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Radiologic Technology Community Development & Program Director
The College of Health Care Professions

Sunset Advisory Commission:

This submission is in response to the public hearing testimony that was held on Friday, December 9th regarding Issue 3 – The recommendation to abolish the Limited Medical Radiologic Technologist Certification. Several points were brought up during the testimony that I would like to respond to and/or provide a recommendation for improvement.

1. **LMRT Licensure Process Concern**
    a. LMRT applicants are required to apply for licensure through the Texas Medical Board (TMB)
    b. Currently, the process is extremely cumbersome and TMB is difficult to reach. TMB sends out automated email responses not to call TMB due to the high call volume. It is extremely difficult for applicants to obtain responses/updates from TMB
    c. The TMB often loses documents that have been submitted for the licensure process. The applicants and the LMRT programs are having to submitted documents multiple times to different individuals because documentation has been lost in the process. This results in a great deal of frustration and major inefficiencies.
    d. Many of the individuals that are processing the LMRT licenses are not familiar with the process, give out incorrect information or do not understand the requirements related to LMRT programs and have incorrectly questioned items thus delaying the licensure process.
    e. LMRT applicants have the option to take the different categories of the LMRT licensure examination, thus leading to additional challenges for the TMB to monitor and process applications and the different areas of radiography
    f. LMRT applications have the option to become NCT's instead of taking the licensure examination which does a disservice to the industry and the quality of care.
        i. In addition, if an applicant allows their LMRT/RT licensure to lapse or they are unable to pass licensure/registration examination, they are allowed to apply to become NCT's, which should not occur.
        ii. There are no other health care professions where individuals are allowed an "alternate" profession if they don't meet the requirements for licensure.

Recommendation for Improvement:

- Streamline the LMRT Licensure process
- Obtain feedback and information from individuals who have extensive experience with the LMRT Program and the LMRT student processes.
- Make a requirement for the State of Texas that requires that LMRT applicants pass all components to obtain LMRT licensure or repeat the entire exam. This keeps the TMB from having to manage different imaging components and provides consistency for the profession so that all LMRT's will have the same licensure standards and consistency. LMRT licensure applicants would be required to complete and successfully pass the following components:
    - Core Module
    - Radiographic Procedure Modules:
        - Chest, Extremities, Skull/Sinuses, Spine, Podiatric

2. **ARRT Examination Process Concern**
    a. The American Registry of Radiologic Technologists (ARRT) provides the credentialing for General Radiologic Technologists at a national level. The ARRT certifies and registers Radiologic Technologists through educational standards, ethics, and examinations requirements.
    b. **Limited Scope of Practice in Radiography**
        i. Currently there are 34 states that utilize Limited Scope Radiologic Technologists
        ii. The licensing exam, designed and administered by ARRT is offered to states for state licensing purposes
        iii. Each state agency determines the appropriateness of the exam for its candidates. Each state also has to determine the score pass/fail for their candidates
        iv. Candidates apply to the state licensing agency for licensing examination and receive results from the same agency. The names are submitted by the state to the ARRT based on the state requirements.
        v. ARRT scores the exams and reports the number of questions each candidate answered correctly to the state licensing agency. The agency then notifies the candidates of their examinations and/or licensing results.
        vi. NCT's do not take any type of curriculum or clinical competency assessments or a licensure examination.

Reference:
ARRT – Limited Scope of Practice in Radiography: https://www.arrt.org/state-licensing/limited-scope

Recommendation:

- Establish a consistent process for LMRT licensure to include establishing pass/fail to include a comprehensive approach to include all components of the licensure ensure
- Remove the requirement to have a Temporary LMRT license prior to taking the exam.
- All the applicants to submit an "application" along with an official transcript for the LMRT program that designates the student has completed the LMRT required curriculum and meets eligibility requirements to take the LMRT examination.
- **Suggestion:** Establish a website or area on the TMB website where LMRT Program Directors can access. The LMRT Program Directors can enter the student information for the examination and then acknowledge/certify that the student meets the requirements for LMRT examination
- This will improve the time it takes for the licensure examination which is currently 3-6 months after the student graduates. The sooner students can take the LMRT examination the more successful they will be. The longer the students have to wait with a complex process, it rapidly decreases success rates on examinations.

See Attachment:
"ARRT - Specification for the Limited Scope of Practice in Radiography Examination"

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Issue 3:
Oppositions to Recommendation to Abolish the Limited Medical Radiologic Technologist Licensure

As an imaging professional, we have the responsibility of ensuring that we are providing the highest level of care, maintaining patient safety, and ensuring that individuals who utilize ionizing radiation for radiography are well trained both on a didactic and clinical level. Radiography and medical imaging is more than "pushing buttons." Radiologic Technologists are trained extensively on radiation safety, imaging quality, pathology, patient positioning, image acquisition, and patient safety and quality.....to produce a high quality diagnostic image.

It is important to the imaging profession to have the most qualified or those with the most appropriate education level for the safety of the patient. According to the ASRT Position Statements (June 2016), "The American Society of Radiologic Technologists opposes the employment or utilization of uncertified or unlicensed individuals to administer ionizing or nonionizing radiation for diagnostic or therapeutic procedures. This is a breach of responsibility of the health care industry in providing quality patient care."
Current there are 34 states that utilize Limited Scope technologists. According to the ASRT Limited X-ray Machine Curriculum, "the knowledge and cognitive skills underlying the intelligent performance must be equivalent to that of the general radiographer."

Our focus as a health care provider is to ensure high quality of care and patient safety which entails preventing harm at the patient level. Without the appropriate training or education, patient safety can be impacted by poor technique, inadequate positioning which can lead to repeat examinations and jeopardizes quality health care.

Why would we remove licensed technologists who have demonstrated competency through classroom didactic training, clinical competency, and a licensure board exam and have NCT's who have limited training, no required clinical training or competencies, and no required licensure/board exam. Some NCT's are imaging professionals who chose not to take licensing examination or were unable to pass the state exam and decided to go the path of least resistance by becoming a NCT.
Is this who we want performing radiographs on our families and children?

Recommendation:
The answer is not to eliminate licensed and training LMRT's. The focus should be on improving the process.

- Streamline the licensure process and eliminate the option to have multiple different types of licensure types as it relates to LMRT licensure.
- Move toward implementing a standard that all LMRT's must take all components of the state licensure examination and successfully pass all components to obtain a passing score.
- Remove the requirement for temporary licensure before taking the licensure examination because it only adds an additional administrative burden. Once students have documented completion of a LMRT course and meet the background requirements for TMB, then allow them to move forward with scheduling the require state examination.

From: Sunset Advisory Commission
To: Janet Wood
Subject: FW: Public Input Form for Agencies Under Review (Public/After Publication)
Date: Monday, November 28, 2016 10:36:50 AM

-----Original Message-----
From: sundrupal@capitol.local [mailto:sundrupal@capitol.local]
Sent: Monday, November 28, 2016 10:22 AM
To: Sunset Advisory Commission
Subject: Public Input Form for Agencies Under Review (Public/After Publication)

Agency: TEXAS MEDICAL BOARD

First Name: Tonya

Last Name: Brightmon

Title: Radiologic Technologist

Organization you are affiliated with:

Email:

City: Katy

State: Texas

Your Comments About the Staff Report, Including Recommendations Supported or Opposed:
We are opposed to the recommendation listed under Issue 3 to abolish the limited medical radiologic technologist certification. According to American Society of Radiologic Technologists (ASRT) limited x-ray machine operator's curriculum, "the knowledge and cognitive skills underlying the intelligent performance must be equivalent to that of the general radiographer."
LMRT's have didactic and clinical training equivalent to a minimum of 1500 hours. LMRT programs include 900 hours of classroom training and 600 clinical hours in the field with direct patient care. It is impossible for NCT's to have the level of training in 120 hours to provide a high level of quality care as it relates to accurate patient radiographic positioning, radiation safety, and patient protection. In addition, without a clinical training requirement or competency assessment, there are no quality controls in place to evaluate the level of clinical competency and provides a lower
level of care which can compromise the overall safety of the patient. Every
patient deserves to have the most qualified and trained radiographers performing diagnostic radiographic examinations."

Elimination of LMRT's would have a direct impact on the quality of care provided for patients during radiographic examinations.

Patient Comprehensive educational programs such as the LMRT and MRT provide the educational foundational and focus that is needed regarding radiation safety, radiation protection, image acquisition, patient positioning, anatomy and physiology, and image evaluation.

Patient safety can be impacted by poor technique, inadequate positioning which can lead to repeat examinations and jeopardizes quality health care.

Each year, between 4 and 7% of medical imaging examinations have to be repeated due to improper positioning or technique. This not only puts the patient safety at risk due to threat of overexposure to radiation during a radiologic test. A lack of proper educational and clinical training contributes to unnecessary radiographic repeat examinations.

NCT's do not have a clinical training requirement or competency assessment which results in no quality controls in place to evaluate the level of clinical knowledge, clinical competency, and provides a lower level of care which can compromise the overall safety of the patient.

Every patient deserves to have the most qualified and trained radiographers performing diagnostic radiographic examinations.

Any Alternative or New Recommendations on This Agency: A recommendation is to streamline the process for LMRT licensure. A recommendation to require all LMRT licensure applicants to pass all components of the LMRT examination and eliminate the option for separate licensure specialties. This would be in alignment with MRT's who are required to be competent in all areas and pass a single exam. Eliminate non-licensed technologists with the exception of those restricted to podiatry only. NCT's do not have the level of training to properly know and be competent in anatomy, radiation biology, radiation safety, image acquisition and evaluation, patient care, and patient positioning. 120 hours with no clinical requirement compromises the value of high quality patient care and risk to unnecessary radiation exposure.

My Comment Will Be Made Public: I agree