

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

**October 12, 2022**

California Department of Public Health

Meeting Location:  
1500 Capitol Avenue, Building Auditorium, Sacramento, CA 95814

Rajiv Mishra, Ph.D., RTCC Chairman, Chief, Certification Section

**COMMITTEE MEMBERS PRESENT**

Anita Slechta, MS, BSRT, RT(R)(M), ARRT, CRT  
Eric Goodman, MD  
James Bronk, MD, FACR  
Lisa Schmidt, PhD, RT(R)(M), ARRT, CRT  
Steven Wang, MD, MBA  
Islam Abudayyeh, MD, MPH, FACC, FSCAI  
Lindsey Urband, MD

**MEETING SUMMARY**

**I. WELCOME / OPENING REMARKS**

RTCC Coordinator Ricardo Arriola shared that a quorum of members was in attendance and introduced the new RTCC Chairman, Rajiv Mishra, Ph.D., Chief of the Certification Section. Dr. Mishra called the meeting to order and introduced the RTCC members and California Department of Public Health-Radiologic Health Branch (CDPH-RHB) staff in attendance. He shared various meeting protocols including court reporter requests, presentation timing methods, committee member and public comment guidance, member voting protocols, and emergency exit guidance. He then proceeded to the first agenda item.

**II. APPROVAL OF APRIL 13, 2022, RTCC MEETING MINUTES**

Chairman Mishra entertained a motion to approve the April 13, 2022 meeting minutes as written or with necessary corrections.

**MOTION I**

The committee voted to approve the April 13, 2022 RTCC meeting minutes as drafted.

Motion: Committee Member Bronk  
Second: Committee Member Schmidt

**Vote:**

7 Yes: Dr. James Bronk, Dr. Lisa Schmidt, Dr. Eric Goodman, Dr. Steven Wang, Dr. Lindsey Urband, Professor Anita Slechta, Dr. Islam Abudayyeh

0 No

0 Abstain

**MOTION PASSED UNANIMOUSLY**

Chairman Mishra noted the approved minutes from the April 13, 2022 RTCC meeting would be visible on the CDPH-RHB website within 30 days of approval and introduced the first speaker.

**III. LEGISLATIVE AND REGULATORY UPDATE**

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

**Supervising Health Physicist**

**Registration, Regulations and Quality Assurance Section**

Mr. Scott shared the California State Legislature, Assembly, and Senate websites where information on legislation and various bills could be found. He continued that the 2021-22 legislative session had ended and noted that the 2023-2024 session starts December 2022. He then discussed the following:

- Assembly Bill (AB) 1704: Limited Podiatric Radiography Permits
  - The bill was introduced January 26, 2022, was amended four times, and was signed by the Governor on September 27, 2022.
  - The bill authorizes issuance of a limited podiatric radiography permit upon completion of a CDPH-approved course and the RT Act eligibility requirements, including passing written examinations.
  - The bill requires the Department to adopt regulations implementing its provisions by July 1, 2023.
  - The bill exempts the initial adoption of the regulations from the rulemaking provisions of the Administrative Procedure Act, except the proposed regulations must be posted on the Department's website for 30 days and public comments shall be considered.

Mr. Scott shared that this bill allows the department to issue a permit to a person who completes a course of radiation safety and radiologic technology provided by a licensed Doctor of Podiatric Medicine (DPM), who holds a current valid Radiography Supervisor and Operator (S&O) permit.

He shared that the course must include instruction in radiation protection and safety, principles of radiographic exposure, quality control, image processing,

anatomy and physiology, digital radiography, positioning, and the performance of at least 50 x-ray procedures under supervision. He further stated the course must be a minimum of 60 hours, which may be online.

He explained that the person completing this course is deemed a “student” provided the person is operating x-ray machines under supervision of a DPM-Radiography S&O. He noted that training may not exceed one year for any one student and there shall not be, at any one time, more than one student per DPM-Radiography S&O.

He stated the permit scope as the tibia, fibula, ankle & foot only and includes digital authorization. He referenced the permit’s scope restrictions, noting that Title 17, California Code of Regulations section 30447 applies, that the supervisor may only be a DPM-radiography S&O, and that the permit-holder may only perform procedures in a podiatric office.

He noted a typo in the presentation slide and clarified that, per Section 114871(c) of the Health and Safety Code, “Podiatric office” means the physical location of the podiatrist’s place of private practice, or, if the approved podiatrist is part of a podiatric medical group, that group’s physical place of private practice. “Podiatric office” does not include an office of a medical group that includes a podiatrist, an office within a hospital of a podiatrist who provides services to the hospital patients, or a mobile office. Lastly, he shared that current continuing education requirements will apply to this permit.

Mr. Scott finished by noting that the Department’s regulatory plan was to establish the new permit program, integrate the requirements into the existing regulations, and post the proposed regulations online by March 1, 2023.

## **DISCUSSION**

Committee Member Slechta recalled that when the RTCC discussed this bill prior to its passage, the Department was going to potentially use the existing lower extremity XT permit. She asked if the Department was now creating a whole new limited permit.

Mr. Scott replied “Yes. We considered that... but the final signed bill just requires adoption of a new limited podiatric permit.” He noted the existing permit’s scope is from the knee down, and that person can be supervised by any supervisor and operator, which could be, for example, a medical doctor or chiropractor working in any facility.

Committee Member Slechta shared “When I was on RTCC in the 90s for eight years, we voted to not allow on-the-job training... you said it’s a one-to-one ratio in a podiatrist’s office. To me, that sounds like on-the-job training.”

Mr. Scott replied “Yes, it does, because it was based on that. But what this does is it requires the podiatrist who wants to provide this training to be approved by our branch, and they have to have the curricula that we'll propose in our proposed regulation. So, they'll have to meet essentially the same kind of stuff that the existing schools will have to complete. They're essentially becoming a school or an educational program. But for purposes of our law, they'll be called something else, but they still are, in a conceptual manner, a school. So they still have to be approved by us. They still have to have the right curricula. They still will have to renew. And this will all be in the proposed regulations and so it does sound like it, but it's not.”

Committee Member Slechta stated “In the past, I sat on a lot of subcommittees, but you had educators, the community of interest, which is this Committee, put together the curriculum, so it wasn't just Dr. X's idea of what they need to know for this. Is your vision that that curriculum will be a standard curriculum approved and that there will be educators involved in that curriculum development?”

Mr. Scott replied “The proposed regulations will have that full curriculum in there. Number of hours, the topics, just like we would do on our existing schools. The proposed regulations notice will also go out to all RTCC members and to other interested parties, such as all the podiatrists, other individuals and associations that we're aware of that would like to know about it, such as Podiatric Medical Association, which they were the sponsors of the bill. So they will definitely be included.”

Committee Member Slechta asked “Who's going to test?”

Mr. Scott replied “We will be using our existing administrator for that, the American Registry of Radiologic Technologists.”

Committee Member Slechta noted “Okay. Because they don't have one specific to podiatric.”

Mr. Scott noted “We've looked into that one, so we're working on that.”

Committee Member Bronk commented “Looking at the bill as passed, requiring a minimum 60 hours of education, to follow up what's being discussed, the education may be online. Are all the 60 hours totally in a didactic session or will some of that be set up to be the hands-on teaching that will go on in the podiatrist's office? And do you have a sense as to what the balance of that might end up looking like?”

Mr. Scott replied “At the moment, it's up to the individual...just like it is for x-ray schools right now. It is up to the program on how much of their educational content is online or can be obtained through online methodologies... other than the 50 procedures, you can't do that online. You've got to do it in the office. It's got to be done under the same competency supervision standard that we have

right now for students. So, we're not sure on how these podiatrists want to separate these online versus on-site components of the curricula. And we leave that up to the applicant when they want to be approved to provide this curriculum.”

Committee Member Schmidt commented “It sounds like there is quite a bit of work still to be done on this, in terms of how to shape and mold it to emulate what we currently do, maybe in a smaller fashion, but it still needs to follow the radiation protection guidelines as well and the supervision part. I think about it in terms of it's the physician who's going to be doing that supervision. I also get concerned about there being components of it being on-the-job training as Anita had mentioned. I'm...thinking about a subcommittee being formed for this and having educators be part of that subcommittee and everyone working together.”

Mr. Scott replied “March 1<sup>st</sup> is going to get here really quick. We will not have any subcommittee. We won't be bringing the regulations to the Committee because we're not mandated to do that. We will move forward with implementing the regulations as mandated by the bill... Even though we talk about on-the-job training, it's not... This has to be an approved program, just like it is for x-ray schools. Your curriculum will be there and the school provider will have to provide the same training to that student as another program's program. The didactic and clinical are exactly the same. Supervision is exactly the same. This new podiatric program is just being integrated into the existing regulations. It will just be a new category. So, it's not going to be anything different than what we already do.”

Committee Member Slechta remarked “Phillip... you and I went over this when the legislation was going through, and we felt adamant as a group of educators that there truly had to be education and there had to be clinical. You have the 50 x-ray procedures, but this 60 hours, is that actual didactic education or is that while I'm in the office also learning?”

Mr. Scott replied “The bill requires the course to include instruction in radiation protection and safety, that's part of the 60 hours. Principles of radiographic exposure, that's part of the 60 hours, quality control, imaging, all of these topics are to be covered in that 60 hours. Again, it's minimum. It could be more. Some of that be can online, if that's what that approved podiatrist wants to do, and if it's approved by our staff.”

Committee Member Slechta asked “If we don't have a subcommittee, who's going to write the curriculum? Are you going to go to the ASRT?”

Mr. Scott replied “We will propose that in the regulations and we're developing that... we also have a leg-podiatric curricula right now in the regulations and that specifies what that curricula is for these x-ray technicians. So we'll be using that as the model for proposing the regulations on this. And again, this is a very limited scope of practice. Tibia, fibula, foot, and ankle only in a podiatric office,

only supervised by a podiatrist, once that person gets permitted. Now, the education, again, is going to be controlled. That podiatrist has to meet the requirements and be approved by our staff before they can teach a person.”

#### **IV. DEVELOPING ACCESSIBLE CME/CE ONLINE RADIATION SAFETY MATERIALS IN PARTNERSHIP WITH PROFESSIONAL SOCIETIES AND ACADEMIC INSTITUTIONS**

**Islam Abudayyeh, MD**  
**Associate Professor of Medicine**  
**RTCC Member**

Dr. Abudayyeh began by introducing an education program he had developed that emphasized the priorities of radiation safety, in which CMEs were embedded. He explained the idea was to provide an accessible venue for physicians to be able to obtain those CMEs and possibly even CEs for the technologists without having to seek out external resources and make it free and available. He noted that program had been put on hiatus and so he started working on this program, which is to develop an accessible radiation safety program available to all operators within the state at no or low cost.

He shared the program’s criteria was to make it available on-line and open access whenever possible, at low or no cost, and to satisfy the education and regulatory requirements of the RTCC. Further, to provide CMEs and CE credits and cover aspects of exposure, including basic core knowledge, focus topics for specific procedures, and safety considerations for patient, operator, and everyone else within exposure range.

Dr. Abudayyeh referred to the program development steps such as recruitment and design, noting that ideally, this program would have to be a volunteer basis. He stated there was no funding for it and elaborated that industry funding was not wanted. He discussed the recruitment of physicians and safety officers to help in building the curriculum.

Regarding agreements, he shared that this would be an opportunity to form agreements with appropriate professional societies, identify CMEs and CE providers, and address the questions and priorities by the institutions.

He described steps associated with building the program, such as determining the topics to make available and the cost to the attendees. Additional steps would be to agree on the topics and speaker, record sessions, edit and screen for conflicts, accuracy and relevance, and to plan ongoing updates and improvements.

He noted his next steps involved forming agreements with institutions and societies to host and offer CMEs and CEs, identifying the core and focus topics, and collaborations with specialists in the topics identified.

He listed development stages as:

- Continued updates and materials to review to remain relevant and up to date.
- Attempt to remain free of bias by avoiding commercial support.
- Open to other fields and procedures with focus on specialty procedures (Nuclear medicine, Orthopedics, Radiology, etc.)
- Possibility of using this material and reporting structure for remediation and to track corrective actions.

Dr. Abudayyeh referenced examples where an excess of radiation has no consequence in the cath lab. He noted this could be a methodology by which we can report and require remediation for this operator.

Dr. Abudayyeh stated his goal was to create a radiation safety program that addresses the knowledge base required for the maintenance of certification while being specific and relevant to the operator in their field of work so that it remains the focus of their attention. And to address the exposure to those typically not identified such as anesthesiology workers, circulators, perfusionists, and so on. He shared that ultimately, the idea is to follow the spirit of the regulation rather than just follow the regulations as rote.

He described the initial focus which included core concepts related to fluoroscopy and cardiovascular procedures, specialty procedures focus, address areas not typically identified such as learners, residents, fellows, and to address challenging situations.

Dr. Abudayyeh described the proposed radiation safety topics and radiation safety basics to be addressed. The topics included fluoroscopy systems, radiation dose and safety, and personnel protection during procedures noting this could be displayed into multiple parts. He continued by describing focus topics relevant to his specialty such as coronary and structural. He concluded this description by noting that specific concerns are different vascular surgeons, orthopedic surgeons, interventional radiology, radiology in general, nuclear medicine and so on.

He then described the quality improvement framework which would be to track access to the modules by the participants, obtain feedback metrics and evaluations by the participants and reviewers, and review and update the materials being offered.

Dr. Abudayyeh noted the resources for such courses would include leveraged expert knowledge and experience in the field, the CDPH Radiologic Health Branch, and Radiologic Society of North America, American Association of

Physicists in Medicine, American College of Radiology, American College of Radiology, American College of Cardiology, Society for Cardiovascular Angiography and Interventions, and so on.

He noted the timeline for the project was flexible and anticipated that it would take up to nine months to begin recording the sessions and then review and feedback ongoing after that.

Finally, Dr. Abudayyeh referred to questions regarding the actual mechanics of the program. He noted that copyright and ownership was not a big issue because this program is owned by everyone. He added that he would like it to be freely available and not owned by any special group, institution, or company. He noted that CE's and CME's have to be available. He referenced a conversation with the Chairman of Medicine at Loma Linda University indicating they would make CMEs available for free for anyone in the state and they had the ability to track it. He mentioned that the American College of Cardiology, the California chapter, are fully supportive and very interested in helping, estimating an anticipated 40 to 50 dollars for a person for four courses. He reiterated that he'd like to avoid commercial support, if possible, and keep the program independent. Lastly, he referenced the focus on volunteer involvement and society support as well as ensuring the quality of the materials and their relevance.

## **DISCUSSION**

Committee Member Schmidt asked “Do you envision this being put together -- Would you envision there'd be educators involved as well? Are you soliciting information from Loma Linda, for example, for the radiologic sciences there?”

Dr. Abudayyeh replied “Absolutely.” “I was just mentioning that I'm hoping to recruit someone, if anybody is interested, from each specialty, people who are specifically involved in education... from anywhere across the state, also, from radiation safety, radiation physics, and, of course, any other area. The topics are open. The topics that I listed here are the ones that I'm familiar with that people in my specialty would want to know about. But there's no reason why we can't, for example, talk about nuclear medicine or interventional radiology, or vascular surgery, and so on.”

Committee Member Bronk asked “Would you anticipate that this program, once established, could be used every year or every other year say for physicians? Would the topics be updated enough so that those people could get continued CME credits in radiation safety?”

Dr. Abudayyeh replied “That's exactly the direction I'd like to see it... I had originally envisioned a way to follow the spirit of this regulation, rather than have physicians go and sign off that they've done the CMEs.” “My thought is to make it available, so you don't have to be there at a specific time on a specific day. Make it available online and have it tracked that way. But, yes, then of course, update



the focus topics and update the material, so that it reflects the ongoing evolution in medicine and make CMEs and CEs available, so that is how we can satisfy the regulation, but do it in a meaningful way.”

Committee Member Slechta shared “You said you needed doctors to teach doctors. That’s who they listen to and the people in their own field. And I’m not disagreeing with you. I taught fluoro for years and had cardiologists after the ‘90s burns, who didn’t want to sit in front of my face and listen to my radiation protection. But the thing that got them, the only thing that got them, was when I brought out the meters on the table and put it right where they were standing and they went ‘oh, my God.’... so you need physicists who have the phantoms and are showing them, ‘look what your pulmonologist is getting.’... The whole point is to get them to practice good radiation protection. You’re going to have to have a lot of people involved.” She continued “The American Society of Radiologic Technologists is right now in the process of putting together modules for -- we’re trying to get educators to teach about proper shielding... You’ve got a lot of societies that might be interested.”

Dr. Abudayyeh replied, “To clarify the issue of physician involvement, the physician involvement isn’t that it has to be a physician, not at all. And physicians will listen. In fact, the previous program I had, it was not given by a physician. It was given by a radiation safety officer. If you look at the slides, Professor, you’ll see that the initial proposed radiation safety topics, the bulk of the initial introduction has nothing to do with a specific area of medicine and it’s not to be given by a physician. It’s to be given by a radiation safety officer, a physicist, someone who knows, frankly, more about radiation than I ever will and can address this in a much better way and much clearer way. So the idea about using physicians to talk to physicians is about that specific area of specialty. For example, if I have a physician saying to me, ‘Well, this is how you reduce your radiation when you do left atrial appendage occlusion.’ It’s a procedure I do. Not everybody does it. It’s not rare, but not everybody does it... But in the case of the core curriculum, that really shouldn’t be a doctor. We don’t know radiation physics as well as a radiation physicist. To answer your second point, in terms of educators, I would be absolutely thrilled to have educators involved... I would welcome Loma Linda, I would welcome UCLA, and Stanford, and any other institution that would be willing to give us support in this fashion, Kaiser and what have you.”

Chairperson Mishra interjected that the period of public comment had been reached. He noted “If there is no public comment, we can keep on discussing.”

Phillip Scott commented “As you’re developing this, look at our regulations, and I’ll send a copy of those, the definition of approved continuing education credit which is 50 to 60 minutes of instruction in subjects related to the application of x-ray and approved by certain organizations or acceptable to certain organizations. So take a look at those and how to get this whole thing approved by those. And

also to ensure that whatever final topics you focus on, make sure they're in subjects related to application of x-ray. You mentioned nuclear medicine or electrophysiology. Well, that's not radiologic technology. It's nuclear medicine technology or something else that we have no jurisdiction over. So, focus in on the regulations, so that that CME or the CE can be used by anybody who needs CEs.”

Joe Mackin commented “What type of volunteers are you still looking for? It sounds like you need doctors of different types, but then there's also the other aspects, like putting it online and making the system work as a whole. What are you looking for at this moment?”

Dr. Abudayyeh replied, “Everything. I have physicians who have committed to specifics subtopics. But quite frankly, this is a project that I'm working on independently. So it's a project that I'm trying to connect and network, so if there's interest, I'm sure I can use the help. I would like to speak with you afterwards.”

Dr. Doris Abrishami commented “I wanted to mention for the core courses that you were suggesting fluoroscopy and radiation protection, ASRT, American Society of Radiologic Technologists, like Professor Slechta mentioned, has those modules already. So it's a good thing to use them. You would have to buy them and then put them on a platform or have the participants go online and use those modules. Also, California Society of Radiologic Technologists, CSRT, is a really good platform to use. We have continuing educations that we do online and in person. In fact, this year, we're having a seminar in person for everybody. So there are resources out there for you to use. I don't want you to feel like you have to reinvent the wheel.”

Dr. Abudayyeh replied, “I definitely appreciate that. The challenge, of course, and I'll have to go through those, is to make sure that, one, copyright and ownership doesn't present a challenge, doesn't present a barrier. And number two, in terms of cost is who is paying for these costs, because we do not want to put an up-front barrier. It's easy for us to get radiation safety CMEs and it's surprising. But even a smallest up-front payment seems to present a barrier.

People still don't want to pay the \$40, or \$50, or what have you, per hour CME. So I'll have to look at these and see if they're available and what barriers -- what level they are. The core concept of this is to make education available and make it available for essentially nothing, just a click.”

Dr. Abrishami commented “I can tell you that the CSRT and ASRT will have a lot less -- the cost to use those will be a lot less than 40 to 50 dollars a unit so look them up... I'll be happy to help you.”

Committee Member Slechta commented “Dr. Abrishami, who just spoke is also President of CSRT, so it was a good resource...I agree with you that if you find a

cohort of physicians who will speak to their specific -- because the problem is the physician is trying to practice medicine. I want them to do that as I get older. And so, yes, radiation and the electrophysiologist person getting it probably doesn't come to mind, but it can be brought to the forefront by another physician showing that difference.

And I'm not quite sure that radiation safety officers are always the best people. I think a physicist is a better person. They have all the meters... I'm sure you have all of this expertise at your disposal, as you -- you're leading this, right? Well, I applaud you.”

Dr. Abudayyeh replied, “It needed doing, I think. And I think the priority here is to find a way to make the regulation accessible without, in any way, reducing or lowering the bar of what is needed to do this safely.”

Chairman Mishra dismissed for the morning recess.

**V. MORNING RECESS**

10:19am – 10:32am

**VI. OCTOBER 7, 2021 RTCC SUBCOMMITTEE DISCUSSION – CLARIFICATION, PATH FORWARD**

**RTCC Chairman and Members**

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

**Supervising Health Physicist**

**Registration, Regulations and Quality Assurance Section**

Chairman Mishra noted a typo in the title of the posted agenda item and meeting materials provided to attendees. He informed all attendees the correct date should have been “October 7, 2020,” not “October 7, 2021.” He then invited Mr. Phillip Scott to provide background and refresh the memories of the committee members.

Mr. Scott referenced the October 2020 RTCC presentation called, “Physician Engagement in Radiation Safety: A Change in Culture and Opportunities to Improve Procedural Safety.” He shared that following the presentation, the RTCC made a motion to “form a subcommittee to try to figure out how we can make recommendations based upon the presentation.” And that motion was amended to refine the subcommittee's scope to “how to make licensing more practical.”

Mr. Scott noted the presentation content addressed basics, such as “what radiation is, occupational exposure limits, exposure sources, and radiation risks and effects, the differences between fluoroscopy and cineradiography, radiation protection basics, time, distance and shielding, some practice techniques,

change in culture and safety, education, trends, awareness, quality improvement, education, and outreach.”

Afterwards, he noted there was a question “What can the advisory committee do to help improve, operator engagement, and provided possible approaches to address that?”

He continued by describing the possible approaches that were provided. One of those was to make continuing medical education, CME, more accessible and offer alternative ways to fulfill requirements, ensuring CMEs are truly in the field of radiation, safety, and operations to update CME content to reflect modern technology and tools, make the process of keeping the fluoro license more relatable and practical for day-to-day practice, collaborate with national and state societies, and to consider hospital compliance tools.

He referenced alternate approaches such as to creating a forum to receive suggestions, feedback from operators on what they need to become better engaged, asking if they should look at changes to existing regulations, should there be a regulatory action related to high exposure events, and considering encouraging hospitals that do not have in-house physicists or radiation safety officer and that use an outside entity to utilize such entities to review and give recurrent feedback to State regulators and hospital administration.

Mr. Scott shared that the original motion was to establish a subcommittee to determine how to make recommendations based on the presentation. He listed that one of the discussion points was “Was the presenter requesting requiring a mandatory report on radiation exposure or radiation time?” and the answer was “Yes.” He then noted that the committee amended the motion to refine the scope of the subcommittee on how to make licensing more practical.

Mr. Scott identified that there were some problems with the motion. He explained that the motion was inconsistent with the presentation content. The content was focused on culture change and safety, educational material, establishing quality improvement panels, education of fellows in the medical field, engagement with professional societies and non-traditional operators. The presentation was focused on the physician engagement and procedural safety at a facility focus with recommendations that were not within CDPH jurisdiction.

Regarding the amended motion, he explained “When we see that motion of ‘how to make licensing more practical,’ we’re not sure what that means.” Is it ‘easier to get or renew a permit?’ Is it ‘to make CME more specific to radiation safety?’ Is the scope limited to the presentation’s subjects, such as ‘just licentiates?’ He noted that no recommendations or problems regarding licensing (i.e., certification) processes were made or discussed. He continued by stating the subcommittee’s scope was unclear because it is subject to multiple interpretations. He ended by stating that clarification of the subcommittee’s scope was needed and turned the discussion over to the Committee.

## DISCUSSION

Committee Member Abudayyeh commented “I have to completely agree with Mr. Scott's assertion. I actually was the one who gave that talk... The impetus for it was in the same vein and the same mindset as today's proposal. The idea was to really emphasize the second bullet point you mentioned, which is CMEs more specific to radiation safety to address the spirit of what the regulation is about. It has no bearing on ‘how do you get the license, how the CMEs are processed’ and so on. It's more about operator, education, and radiation safety ultimately goes to the core of that... Essentially, what comes to mind is that I'd like to suggest that -- or place a motion for the subcommittee focus to emphasize continuing education, tracking, and accountability as a focus point, rather than make it more practical, which, again as you said, is not entirely clear what that even means.”

Committee Member Bronk asked “Do we have the minutes that indicate what the amendment ‘how to make licensing more practical...’ Did we have a discussion as to what was thought at that time, what that meant?”

RTCC Coordinator Arriola opened the October 7, 2020 meeting minutes on the RTCC website and stated “We do have access to the minutes. The discussion would need to be read in its entirety here in order to get that refresher. But again, as Mr. Scott shared, the intent of that presentation was discussed amongst the members.”

The committee members read through the October 7, 2020 meeting minutes as presented on the screen.

Committee Member Goodman commented “So it's the same speaker who spoke today. And I think you did a very good job of following up what you meant ‘more practical.’ You developed a whole CME program that you are developing to make sure that the people that are licensed have the appropriate education. So I actually think you're moving in the correct direction. And this part has been corrected by you today, and that you really are focused on education of physicians making sure that all procedures are done with the least amount of radiation necessary, and that is what you were saying back in 2020 and that's what you're saying today. You are much more evolved in your approach, because you now came up with a program. And I think we're heading in the right direction is what I hear.”

Committee Member Slechta commented “As I recall, when the motion was made, we had lots of things going on... The intent was to get RTCC involved. RTCC has historically put together subcommittees to help develop programs with communities of interest. And so that was the intent of that ... and I don't know where the word ‘practical’ came from... But I think you are moving in the right direction, but we still don't have RTCC involved. Is it appropriate for RTCC to be involved in the creation of this product for CE for physicians to really get them

educated on radiation protection, while they're focusing on practicing medicine? That's a good question.”

Committee Member Goodman commented “I don't think the RTCC needs to be involved. I think the ACC that you're working with, the ACR, the ARRT are the governing bodies that should be providing that education and making sure that the staff is well trained. I'm not sure that we need the government to be in charge of that.”

Committee Member Bronk commented “Perhaps what we can ask as the RTCC, if we all are in agreement, is to get a report back every six months or in 12 months to see where the progress is and to see if we then need to add our opinions or thoughts as to where this might go or whether we can help to expedite the process if we feel like it's going in the correct direction.”

Committee Member Abudayyeh commented “I would certainly welcome that and I think that would be... not only a good idea, but necessary... to refocus back on the question at hand -- the focus of this subcommittee and where does that go from here.”

Phillip Scott commented “It sounds like your discussion leads to that a subcommittee is not needed. That's what I hear being implied. I'm not saying yes or no, I'm just saying that's my impression of the discussion.”

Committee Member Abudayyeh commented “I would agree. I would defer to the Committee.”

## **MOTION II (WITHDRAWN)**

Can I make a motion to eliminate the subcommittee?

Motion: Committee Member Goodman

Second: Committee Member Bronk

## **AMENDMENT**

Committee Member Bronk asked to amend the motion to request a regular update on the non-RTCC activities that are moving forward to improve the education in the areas of radiation safety, as was outlined by earlier presentations today.

## **POINT OF ORDER**

Committee Member Slechta stated that the motion was to eliminate the subcommittee and responded that “there is no subcommittee to eliminate.”

Committee Member Goodman agreed and thanked Committee Member Slechta for her correction.

## **POINT OF INFORMATION**

Committee Member Bronk stated “Agreeing with the comment, but I think we do want to address what the previous motion was dealing with, so whether it’s by Dr. Goodman’s offer or some other way.”

## **DISCUSSION**

Committee Member Slechta stated “You can put in your motion for a report every few months. I will follow with a motion to create a subcommittee to help oversee the process. I think California has regulations and the only reason we put them in effect in 1970 when I was here was because of radiation protection, because of the genetically significant dose. So our whole purpose is to protect Californians from radiation.... I think you should consider, Committee members, that that’s your job is to make sure something that we do radiation protection... So I think you should make your motion to have that report and then we need to consider whether we want a subcommittee. And maybe most -- none of you do, but the subcommittee would be overseeing this project.”

## **MOTION III (WITHDRAWN)**

I motion for there to be a subcommittee.

Motion: Committee Member Schmidt

Second: Committee Member Slechta

## **DISCUSSION**

Committee Member Bronk stated “We are a relatively small committee, and I don’t know if we need to have a subcommittee to look at the information. We do need the oversight. And I would suggest that instead of a subcommittee, we could just do it as a committee of the whole.”

Committee Member Slechta replied “The subcommittee isn’t necessarily a subcommittee of this Committee. In the past, a subcommittee came from the audience with maybe one member from this Committee. So it was of the community of interest, which is everyone in this room.”

Chairman Mishra stated “I want to interject here. At the April 8th, 2015 RTCC, it was announced that effective January 12, 2015, any subcommittee consisting of three or more persons that is created by formal RTCC action will be viewed as being subject to Bagley-Keene Open Meeting Act requirements, Government code 11120 through 11132. Previously, RTCC subcommittees had been functioning based on the flawed interpretation of Bagley-Keene Open Meeting Act Government Code 11120 through 11132 requirements.”

## **MOTION IV**

I would like to... make a motion to eliminate the former subcommittee proposal and just remove that from the topic of discussion entirely.

Motion: Committee Member Abudayyeh

Second: Committee Member Goodman

### **Vote:**

7 Yes: Dr. James Bronk, Dr. Lisa Schmidt, Dr. Eric Goodman, Dr. Steven Wang, Dr. Lindsey Urband, Professor Anita Slechta, Dr. Islam Abudayyeh

0 No

0 Abstain

## **MOTION PASSED UNANIMOUSLY**

### **DISCUSSION**

Committee Member Bronk commented “Respectfully, Dr. Chair, I believe we have a motion that has been made, appropriately seconded, and is still hanging in space. So I believe we should try to deal with that motion one way or the other.”

Committee Member Schmidt stated, “My motion was to create a subcommittee for the oversight.”

Committee Member Slechta stated “I seconded it. And then respectfully, you read the Brown Act. But if there's only one RTCC member, it doesn't go against the Brown Act. We can't have more than one, because then it would be a private meeting that isn't public. That's my understanding as I read the Brown Act.”

RTCC Coordinator Arriola commented “The Brown Act applies to State commissions. It does not apply to State advisory committees... The RTCC is a State advisory committee, which is subject to the Bagley-Keene Open Meetings Act... not the Brown Act.”

RTCC Coordinator Arriola read the Bagley-Keene Open Meetings Act, Government Code section 11121(c), stating, "An advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multi-member advisory body of a State body, if created by formal action of the State body or of any member of the State body, and if the advisory body so created consists of three or more persons, they are subject to the Bagley-Keene Open Meetings Act".

He continued “So essentially, if you have three or more people on this RTCC subcommittee, they'll be subject to Bagley-Keene.”



Committee Member Abudayyeh shared “While I completely understand the spirit of the current proposal, my thought process there is ‘how would the subcommittee being subject to the limitation of this Act really do the -- it's not going to expedite the process... hearing what has just been reported, I would suggest that perhaps it is an extra step that is already going to be looked at or reviewed by... the RTCC.”

Committee Member Bronk commented “We know that there are certain regulations we would have to meet with a subcommittee... and as I said earlier, I think our Committee is small enough and interested enough that we could provide excellent oversight without having to have the next step of a subcommittee.”

Committee Member Schmidt stated, “Given the statement made by Dr. Bronk, I will withdraw that motion.”

Committee Member Slechta added “I would really like a report that we are not allowed to have subcommittees, because that undermines public communication, in my mind. It has nothing to do with this subcommittee. It just all of a sudden, I believe Ricardo, you said we can't have subcommittees.”

RTCC Coordinator Arriola replied “That is not what I'm saying. I'm saying that if we do have a subcommittee that's proposed by the RTCC, it is subject to Bagley-Keene, and their activities would have to happen in an open forum. It could not happen away from the RTCC in a private venue and then come back and report. All of their communications, deliberations would have to happen in a public forum, subject to the Bagley-Keene Open Meetings Act.”

Chairman Mishra noted that the time limit had been reached and proceeded to the public comment portion of the meeting.

## **VI. PUBLIC COMMENT**

Chairman Mishra reiterated public comment protocols and welcomed comments.

Dr. Lisa Schmidt shared “On behalf of the Joint Review Committee on Education in Radiologic Technology. I'm going to read a statement from Leslie Winter, who is the CEO of the JRCERT.

Hello, everyone. Thank you for the opportunity to provide an update on the status of California AB 1273, which, as you're aware, became statute by Governor Newsom and chaptered by the Secretary of State into Chapter 477 on October 4th, 2021. The Interagency Advisory Council on Apprenticeship, IACA, is now responsible implementing this law, which is scheduled to go into effect January 1, 2024.

Earn and learn has become prominent again due to the dispersion of federal funds to the states that implement various types of apprenticeships. California has become one of the first to attempt and implement this with its radiologic technology programs. While apprenticeships may be well suited for some vocations, the earn and learn educational model is antiquated for allied health professionals, and would set the profession back by at least 50 years.

Additionally, per the Joint Review Committee on Education in Radiologic Technology, JRCERT, Policy, accredited programs cannot provide wages to students performing clinical hours. We currently accredit 40 programs in California that could be affected by this piece of legislation. Four of these programs have the JRCERT as their gatekeeper, so students can request federal financial aid during their educational process.

The JRCERT remains steadfast in its opposition to the earn-and-learn proposal and will continue to accredit its programs in California. The JRCERT is extremely appreciative of the communication from the California Radiologic Health Branch that addresses section 131088(b) and states, 'Notwithstanding subdivision (a), the Department shall not be required to establish a mandate specifying an accrediting entity must provide earn-and-learn programs for training in a profession licensed or certified by the Department'. With this strong message of solidarity, the JRCERT is grateful that the RHB has no plans to amend any regulation because of 131088(b)

Leslie Winter was contacted by the IACA to discuss the implementation of this earn-and-learn apprenticeships early this summer. As the JRCERT adamantly opposes this concept, it is not willing to assist in its execution. Consequently, some, if not all, of the JRCERT accredited programs may receive communications from this agency to discuss options for moving forward.

With that being said, questions or concerns can be addressed to Leslie Winter of JRCERT and thank you for your time.”

Seeing no further public comment, Chairman Mishra proceeded to his closing comments.

## **VII. CLOSING COMMENTS**

Chairman Mishra acknowledge and thanked RTCC Member Professor Anita Slechta, whose second RTCC term representing Radiologic Technologists, would end December 31<sup>st</sup>, 2022.

He then noted the next RTCC meeting would be held in Southern California on April 19, 2023. He thanked all in attendance for their participation and stated that the California Department of Public Health would continue to partner with the regulated community to better serve the citizens of California by continuing to maintain focus on health and safety. He adjourned the meeting at 11:21 a.m.