

**Board of Radiologic Technology**  
Secretary of State, Office of Professional Regulation  
National Life Building, North, Floor 2  
Montpelier, VT 05620-3402  
**Minutes**  
**Meeting of July 29, 2009**

1. The meeting was called to order at 1:07 P.M.

Members present: David P. Gervais, BS, CNMT, NCT, Chairman; Carla White, CHP, RRPT, Vice-Chair; and Donna Holbrook, R.T. Absent: Stephen Koller, M.D. and Thomas Harty.

OPR Personnel present: Christopher D. Winters, Director of OPR; Kevin H. Leahy, Board Counsel; and Carla Preston, Unit Administrator.

Others: Mary Streeter, Dr. Janice Gallant, and Bill LaDue from Fletcher Allen Health Care, and Mary St. Peter for the Vermont Society of Radiologic Technologists.

2. The Chair called for approval of the Minutes of the May 27<sup>th</sup> meeting. Chairman Gervais made a motion, seconded by Ms. White, to approve the Minutes of the May 27, 2009 meeting as presented. Motion passed unanimously.
3. Hearings/Stipulations and Consent Orders/Reports of Concluded Investigation
4. Reports/Guests

Mary Streeter, Dr. Janice Gallant and Bill Ladue from Fletcher Allen Health Care (FAHC) attended the meeting to discuss licensure of Radiologist Assistants.

Chairman Gervais said the topic had been raised a previous meetings and based on the available information, the Board concluded that the most logical choice for regulation of this practice was with the Board of Medical Practice.

Mary Streeter provided an overview of how this field has evolved and the facts around the vision. She said 22 states currently have varying levels of licensure/certification, etc. for radiologist assistants. She provided handouts to the Board and staff. The handouts included the following: ACR and ASRT Development of the Radiologist Assistant: Concept, Roles, and Responsibilities (2004); The RA Advantage by the ASRT; ARRT Certification for Radiologist Assistants; ARRT Standards of Ethics (2008); Registered Radiologist Assistant Role Delineation January 2005; and Map showing states with Radiologist Assistant State Laws.

Ms. Streeter explained that the root of licensure was based on the shortage of physicians and technologists. A 48% growth is anticipated with baby boomers. She said a lot of work has been done to get to this point which is supported by the American College of Radiology (ACR) and the American Society of Radiologic Technologists (ASRT). She said it improves patient care. She said there are a lot of dif pieces of information, different roles, credentialing, etc. She said it makes sense to go this route since the standards are created by the ASRT. The role delineation shows different supervisory levels and exams that a RA can perform and where they would be beneficial by the types of exams they can do. Radiologist Assistants cannot bill for their services but that is being researched. She explained how her duties have evolved to the point where she began working with Dr. Gallant. She said her role involves education, outreach to families and physicians, which fills the gap. She said she still wants to do more clinical work. A RA completes loop of the continuity of care which benefits patients, their families, radiologists, etc.

Dr. Gallant said they saw the gap of unmet needs for families and referring physicians in Burlington. Families would not know what the exams were which caused gaps in the care. A patient is referred to Ms. Streeter and she makes the appropriate connections for consulting. The practice has transformed care and improved education. A professional RA not only benefits the radiologist by freeing up his or her time, it brings quality of care to the practice, and is more personalized. There are benefits to all involved. Vermont does not have regulations to allow an RA to practice within the full scope of their training. She said now is a good time to look at it.

Mr. LaDue said his job with FAHC pertains to finances. He sees it as saving money which is key. The addition of nurse practitioners improved efficiency of care and maximizes the gap. To fill the gap with a radiologist (physician) is overkill. He said filling the gap with a RA contributes to a reduction in cost of healthcare as it reduce redundancies, such as rescheduling because patients are not ready. He said he had heard the term “**Supertech**” to describe their role as RA.

Ms. Holbrook asked if they had a sponsoring agency to sign off on the training and clinicals. They would forward the information to the ARRT to sit for the boards and then be approved as a Radiologist Assistant. She asked how many people were doing this program and asked how the other programs are being regulated in the other states. She said she feels that a RA is practicing medicine.

Ms. Streeter said RAs cannot prescribe medications, but can run equipment and perform other duties as described under the role delineation. She said most programs have to have a baccalaureate degree to enter into the program. She said she is aware of five people at her site who are interested.

Mr. LaDue said FAHC has not yet decided to include this on its list of legislative items. It will be an agenda item for FAHC and they will support it and are willing to be the host institution for the program and training. He said it is likely that they would start out with one student per year. He added that there is a lot of interest in it.

Ms. White asked for clarification of the difference between the duties of a radiologic technologist and a radiologist assistant.

Ms. Streeter said a RA could do more than a technologist which would be under the supervision of a physician. The RA would not do the readings but could give a preliminary report.

Mr. LaDue explained the levels of supervision and under what conditions/services/activities involved. The supervision of a physician ranges from general, direct and personal.

Ms. St. Peter said she has some information on the topic. She said a lot of technologists do those practices noting that they would overlap. The difference is generally education at a master’s degree level but have to have a baccalaureate degree. RAs will function at a higher level, will do contrast, etc. RAs will do physical exams of people similar to a physician’s assistant. Radiologic technologists do not examine patients. Some duties will be the same but would function more independently. She said the ACR and ASRT have done the work together to find a way to become radiologist assistants. The only mechanism to do so is through this group, jointly. Is there a relationship between FAHC and the University of Vermont? She said they are not talking about a RA program in Burlington. It would be difficult for technologists to advance if the training were only available in another state.

Director Winters asked how are other states are regulating them. What board will they be regulated under, Radiologic Technologists or Medical Practice?

Ms. Streeter thought most were under the radiologic technologists boards but some could be under boards of medical practice. They wanted to start the process and gather interest.

Attorney Leahy explained potential difficulties if RAs were regulated under the Board of Radiologic Technologists, when the supervision of the RAs was by physicians under the Board of Medical Practice. He looked at suggested RA provisions, appendix to ACR and ASRT development of roles and responsibilities, idea that RA who works under supervision of radiologist is a physician extender. Radiologists are not under the jurisdiction of this board. He said it would be difficult to explain to the legislature when they are regulated by this board but supervised by physicians. He said nurse practitioners are independent. Physician Assistants are supervised by physicians and regulated by the Board of Medical Practice. He said it creates a difficult regulating model and will be a hurdle. The roles being done by RAs have been traditionally performed by physicians. Because of supervision part, it would create a regulatory anomaly and they would receive brushback.

Chairman Gervais said technologists are not supervised by physicians.

Ms. St. Peter said the RA certification comes from the ARRT. Part of the agreement to get the ACR involved was to have physician oversight/supervision. She said perhaps the medical society and the radiologic technologic society could discuss the issue and work out some of the issues.

Director Winters said he is tracking Kevin Leahy. He mentioned the Sunrise process which most professions go through for vetting those issues before the matter gets to the legislature. He said it would be a complex, regulatory model to have the supervision performed by another board.

Attorney Leahy said from a statutory and drafting standpoint supervision is the biggest issue. Physicians could be asking RAs to perform duties that the Board of Radiologic Technology may not approve of.

Chairman Gervais said he agrees with the need for RAs but there are several issues to work out. Issues regarding advanced practice, discipline, malpractice, and so on. Would RTs be practicing beyond their scope of practice? Would this board be able to say that it was wrong process? He said this Board does not have the knowledge to regulate those issues. It is advanced practice. He said he does not know the answer nor is he leaning one way or the other. They have a lot of information and the matter needs further discussion.

Chairman Gervais said Dr. Steve Kohler is involved with Vermont Society of Radiologists, the Vermont Chapter of the ARC. That organization and the VSRT should get together for further discussion. A patient navigator is important. He said he does feel there is a need but how to get to it is the question. He asked for input regarding how best to move forward.

The group was advised to contact the Board of Medical Practice as well. Representatives from the Board, FAHC, and others will keep each other apprized of further developments.

5. Legislation/Rulemaking

Chairman Gervais made a motion, seconded by Ms. Holbrook, to table the discussion regarding legislation and rulemaking. In response to Ms. St. Peter's concerns Chairman Gervais provided an overview of the proposed changes concerning PET/CT and SPECT/CT. The Board is proposing two paths with the appropriate endorsements which were outlined in the Board's April meeting. He said the rules are being updated in general.

6. Applications

7. Correspondence

Chairman Gervais read his response to Trish Calliguire regarding the use of a C-Arm for cadavers.

Dr. Gallant asked about the cadavaric arm. The Board does not deal with the cadaver or the biological issues. Based on the circumstances described licensure would be required.

9. Other Business Introduced by the Board

10. Public Comment

Ms. St. Peter asked the Board if it was considering allowing limited licensure technologists to perform bone densitometry.

The Board said not at this time. It was noted that the Society and the Board are on the same page with regard to many issues. There is still a lot of work to do regarding the statutes and rules.

The Board's role is to protect the public. It is very important that the correct or properly trained people are performing the right procedures and doing it licensed.

11. The next meeting date will be scheduled at a later date.

12. There being no further business the meeting was adjourned at 2:40 P.M.

Respectfully submitted,

Carla Preston, Unit Administrator  
Office of Professional Regulation