

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

April 13, 2022

California Department of Public Health

Hybrid Teleconference Meeting

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

Gonzalo L. Perez, Chief, Radiologic Health Branch, Acting Chairperson

COMMITTEE MEMBERS PRESENT

Jessica Clements, MS, DABR, FAAPM
Anita Slechta, MS, BSRT, RT(R)(M),
ARRT, CRT
Eric Goodman, MD
James Bronk, MD, FACR
Mauricio Silva, MD (via Zoom)
Dr. Jennifer Pedley, MS, CCSP, DC,
DACBR (via Zoom)

Daniel Lee, DPM, PhD, FACFAS (via
Zoom)
Lisa Schmidt, PhD, RT(R)(M), ARRT,
CRT
Steven Wang, MD, MBA (via Zoom)
Islam Abudayyeh, MD, MPH, FACC,
FSCAI
Lindsey Urband, MD (via Zoom)

MEETING SUMMARY

I. WELCOME / OPENING REMARKS

Acting Chairperson Perez called the meeting to order at 10:00 a.m. and introduced the RTCC members as well as the California Department of Public Health-Radiologic Health Branch (CDPH-RHB) staff. He shared various hybrid meeting protocols and proceeded to the first agenda item.

II. APPROVAL OF OCTOBER 7, 2020, RTCC MEETING MINUTES

Acting Chairperson Perez indicated that per legal opinion, all members present could “vote with confidence” to approve the October 7, 2020, meeting minutes.

MOTION I

The committee voted to approve the October 7, 2020, RTCC meeting minutes as drafted.

Motion: Committee Member Goodman

Second: Committee Member Schmidt

Vote:

11 Yes: Dr. Mauricio Silva, Dr. Steven Wang, Dr. Lindsey Urband, Dr. Daniel Lee, Dr. Lisa Schmidt, Dr. Eric Goodman, Dr. James Bronk, Ms. Jessica Clements, Professor Anita Slechta, Dr. Islam Abudayyeh

0 No

0 Abstain

MOTION PASSED UNANIMOUSLY

Acting Chairperson Perez noted the approved minutes would be visible on the CDPH-RHB website within than 30 days from April 13, 2022.

III. LEGISLATION AND REGULATION 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.

- Assembly Bill (AB) 356: Fluoroscopy: temporary permit
 - Allows CDPH to issue a licensed medical doctor, doctor of osteopathy, or a podiatrist (MD/DO/DPM) a one-time, nonrenewable, temporary permit to operate, or supervise the operation of, fluoroscopic x-ray equipment if the applicant has at least 40 hours of experience using fluoroscopy while not subject to the Radiologic Technology (RT) Act.
 - The temporary permit conveys the same rights as a fluoroscopy permit for the period for which it is issued, in the classification for which the doctor is eligible and would be valid for up to 12 months from the date of issue.

Mr. Scott shared that this was enacted October 2021 and stated, “So far we have not issued any permits under this bill yet, mainly because we are waiting for the budget to be signed for approving an additional staff to process these applications.”

DISCUSSION

Committee Member Slechta asked if the Department had discussed the actual implementation of this, citing concern from regulators in Southern California about how they're going to keep up with when the temporaries expire, and getting documentation for after that expiration.

Mr. Scott replied "Yes. When the legislation is going through, we have to look at how are we going to implement this." He provided the following example: "Let's say, for instance, an individual applies today, and we issue this temporary today. That temporary permit is basically a letter or an acknowledgement indicating that it is a temporary fluoroscopy permit and when it expires. After that expiration date, it becomes invalid and can never be renewed. If the temporary permit holder has not received a permanent, renewable fluoroscopy permit by the end of that expiration date, they must stop using fluoroscopy..." He added "this only applies to licensed medical doctors, podiatrists and physicians and surgeons, and they have to have submitted an application for the renewable [fluoroscopy] permit. They also have to attest that they have at least 40 hours of experience using fluoroscopy while not subject to the Radiologic Technology Act."

Committee Member Slechta stated that her understanding of this bill "...was predominantly for out-of-staters who have done fluoro in some other state that doesn't have regulations." She then requested clarification on the 40-hour requirement, asking "...was it 'education' or 'I put my foot on the button for 40 hours?'"

Mr. Scott replied that one of the reasons why this bill was introduced was to deal with out-of-state physicians, stating "this law requires them to have a California license to practice medicine." He explained that the 40-hour attestation is from whatever state or country they were from and is based on what that individual has said 'this is what it is.' He added "this does not address the educational component of what the 40 hours is... and we'll probably not go into clarifying that, because this bill is pretty straightforward. It gives us the criteria for issuing it: length of time... We do not capture whether they are an out-of-state person because we're capturing that they are a California licensed physician."

- Senate Bill (SB) 377: Radiologist Assistant (RA)
 - Would prohibit a person from holding themselves out as an RA unless the person met specific requirements including examination and registration. Would prohibit an RA from functioning in that capacity independent of a supervising radiologist and performing specified acts.

The Bill was proposed legislation that did not move forward through the legislative process and did not become enacted. It died in committee in February 2022.

- Assembly Bill (AB) 1273: Earn & Learn training.
 - Enacted October 4, 2021, and effective January 1, 2022.
 - Prohibits CDPH, in the licensing and certification of health professions, from prohibiting earn and learn programs for training of

personnel. Requires CDPH to use standards that authorize the use of earn and learn training.

- The bill states that notwithstanding the prohibition and requirement above, CDPH is not required to establish a mandate specifying an accrediting entity must provide earn and learn programs for training in a profession licensed or certified by CDPH.

DISCUSSION

Mr. Scott shared that the definition of “earn and learn” in this bill is in the unemployment insurance code and stated “because the bill does not require us to establish a mandate specifying an accrediting entity must provide earn and learn programs for training in a profession licensed by this Department, no mandate for purposes of the Radiologic Technology Act will be established... We're not required to establish it. We're not going to adopt it.”

Committee Member Slechta commented that the educators in California were vehemently opposed to this, because it says, “on-the-job training.” She shared concerns about future CDPH-RHB administrations requiring apprenticeships and asked if this was an actual enforceable policy, that you “*will not mandate?*”

Mr. Scott replied “...if a future administration decides to change what we're doing here today, they can do that, because that's government. The policy can change. We're not moving forward to establish an earn-and-learn requirement on accrediting agencies, because under the Radiologic Technology Act, that is not a criterion for receiving approval as a school.”

Mr. Scott explained “When you look at laws, and what a State agency is mandated to do or what the law is... the Legislature could easily go in and remove that permissive language from the bill in a future session. And that's why I'm saying that any future changes can occur by the Legislature.” He commented the same was true for CDPH-RHB administrations.

- Assembly Bill (AB) 1704: Leg-podiatric X-ray equipment: certification or permit exemption
 - Introduced January 26, 2022.
 - Would allow a person working in a podiatrist's office to perform lower extremity X-ray procedures if that person holds either a certificate or permit issued by the CDPH pursuant to the Radiologic Technology Act or passes a radiation safety course approved by the Podiatric Medical Board of California (Board) and is under supervision of a licensed podiatrist. Requires the Board to establish a radiation safety course and instructor qualifications by regulation.

- Sponsored by the California Podiatric Medical Association and opposed by the California Radiological Society and the California Society of Radiologic Technologists.
- On April 5, 2022, an Assembly Health Committee hearing was held. The author proposed the following amendments that would:
 - Require the course in radiation safety and radiologic technology to be jointly approved by the Board and CDPH. Codify conforming language in the Health and Safety Code (HSC),
 - Narrow the scope of this bill to only apply to leg-podiatric radiography and not lower extremity,
 - Require a minimum of 100 hours of education and permit the courses to be taken online and require in-person clinical training as necessary. Requires one course to be approved and made available no later than July 1, 2023, and,
 - Specify that these permittees to only work under the supervision of a podiatrist.
 - Clarify that this bill cannot be construed to expand the scope of practice of a podiatrist.
- At that hearing, the bill, as amended, was passed and re-referred to the Committee on Business and Professions.

Mr. Scott shared information where interested parties could watch or listen to that April 19th, 2022, committee hearing.

DISCUSSION

Committee Member Slechta commented “This looks like another limited permit.”

Mr. Scott confirmed “Essentially that’s what it is. That’s what it’s doing. Once the Committee on Business and Professions reviews it, then it will probably get amended again and we’ll see what that language is. But it’s focusing on a very limited narrow permit type of authorization, or just working in a podiatrist’s office and doing feet and ankle.”

Committee Member Slechta questioned “this is an actual permit that I will be able to transfer from podiatry office to podiatry office?”

Mr. Scott confirmed “It appears to be issued to the individual, so yes.”

Committee Member Bronk commented “On the proposed amendment, the course in radiation safety as proposed -- it says jointly approved by the Board, which would be, as I understand it, the Podiatric Board and CDPH. Who in CDPH would be approving? Would that come back to this Committee for its comments or who would establish that? My concern is that we want to make sure there is one standard and it's the highest standard that we have established here from this committee and that we don't allow another Board to establish a lower standard.”

Mr. Scott replied “It depends -- most likely, if we had to jointly approve it, it probably would come to this Branch. And how we go about having it jointly reviewed has not been discussed internally, but it could be including this Committee. It could exclude this Committee. I don't know. Right now, we're just watching it through the first layer of committees... These proposed amendments are only in the bill analysis right now and they have not been made official, so we're not sure what to expect yet. And once it does come out as an official amendment, then we'll take a look and provide our input to our Department.”

Acting Chairperson Perez noted the end of the presentation had been reached according to the agenda and welcomed public comment related to the topic.

Dr. Derick Ball commented “Members of the RTCC, at our phone meeting last October with RHB, and some members of this Committee as well. We informed you that we in podiatric medicine have a problem and that we need your help. I am representing the CPMA and I'm a practicing podiatrist in Los Angeles. The problem is we have an inability to find and employ qualified individuals to perform limited x-rays of the foot and ankle that we take on a daily basis. On any given day in a podiatric medical practice, about 20 percent of our patients require an x-ray. Our offices use plain x-rays using a type of digital equipment that is specific to the foot and ankle only, which has built in safety features. Many of the common pathologies we treat, including trauma, infection, pre- and post-surgical care, all require immediate x-ray read to determine proper treatment. Failure to obtain an immediate read can directly affect the trajectory of those pathologies. Without qualified staff available to assist us, the reality of time management in most offices make it difficult or impossible for podiatrists to take our own x-rays, even though we are certified by the RHB as radiology supervisors and operators. The reality is that x-rays studies are either avoided entirely or sent to tertiary hospitals that result in delay in care. To ensure that our patients receive the immediate care they need, podiatrists seek assistance from our technicians to perform in-office x-rays. These individuals or podiatric medical assistants are different from other technicians who perform x-rays, and yet their primary duty is chair-side assisting, while their foot and ankle x-rays are their secondary duty.

It could be misunderstood that a certified extremity XT, such as one of my fluoros for an orthopedic group could be employed here. However, even ignoring the financial reality that they command much higher salaries, this would be an error.

Those extremity XTs understandably elect to practice their full scope, almost solely as radiology techs and not primarily as medical assistants. I would like to refer to Dr. Wrubel, who will give more details and comment on this as well.”

Dr. Karen Wrubel commented “I’m a practicing podiatrist in Southern California and I’m speaking on behalf of the California Podiatric Medical Association. And I’d like to add a few points to what Dr. Ball said. For decades, prior to 2013, our existing podiatric medical assistants who wished to increase their skills would take an available course in radiation technique and safety, which was offered over several weekends. After passing the test, determined by the RHB, they were awarded certification by the Radiologic Health Branch. Many MAs took this course and increased their value for practices and thereby their salaries. It was a good system. But in 2013, the regulation that allowed this was removed in accordance with the RTCC and RHB. The ability for our MAs to become educated as the leg podiatric XT no longer exists. There are currently no schools in California offering or willing to offer courses in the specific leg podiatric category. Also now, those leg podiatric XTs who previously took that course have been lost to attrition, and, in fact, only a handful remain in California. This has created a crisis situation and is the reason we are here today. Simply put, DPMs cannot find XTs who are willing to work in a podiatric office primarily as MAs and also perform foot and ankle radiography. They simply do not exist. To remove the existing barriers to education and to accommodate the specialized podiatric setting, we need to safely expand a number of qualified and approved technicians by addressing the outdated amendments to training and education, which have become a de facto prohibition. We are seeking a solution that will enable these individuals, particularly those already working in a podiatric office, to be further trained and permitted to perform those x-rays. And we need the solution soon. A national program recognized by dozens of states does already exist, which is safe for just that. AB 1704 creates the opportunity for this speedy solution, maintaining the participation of the RHB, and we ask for your support.”

Former RTCC Member Melissa Martin commented “I’m a former RTCC member and a medical physicist practicing in the state of California. I would just like to support the idea that whichever agency or section of the RHB that is designated to do the review of the curriculum that is proposed for training these technologists use the outline that is currently used by the ASRT for technicians with these special permits and podiatric radiography, use that as the basis for comparing the curriculum that is proposed by the Podiatric Association.”

Acting Chairperson Perez noted the end of the agenda item had been reached and asked that additional comments related to the topic be raised during the general public comment period.

IV. DUAL IMAGING MODALITIES: RADIOLOGIC AND NUCLEAR MEDICINE TECHNOLOGY

Phillip L. Scott, MA, CRT
Supervising Health Physicist
Registration, Regulations and Quality Assurance Section

Mr. Scott shared the objectives of his presentation were to understand which imaging technologies or modalities are regulated, to understand how the Nuclear Medicine Technology Certification regulations are structured, and to understand the relationships between the Radiologic Technology Act and the laws regarding nuclear medicine technology certification as it pertains to dual imaging modalities.

He shared that medical imaging modalities are often categorized by the method of which images are generated. He provided examples of ionizing radiation (Radiologic Technology (RT), Nuclear Medicine Technology (NMT)) and non-ionizing radiation such as Magnetic Resonance Imaging (MRI) and Ultrasound (US).

Mr. Scott stated that MRI is not regulated and that anytime it is combined with a regulated area, the regulated area applies. He described the laws which regulate Ultrasound within HSC, sections 1264 and 123620. Finally, he noted that MRI and US are not regulated for purposes of today's discussion.

Mr. Scott explained that Radiologic Technology is regulated per the Radiologic Technology (RT) Act which began in 1969 and took effect in 1971, noting that within that Act, certain exceptions apply. He shared that the regulations are found in Title 17, California Code of Regulations (17 CCR), section 30400 and apply only to the use of X-ray machines.

He explained that NMT is regulated under the HSC which took effect January 1, 1979, and shared that the regulations are found in 17 CCR, section 30500. He noted this applies only to the use of radiopharmaceuticals.

He shared that we see these two separate worlds of radiologic technology and nuclear medicine technology being combined, referencing Computerized Tomography (CT), Single Photon Emission Computerized Tomography (SPECT), and Positron Emission Tomography (PET) equipment. He noted that we also see the NMT world combined with the MRI world.

Mr. Scott described the NMT regulatory structure to help determine how this dual mode world works. He explained that although there are similarities between the RT Act and NMT laws, major differences exist. He shared that we have no authority over NMT schools or programs, noting that we approve x-ray schools under the RT Act, but we do not approve NMT schools at all. He referenced an advisory committee that was created at enactment but sunset-ed by operation of

law on January 1, 1985. He continued that oversight and use of radioactive material is authorized per a Radioactive Materials License authorizing medical use, noting that licenses are issued per the Radiation Control Law. Lastly, he stated that the RT Act provisions do not apply to the NMT provisions.

Mr. Scott referred to HSC section 107150 and shared the definition of NMT. He then referred to the NMT regulations in 17 CCR 30533 and described the four scopes for which certificates are issued. He elaborated that the scopes are not permits, they are scopes of the certificate, and a certificate is tailored to an individual and identifies which scopes that individual is authorized for.

He described various NMT regulatory definitions such as Certified Technologist, Nuclear Medicine (CTNM), direct supervision, general supervision, and others. He reiterated that these are all tied into the radioactive materials license that is issued under a completely different law, the Radiation Control Law.

He explained that CTNM, special permit holders and students of NMT shall be under general supervision when performing NMT procedures, and direct supervision when performing oral administration of radioactive materials to human beings for therapeutic purposes. Mr. Scott reiterated that he was not talking about types of radioisotopes. He was talking about radioactive materials that are radioactive drugs for use in NMT.

He provided the definition of a student of NMT as “a person who has started and is in good standing in the course of instruction, which if successfully completed would permit the person to receive a certificate in nuclear medicine technology issued pursuant to section 30532.” He referenced section 30540 and noted that the regulations themselves set out the exception for students and their training.

Mr. Scott referred to specific laws that address this combination of the RT world and the NMT world, referencing Assembly Bills (AB) 2720 and 2374.

He explained that in 2006, AB 2720 allowed a CTNM to perform CT on a CT/PET machine, and a CRT to perform PET on a CT/PET machine if criteria are met and clarified that it had to be a dual mode machine.

He addressed the question “May a CRT who is an MRI tech holding the Nuclear Medicine Technology Certification Board’s (NMTCB) PET certificate perform MRI/PET?” and stated “No. Because MRI is not regulated, you'd have to take it out of the equation. And PET uses radiopharmaceuticals and is regulated... so if you're using PET equipment, that is a radiopharmaceutical and therefore you have to have nuclear medicine certification.” He elaborated that we do not issue a limited permit for PET only and for a person to use PET equipment, they would have to have the full certification and, at a minimum, the scope that includes imaging.

Mr. Scott explained that in 2008, AB 2374 established a shortcut, because one of the problems with the prior bill is that it did not address student training. He further explained that AB 2374 established how a CRT or CTNM can lawfully perform procedures for ARRT or NMTCB purposes within CDPH jurisdiction.

DISCUSSION

Committee Member Slechta referenced a call from the California State University Northridge (CSUN) to the Radiologic Health Branch (RHB) and stated “When we talked to our inspectors, they said that if you had the NMTCB PET certification, along with the ARRT(R) CT, that those individuals could do PET/CT... So, when you just said... that those people aren't allowed to do it because they don't have a full nuclear medicine license, did I hear you correctly?”

Mr. Scott affirmed “Yes.”

Committee Member Slechta continued “Then your regulators are not applying that definition... The PET/CT program that we started and that we've had running has people training, and they can't actually train in PET as per NMTCB's requirement until they're a fully licensed technologist. So, they can't be placed as a student, unless you call them a student in PET, but they're already ARRT(R) and CRT. So, I'm totally lost.”

Mr. Scott replied, “That information, I believe, has been forwarded to our Inspection Chief.”

Committee Member Slechta asked “Is there any way to get just that small segment of PET/MRI regulated?”

Mr. Scott replied, “As it pertains to MRI, you would have to go to the Legislature to have a law, because we don't have authority to regulate that area.” He stated, “If you wanted us to issue a specific PET certificate, we would have to create a new scope and amend all these regulations.” He reminded the committee members that nuclear medicine technology is not subject to this Committee and whatever recommendations were provided by the committee would be taken under advisement. He then stated “We do not issue a PET certificate like the NMTCB. We issue a certificate to authorize one of these scopes or multiples of these scopes for all radioactive materials. It is not limited to certain isotopes. It is to all radioactive materials for diagnosis and treatment.”

Mr. Scott added “Any time we amend regulations, I would be overseeing that, and we would have to go through the required laws, the Administrative Procedures Act, to change the laws... if the Department chooses to do that.”

MOTION II

I move that the RHB take into consideration the development of a PET certificate, which can be utilized by CRT(R)s, who have had appropriate education and clinical experience, so that they may work in dual imaging.

Motion: Committee Member Slechta

Second: Committee Member Goodman

Mr. Scott asked a clarifying question: "So the law already allows an RT to perform PET, but it must be on a dual mode machine. That's what the law says, AB - 2374. So is your motion speaking to allowing the use of single mode machines? Because MRI/PET is essentially PET in our world, then that's a single mode machine. MRI is not regulated, we don't oversee it, so PET is, and that becomes a single mode machine.

Committee Member Slechta affirmed "Yes. My motion is for a single mode machine in addition to a dual mode."

Committee Member Abudayyeh asked "If you have essentially a technology such as CT/PET... would that fall under that proposition, or would it be purely MRI/PET? Because it sounds to me like we already have a way to regulate CT/PET in this case. Would that be accurate to say?"

Committee Member Slechta responded "Yes, you're correct, but I want both, because who knows what the next one is that's dual."

Mr. Scott added "Right now, if you have a dual mode machine that's using x-ray and radiopharmaceuticals, it overlaps both laws. And so, what I believe the motion is trying to do is to say any modality in which PET is used, we should recommend issuing a permit or certificate for PET material, regardless of what it's combined with, so that it can be a stand-alone. Because right now, if it's a stand-alone piece of PET equipment, then that's regulated only by the nuclear medicine laws and regulations, so you have to meet that. Because it's not a dual mode machine, then the CRT can't do it with the NMTCB's PET certificate. The motion is to remove that confine, so that a limited permit or a limited scope of PET certificate can be issued to an RT or MRI PET or anything that becomes in concept a single mode machine, because the other part is not regulated."

Committee Member Goodman stated "Not all MRI techs are RT. So it's a separate pathway for MRI and not being RT. Is that included, those techs as well, Professor Slechta, that you wanted to be included in this pathway?"

Committee Member Slechta affirmed "That's the intent, yes."

Committee Member Bronk added “It sounds like this is becoming a recommendation for a limited permit, especially if in the PET/MRI world, PET is being considered as the only modality. Is that also the intent of the motion?”

Committee Member Slechta replied “I think limited permit is the wrong term for our regulations, but yes, specific to that. They're not going to do any other nuclear medicine procedures, if your question means limited in that kind of scope. So they're not going to do all of the thyroid, lung, whatever, scanning that is done. So limited in scope for the PET radioactive isotopes.”

At that time, Acting Chairperson Perez noted that per the agenda, the time allotment for the presentation had been reached and encouraged members to proceed with voting for the motion.

Vote:

10 Yes: Dr. Steven Wang, Dr. Lindsey Urband, Dr. Daniel Lee, Dr. Lisa Schmidt, Dr. Eric Goodman, Dr. James Bronk, Ms. Jessica Clements, Professor Anita Slechta, Dr. Islam Abudayyeh

0 No

1 Abstain: Dr. Mauricio Silva

MOTION PASSED

Acting Chairperson Perez noted that the committee was due for a break, but due to the short agenda, he would consider moving forward if the members chose to do so. The RTCC members chose to forego a break and proceed directly to the public comment period.

V. PUBLIC COMMENT

Former RTCC member Melissa Martin commented “While you are looking at certificates of dual imaging for the diagnostic imaging... this is a point of information. There is also a need to recognize the fact that PET imaging is being used along with radiation therapy equipment. So, there will be a need to decide what training is necessary for RT(T)s to be able to administer the PET isotopes. I don't see the request coming for PET nuclear medicine technologists to perform RT(T) procedures, but I can see where RT(T)s may very well be requesting to administer the PET isotopes. But there is already a machine called a RefleXion that is a combined radiation therapy PET unit on the market and being used. Thank you.”

Supervising Health Physicist Lisa Russell commented “Hello. This is Lisa Russell. My question was for the enforcement that Anita Slechta was asking about. It looks like your program is for CRTs to perform PET on a dual use machine, is that the case?”

Committee Member Slechta affirmed “Yes.”

Supervising Health Physicist Russell replied, "They are permitted to."

Cheryl Young commented "Hello. Good afternoon, my name is Cheryl Young. I'm the Program Director for the Radiation Therapy Program at National University. This is in response to Melissa Martin's statement regarding radiation therapists utilizing advanced modalities during treatment and simulation for radiation therapy treatments. It is listed in the scope of practice within the practice standards published by the ASRT that radiation therapists are permitted to use advanced modalities, including CT and MRI. Actually, it's not detailed what advanced modalities, but they're permitted to utilize advanced modalities for the treatment -- for the use of treatment and simulation for therapeutic purposes only. So, I do not think that this would affect the radiation therapy profession."

Committee Member Abudayyeh commented "I have a question for Phillip Scott about AB 356. I see the utility of this for training, especially in advanced fellowship, such as interventional, when you transition from a general fellowship that requires the use of x-rays on a regular basis. I just wanted to clarify that the temporary license will require an unrestricted physicians and surgeons license, but would it allow, for example, for a post-graduate license in California?"

Mr. Scott replied "A post-graduate license is not a full unrestricted license. And so, under that license, you're still subject to the structure of that medical school or fellowship program. Then in that case, you do not need to have certification or permit at all. It's only once you become a full certification when you come out of that, because that's a three-year cycle -- or a three-year permit -- we've addressed that a number of times in the past. And that is something the Medical Board issues. And so it's for you to perform within the confines of that program that you're in, the fellowship program or whatever, and you are under supervision and exempt from the RT Act. So, once you then come out of that and you get your full unrestricted license to practice medicine, then you become subject to the RT Act."

Judith Manzi commented "This is Judith Manzi, President of the Podiatric Medical Board of California weighing in on the request for the California Podiatric Medical Association to move forward with accepting -- we're in full support of accepting any kind of cooperation that we can lend to further the effort of the evolving issues of the radiology."

Committee Member Slechta commented "For the motion for the podiatric limited permit...Melissa Martin requested that the approval process be matched up with the ASRT curriculum, excellent suggestion. My question is at what point in time will you make that decision as to how that approval will be, whether it's the podiatric society, the ASRT curriculum, or the RHB who approves?"

Mr. Scott replied "Well, seeing that the bill has just been introduced and has only gone through one committee, we'd have to wait to see what happens to that bill,

whether it gets amended and how it gets amended, what the impact of that bill is... it's just too early to tell how it's going to function.”

Committee Member Slechta commented “In the minutes that we approved, there was a motion last time...to form a subcommittee to try to figure out how we can make recommendations based on the presentation that was done on cardiac radiology... Was there a subcommittee ever created to look at that?”

Acting Chairperson Perez replied, “Not to our knowledge.”

Committee Member Slechta commented “It's usually an RHB appointed subcommittee that works and then reports at each RTCC meeting. That's my understanding of how subcommittees were formed in the past. Okay. So, we should have an off-microphone discussion.”

Acting Chairperson Perez replied, “I think maybe we can put this as an agenda item for the October meeting.”

VI. CLOSING COMMENTS

Acting Chairperson Perez stated that the next RTCC meeting would be held in Northern California on October 12, 2022. 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.

Acting Chairperson Perez adjourned the meeting at 11:48 a.m.