to remove “lumbar” from page 2(8) so that it reads “limited X-ray machine operator license for the performance of chest, extremities, skull, sinus, or **spine** radiography or bone densitometry with the exclusion...” After discussion, it was decided that pg. 8 (d)(4) would be edited to remove (d)2. (i) and (ii) (chest and extremities), and 4 (i), (ii), and (iii) (cervical, thoracic, and lumbar).

Dr. Fleming commented regarding section (1)(c) “To remain approved to provide limited license training, the educational course director must obtain Board approval every two (2) years by submitting the information required in subparagraph (1)(a) along with the graduate pass rate for **first time test takers on the examinations over at least a twelve (12) month period**”. She said that, depending on the size of the program, it could be a very small population and a very risky number. She said increasing the pool size to thirty-six (36) months was discussed at the last Board meeting. Dr. Saunders said this issue has arisen in the past and the issue with a three year look back is that there is potentially five years of students who have paid a lot of money for education and are unable to pass the test. Dr. Fleming said that she wasn’t suggesting waiting for five years, but rather a “rolling” average, so that when a course was due for reapproval, they would give the last three years pass rate. Mr. Smith noted that, once the pass rate lookback period is decided, (3) on pg. 8 would need to be modified as well. It was ultimately decided on a two (2) year lookback for the pass rate.

0880-X-08 – Examinations for License

Mr. Smith asked the Board for clarification regarding the examinations. Things such as is the general examination provided by the national certification the same thing as the core examination or are they different? Basically, he needs clarification of how the examination process works for both full and limited applicants.

Ms. Munyon explained that nuclear medicine has an ARRT designation but no limited license scope. She referred to page 2 (8) for the definition of limited license. Fluoro, CT, MRI, mammography, nuclear med, radiation therapy, mobile imaging, and imaging procedures using oral and intravenous contrast media were excluded. Dr. Podgorski added that the ARRT “core” examination is only for limited licensees. It is a “subset” of the exam for full certification.

Dr. Fleming referred back to (1) “general examination”. Ms. Munyon stated that there is not a “general examination”. There was discussion regarding the examinations for each profession. The discussion concluded with the decision that (1) would read as follows: “The Board adopts as its licensure examination those examinations provided by a National Certification Organization.”

The discussion moved to (4) Passing Scores. Mr. Fakes stated that the Board previously set the passing examination score for limited licenses at 70% but this section currently states that it is 65%. Mr. Smith shared that some other states requirements have been looked at. Arkansas requires a score of 70. Virginia requires 65 for the core examination and numerical scores of 13 out of 20 and 17 out of 25 for other exams. 65 seems to be consistent with the other states around Tennessee. Ms. Munyon asked why the required score for limited licensure exams is less than the ARRT exam requirement. Mr. Fakes explained that the full scope test is 200+ questions and limited scope tests for each modality are 25 questions or less. At request of the Board, Ms. Davis left the meeting to gather an sample of what the test results sheet looks like.

During Ms. Davis absence, Dr. Podgorski commented that, according to the Board’s definition of a full license, we are licensing individuals to practice professions for which they are not trained. For example, we grant a full license to a nuclear medicine technologist. Our license allows that individual to shoot x-rays. Dr. Podgorski added that this is addressed in the Scope of Practice, but could easily be misinterpreted. The discussion concluded with the Board tabling this discussion for a future meeting.

Ms. Davis returned to the meeting and distributed sample exam score forms. Ms. Anne Watson addressed the Board to explain how Examination Processing Center gets the information that is on the forms. She explained that the testing center processes the examinees for the State of Tennessee. They send all the information to ARRT. ARRT works directly with Pearson Vue (the administrator of the exam). Pearson Vue administers the exam on behalf of ARRT. ARRT then sends the scores to the testing center and the testing center sends out the scores to the applicant. Each state sets their own passing score. Ultimately, the Board requested historical information regarding the scores over the past several years. This information will be disseminated at the next Board meeting. The discussion was tabled until the next meeting.

Dr. Fleming began the discussion of (5). She said that after the fourth (4th) unsuccessful attempt at passing any section of an examination, some sort of remediation or repetition of a class is consistent with full scope requirements. Ms. Waszmer asked the Board to discuss whether or not online remedial programs are acceptable. Ms. Munyon said that, if you have failed the test four times, she feels that classroom instruction is necessary. The Board agreed. Dr. Fleming asked if, historically, the Board has approved remedial programs. Dr. Saunders answered that no one has submitted a syllabus for remedial course approval. Exam eligibility is between the applicant and the ARRT. The testing center is responsible for knowing how many times an applicant has tested and enforcing the need for remediation. This discussion was also tabled for the next meeting. Someone from the testing center will be invited to be present at the next meeting to answer any questions the Board has.

The meeting adjourned at 3:37p.m.