

**OREGON BOARD OF MEDICAL IMAGING  
BOARD MEETING, FRIDAY, OCTOBER 7, 2011  
Room 1A, Portland State Office Building**

**APPROVED MINUTES**

Board attendance: Thomas King, chair; Frank Krause, vice-chair; Kimberly Earp; Bill McMillen; Pamela Warren; Wayne Lemler; Shirlee Templeton (by phone); David Farthing (arrived 9:40 am); Rick Wendt, advisory member (for David Howe); Margaret Lut, advisory member.

Others in attendance: Carol Parks, Senior Assistant Attorney General; Vincent Mandina, Administrative LEDS Specialist; Sarah Anderson, Administrative Licensing Specialist; Ed Conlow, executive director; John Terpening, Legislative Fiscal Office.

Call to order: 8:55 am

Thomas King immediately convened the board in executive session pursuant to ORS 192.660(2)(k).

Convene public session: Chair Thomas King convened the board in public session at 12:45 pm

Ratification of licenses: King motion; Lemler seconds. Unanimous approval.

1. Radiographer licenses: 171074 to 171151
2. Radiation therapy licenses: 270843 to 270849
3. Nuclear medicine licenses: 500198 to 500207
4. MRI licenses: 400375 to 400387
5. Sonography licenses: 600751 to 600836
6. Limited x-ray machine operator permits: 3984 to 3997
7. All temporary initial medical imaging modality licenses and permits: 04866 to 04891

Investigation Cases:

Case 11-07-01: Motion by Krause, second by Lemler, to take no action. Approved unanimously.

Case 11-08-01: Motion by Krause, second by Lemler, to grant the license to the applicant. Approved unanimously.

Case 11-09-01: Motion by Krause, second by Lemler, to grant the permit to the applicant. Approved unanimously.

Case 11-09-02: Motion by Krause, second by Lemler to take no action against the individual's license, but to request that the licensee provide a letter from the licensee's employer, indicating that the licensee is an employee in good standing. Approved unanimously.

Case 11-09-03: Motion by Krause, second by Lemler, to take no action against the licensee, but to issue a letter to OMA and OHA members, reiterating the necessity for licensure and their obligation to make sure that medical imaging new hires are properly licensed. Approved unanimously.

Case 11-02-02: Motion by Krause, second by Earp, to issue a notice of proposed disciplinary action against the licensee. Approved unanimously.

Case 11-09-04: Motion by Krause, second by Lemler, to issue a notice of revocation to the licensee. Approved unanimously.

Correction and approval of previous meeting minutes:

July 7, 2011 retreat: Farthing moved to approve the minutes as drafted; Earp second. Approved unanimously.

July 8 board meeting: Earp moved to approve the minutes as drafted; Farthing second. Approved unanimously.

July 28 special board meeting: McMillen moved to approve the minutes as drafted; Farthing second. Approved unanimously.

Committee updates:

CE Committee: Kim Earp indicated that the CE committee is current with all the CE requests that have been submitted to date. Thomas King indicated that there is one more CE request that has come in.

Old Business:

Ed Conlow provided an update regarding efforts to get the Legislature to pass legislation in 2012 to correct some provisions of HB 2245 (2009) relating to provisional licensees and licensees who had been grandfathered or state sponsored.

Motion by Krause: to adopt a board policy stating that, if a person with a permanent active license from the Board of Medical Imaging applies for licensure in another modality from the Board, then the Board will consider that applicant to have met the educational requirements of ORS 688.455 requiring graduation from an approved school. Lemler second. Approved unanimously.

Who should be permitted to inject radiopharmaceuticals: Shirlee Templeton presented a discussion (including written material) concerning whether mammographers or RTs in general could inject radiopharmaceutical material for some breast exams that may be high risk (in which the machinery has compression like mammography but it's actually a gamma camera) as well as sentinel node injections – both of these procedures are being performed in outpatient breast centers that typically don't have enough work for a full-time nuclear medicine technologist. We also have situations in Oregon where nurses are occasionally injecting radioactive material, particularly in outpatient cardiac clinics.

On the RPS service side, she said they have an OAR in the 116 division, regarding supervision, which says that the "authorized user" on the radioactive materials license can delegate anybody they consider trained to administer radioactive material, which Shirlee believes is derived from federal regulations. On the OBMI website it says that anyone who operates nuclear medicine equipment or

administers radiopharmaceuticals on a live human body must have a license. Also the OBMI statute says that any person who practices a medical imaging modality must have a license. We discussed previously that we may have a conflict between the OBMI rules and the RPS rules.

Within the nuclear medicine community, Shirlee thinks there is a pretty strong sense that neither nurses nor mammographers are properly trained in the didactic and clinical competencies to be injecting radiopharmaceuticals. She said the board needs to decide whether we should try to get the two agencies together to change the rules or leave them alone.

Shirlee said she went to the ASRT website to find all the states that currently have licensing for nuclear medicine technologists (31 states), and sent queries by email to all the different agencies in states with licensing. The majority of the states with licensing restrict the administration of radiopharmaceuticals to credentialed nuclear medicine technologists (excluding physicians, radiation therapists, students and those with specific exemptions). Shirlee said she wanted to gather the information, present it to the board, and see how the board wishes to proceed.

Tom asked if RPS is basing their rules off the federal code. Tom suggested that OBMI rules might be stricter than RPS in this matter. Shirlee said we have to be as strict as the federal guideline, but as an agreement state, we can be stricter. Tom said we don't want to have conflict between RPS and OBMI rules. Shirlee thinks there may be a conflict with the OBMI statute, 688.415, which requires a license or permit to practice medical imaging technologies.

Tom suggested that the executive director set up a joint meeting (RPS and OBMI). Dr. Farthing suggested we might also need to invite the OMB because the physicians are the ones who are delegating authority. Tom asked Shirlee to coordinate with Ed and provide technical assistance for a meeting.

Adoption of Board Policies: Ed Conlow explained that the board had discussed three board policies during the July 7 retreat, but had neglected to formally adopt them at the July 8, 2011 board meeting. So technically these policies still had not been adopted. Ed handed out copies of the policies, which had been revised to reflect amendments approved during the July 7 retreat. Board policies relate to telephonic attendance of board meetings by board members; criteria for determining which applicants with criminal background must appear before the board; and board policy on staff communication with the board chair and with DAS Human Resources personnel. McMillen motion to adopt all three policies; Earp second. Approved unanimously.

Pledge of Allegiance: Wayne Lemler motion: At the beginning of each quarterly public meeting, that the board would invite board members and the public to stand and recite the Pledge of Allegiance. Second by Farthing. Following discussion, motion was defeated 1-7. Aye: Lemler. Nay: King, Krause, Earp, Farthing, McMillen, Templeton, Warren.

#### New Business:

Limited x-ray machine operator school panel: Chair Thomas King invited limited x-ray machine operators. Attendees included Bronwyn Ross from Concorde Career College; Ki from Abdill Career College; Katheryn Madison from Pioneer Pacific, Springfield; Monica Quintero-DeVlaeminck from Pioneer Pacific College, Wilsonville; Hank Hirsh and Tim Sellers from Portland School of Radiography. Bronwyn Ross noted that Concorde had added a four-hour Saturday RUS refresher

course, which she indicated had helped with scores. Ki said that Abdill implemented a review for the core program, which she said has worked well for her students. Bronwen Ross commented that the her three-month program is too short, because the students are just starting to put everything together and then the program comes to a sudden end. (Bronwen Ross indicated that Concorde is in the process of discontinuing its limited x-ray program; it is in the process of instructing its final limited x-ray class.) Responding to a question regarding program length: Abdill is six months; Concorde is three months; and Pioneer Pacific is ten weeks. Thomas King commented that he was getting the impression that course review is helpful at improving scores. Frank Krause asked the schools to collaborate to find ways to improve their scores. Thomas King urged the schools work together to arrive at a plan to improve scores, and that the board would revisit this issue at a future meeting.

Proposed amendment to administrative rules: Ed Conlow explained a proposal to amend the Board's administrative rules. He explained that the proposed amendment accomplishes two goals. First, it updates current rules to indicate that a limited x-ray student must pass the examination before doing practicals; this brings the rules in line with current practice.

Second, it maintains current rules that require limited x-ray students to complete all coursework before applying for the examination. But it creates an exception that allows the board to approve a student to enroll for the limited x-ray examination after completing all but the last module of the classroom training. This part of the amendment addresses a problem that Abdill Career College in Medford is having. Abdill has reported to the board at previous meetings that their national accreditation entity (ACCSC—The Accrediting Commission of Career Schools and Colleges) requires students to have completed all program requirements for licensure within one and a half times the normal duration of the program.

Ed related that Abdill has explained the ACCSC requirement this way: because the classroom program is a six month program, then all requirements – schooling, examination and practical experience requirements – must be completed within no more than nine months. But because the application process for the limited x-ray examination (administered through ARRT, the American Registry of Radiologic Technologists) can often take a month or more – that can leave little time within the nine-month window for the Abdill students to complete their practicals. By allowing the Abdill students to submit their applications for the examination prior to their last class starting, it will effectively shorten the exam enrollment process by several weeks and allow them to sit for the exam sooner (but still not before all their coursework is completed) and get into their practical training program sooner. Abdill is the only limited x-ray school in Oregon that has reported that this issue with the national accrediting entity has been a serious problem.

Carol suggested deleting “On a case-by-case basis” on line 14 of the proposed draft rule, based upon the reasoning that it does not provide a concrete standard. Kim Earp made a motion to begin rulemaking, with the rules as originally drafted but striking “On a case-by-case basis.” Bill McMillen seconded. Approved 8-0.

Public comment:

Pam Sprague: Commented in favor of delineating point of care ultrasound from diagnostic ultrasound. She said she had had a conversation with Ed Conlow, who indicated that he planned to work with national organizations to promote accepted national practice standards to delineate who

should and should not be performing either point of care or diagnostic sonography. Carol Parks noted that the OBMI does not have jurisdiction over licensed health providers who perform sonography within the legal scope of practice, in accordance with the OBMI statute. Frank Krause indicated that collaboration with other licensure boards must be part of any plan going forward.

Monica Quintero-DeVlaeminck: Commented on the time it takes for a student to enroll for the ARRT exam for limited x-ray machine operator. She noted that it takes a number of weeks from the time the didactic portion ends until the student actually sits for the exam. She said that the proposed rule amendment discussed today is moving in the right direction, but that maybe more could be done in this regard, to help collapse the time lag between coursework and exam, so that classroom lessons will be fresher in the students' minds when they sit for the exam.

She asked board members to consider the practical evaluations that the students are required to do. She suggested that there are a number of required practical's that are no longer the standard of care, so it can sometimes be very difficult to get the required practice. She also noted that typically the trauma-type cases go straight to the hospitals, not to the clinics where the LXMOs are working. She wonders if, down the road, we could take another look at the practical experience requirements. Dr. Farthing asked if Monica could provide a list of the situations that she feels LXMOs have a hard time getting, to see if we need to look at having them done with a phantom rather than a live body. Thomas King asked if Monica could provide a list to Ed Conlow.

Also, Monica suggested that having hands-on experience beforehand could help with the pass rates. Under the previous system, the LXMO students would get a temporary license and work hands-on with a real live patient, before taking the test. Thomas King said that he appreciated her comments and suggested that this topic will likely be discussed further in the future.

Adjourn: Motion to adjourn by McMillen; second by Krause, at 3 pm.