

## COMPUTED TOMOGRAPHY (CT) RULEMAKING – EXCERPTS FROM OBMI MEETING MINUTES

### **EXCERPT FROM JULY 22, 2013 OBMI MEETING MINUTES:**

Update from RPS on CT operator rules that RPS is proposing: Margaret Lut, RPS and OBMI advisory member, presented an update on RPS' project to update CT rules. She said she would discuss operator requirements, since that is what mainly impacts the OBMI. We have run into problems trying to identify the qualifications for CT operators. Trying to figure out training requirements for rural facilities. We would prefer that CT operators be ARRT (CT) credentialed; but in talking to some of the rural hospitals, they don't have the patient load to meet the clinical requirements. Some hospitals do 5-15 CTs per week; pretty low -- they don't do many complicated exams, but we want them to meet a certain level of training. In these situations, typical training for staff that will be doing CT is to send them to an original equipment manufacturer's training program. The staffer comes back to the facility with an applications person and there is some on-site training. There is also some clinical work done under supervision. With RPS not regulating operators as much as OBMI, RPS is having a hard time figuring out clinical requirements—what we should institute for that. RPS will be looking to the Board to help draft this rule. Ultimately RPS would like OBMI to take this part of the rules (dealing with operators) away from RPS.

Catherine Hess asked if the Board would be willing take on CT operator requirements. Thomas King indicated that this would be a question that could be pursued. Maybe we could have a task force look into it. Margaret noted that CT training requirements vary widely among different facilities. Thomas King indicated that we could have an interagency working group to work on some of the details between now and the next meeting, and see if we need to do a statute or rule. He said that he would like to involve some of the smaller hospitals in the discussion. Margaret said that RPS has a CT rules committee, including some small and large facilities; this could be a group that could be tapped to help with any sort of discussion relating to transitioning of operator rules to OBMI. Thomas King indicated that, if this change could be accomplished in rules, then the OBMI could look at a rules draft at the October Board meeting, to decide if we want to initiate rulemaking.

### **EXCERPT FROM OCTOBER 11, 2013 OBMI MEETING MINUTES:**

Should OBMI take over RPS' rules relating to operators of CT? After discussion it was determined that CT falls within the OBMI's statutory definition of "radiography" because it emits ionizing radiation. The consensus of the Board is for staff to start working on a draft of what the CT rules would look like, to take over the CT operator rules for radiographers and nuclear medicine technologists. RPS indicated that they would work with OBMI in this effort. Ed Conlow said that he would work to bring a rules draft to the Board at the January meeting, to look at and to determine next steps.

### **EXCERPT FROM JANUARY 17, 2014 DRAFT MINUTES:**

OBMI to take over RPS rules for CT operators: Ed Conlow presented a draft rule for OBMI to take over (from RPS) operators' rules for diagnostic CT and hybrid imaging. Kim Earp and Catherine Hess discussed some clarification of the CT rules that relate to radiation therapy; Ed Conlow said he would get their language and include it in the rulemaking. Based upon Board discussion, it was determined that a *total* of 16 hours of additional training should be the minimum requirement under "additional training requirements," rather than 16 hours didactic and 16 hours in cross-sectional anatomy. Ed Conlow said he would draft the rule to require a minimum of 8 hours didactic education in CT plus a minimum of 8

hours didactic training in cross-sectional anatomy (for a total of 16). Ed Conlow said that we could coordinate an effective date with RPS, so that the OMBI rule goes into effect on the same day that RPS repeals their CT operator rules. Catherine Hess said there might need to be some clarification in the rules regarding cone beam CT machines that are in ENT offices, to clarify who can operate cone beam CT. Ed Conlow asked if the rule could simply state that cone beam CT is a form of diagnostic CT – would that address the issue of who could operate cone beam CT? Earp made a motion to make the changes discussed and begin a rulemaking; Krause second. Approved unanimously.