

2017 SDSRT Advocacy Action Plan

Goal: Creation of professional standards for radiographers, radiation therapists, nuclear medicine technologists, limited x-ray machine operators (skull, spine, chest, extremities, podiatric and bone densitometry) and radiologist assistants in South Dakota. Depending on need, standards for magnetic resonance technologists, sonographers and limited x-ray machine operators (fluoroscopy) could also be included.

Approach: SDSRT prefers to address standards through working with regulators with the DoH, rather than going through the South Dakota Legislature. In the past, the legislature has been averse to creating new professional health licensure categories and there is no indication that this position has changed or that it will change post-election. SDSRT has previously been successful in working with the DoH to have language added to radiation control regulations:

44:03:01:14.01. Operator requirements for X ray equipment. Any person who is certified or registered by the American Registry of Radiologic Technologists, by another state, or who has documented 40 hours of orientation and training in the operation of radiation producing equipment by a qualified instructor may operate any radiation producing device. **For the purposes of complying with the provisions of electronic health records certification criteria established pursuant to 45 CFR 495.6 a radiologic technologist certified and registered by the American Registry of Radiologic Technologists or licensed by another state is considered to be a licensed health care professional.** Dental radiographers shall have a minimum of 16 hours of training.

In addition to the section above, other sections of the SD Administrative Code under the direction of the DoH that apply to radiologic technologists:

Radiation Control

44:03:01:08. Prohibited uses of radiation. No person may be exposed to diagnostic or therapeutic radiation except for healing arts purposes and only if the exposure has been authorized by a licensed practitioner of the healing arts. No person may be exposed to the useful beam for non-healing arts training, instruction, or demonstration, or other purposes. The following radiation producing equipment may not be used and the following specified procedures may not be performed:

- (1) Fluoroscopic devices for fitting shoes;
- (2) Photofluorographic equipment;
- (3) Dental fluoroscopic imaging assemblies;
- (4) Hand-held radiographic or fluoroscopic imaging devices, except for intra-oral radiographic imaging devices;
- (5) The use of fluoroscopy for positioning a patient for general radiographic imaging, except for radiation therapy simulators;

(6) The use of fluoroscopy and c-arm fluoroscopes by a person other than a licensed practitioner of the healing arts unless under the supervision of a licensed practitioner of the healing arts;

(7) The use of direct exposure X ray film (without intensifying screens) for routine diagnostic procedures other than intraoral dental radiography, therapeutic portal imaging, and industrial radiography;

(8) Nonimage intensified fluoroscopic X ray equipment; or

(9) The use of X ray equipment for mammography unless specifically designed by the manufacturer for the imaging of the breast.

44:03:01:14.02. Operator training requirements for diagnostic radiation equipment. A qualified instructor must do all training for operators of diagnostic radiation equipment. Documentation of the training must include the dates, instructor, and subjects covered. Continuing education credits would qualify as part of the training. The following are areas in which an individual must have documented training for the operation of X ray equipment:

(1) Fundamentals of radiation safety must cover characteristics of radiation, units of radiation measurement, hazards of exposure to radiation, levels of radiation from sources, and methods of controlling radiation dose;

(2) Familiarization with equipment must cover identification of controls, function of each control, how each control affects technique chart, and utilization of technique chart;

(3) Film processing must cover film speed as related to patient exposure, film processing with automatic processors, film processing manually, and factors affecting film processing quality;

(4) Anatomy and positioning relative to scope of practice, including patient preparation, and correct method for performing procedures; and

(5) The requirement of federal and state regulations pertinent to the services offered.

44:03:01:14.03. Operator continuing education requirements. Any operator of a radiation producing device shall have five hours of documented continuing education over a three-year period containing information on radiation safety, equipment operation, film processing, emergency procedures, anatomy, positioning of film and body parts, orientation or training in new developed procedures, infection control, or rules pertinent to the services offered. Excluded from the five hours of continuing education are any licensed practitioner of the healing arts and any employee of a dental facility.

Hospital, Specialized Hospital and Critical Access Hospital Facilities and Ambulatory Surgery Center Facilities.

44:76:09:07. Radiological department personnel. There shall be trained personnel to provide the scope of services offered by the facility. If therapeutic radiological services are provided, the services shall be under the direct supervision of a radiologist.

Strengths, Weaknesses, Opportunities and Threats:

In the SWOT analysis, the following were identified by the participants. The items highlighted in bold appear to be most directly applicable to an advocacy effort:

Strengths:

- Professional pride
- **Established legislative committee with understanding of issues**
- **Financially stable**
- **Good communication and reputation with facilities in state; a wide blend of different types of health facilities**
- Strong affiliate in ASRT
- Consistent leadership
- Mentoring
- Networking
- **Educators on board with advocacy and mentoring**
- **Relationship with state agencies and building on past success**

Weaknesses:

- Need to reach more technologists; **lack of engagement by technologists**
- Generational gap; senior members and student members, but missing the ones in the middle.
- Millennials and Gen Z work in a different way; need to find incentives for membership
- Facilities don't support their employees being involved.
- **Need to get members to care about advocacy**
- **Need to reach out to other health care professional organizations about licensure**

Opportunities:

- **Build relationships with other groups and meet with them on issues.**
- Communication with members AND NON MEMBERS.
- **Opportunity to recruit new members based on advocacy efforts**
- Reach out to students on importance of membership and advocacy to include second year students
- Opportunity to reinforce the importance of membership after graduation.
- Get current students involved; from other medical imaging groups.
- **Get students actively educated in advocacy activities.**
- Increase activity level; engage throughout the year.
- Visibility; social media (get the students/young members involved)
- Survey nurses (do you want to learn to do x-ray? Do you feel comfortable with radiation awareness?) Get radiology nurses to teach other nurses.
- **Presence at other health care organization meetings**
- **Outreach to other organizations/professions (radiologists)/physician assistants**
- Need to educate technologist on "bigger" issues, like MU, why standards are important
- **Establish a legislative mission; consistent responses. Establish official SDSRT positions on issues.**

- Media outreach on professional issues and SDSRT events; PR committee.

Threats:

- **Health care systems not supportive**
- Losing members because of costs, licensure may be considered an additional cost without added value
- General apathy
- Board turnover (carrying on the mentoring tradition)
- Health care reform\affordable care\mergers and acquisitions
- **No formalized path for LXMO**
- **Confusion about what SDSRT is doing about licensure and advocacy.**

Based on SWOT, the main focuses of the campaign:

- Create a regulatory proposal based on input from state agencies and stakeholders.
- Communications plan to keep members informed and engaged in advocacy efforts
- Mentor students and new members in advocacy methods to maintain a sustainable effort.

Questions for Initial discussion:

- Which modalities need standards? (primary – radiography, therapy, nuclear medicine, MR, sonography? Post-primary – CT, CI/VI/CV, PET, vascular ultrasound? Advanced practice – RA?)
- What should the standards encompass? (education, certification, continuing education, educational program accreditation? Certification organization accreditation?)
- Who could be exempted from standards and who needs limited-use standards? (LXMO, limited fluoroscopy for PAs? Visualization ultrasound for nurse-midwives and vascular access?)
- How will standards be enforced? (Facility inspection? Facility personnel policies? During radiation control inspection?)
- Where will the standards reside in state regulation? (Hospital facility rules? Radiation Control Rules?)

Timeline:

When:	What:	Who:
As Soon as Possible	Determine which SDSRT Board members will lead the standards effort?	
	Go through initial discussion items (above).	
	Create notes/document outlining what SDSRT would like/not like to see in standards.	
January	Meet with state agencies (Department of Health -	

	hospitals, Radiation Control) to discuss the plan and goal.	
	Determine if a regulatory consultant (e.g., person experienced in lobbying regulatory agencies) is needed.	
	Create budget for advocacy project.	
	Write article for SDSRT newsletter/website announcing campaign and broad details.	
February	Start reaching out to other stakeholders to discuss proposal (radiologists, hospitals)	
	Based on input from state agency start drafting changes to existing regulations.	
	Survey SDSRT members about what their main concerns about standards are.	
March	Based on survey results, make adjustments to draft regulations, share these adjustments with state agency and stakeholders.	
	Summarize and publish on SDSRT website/newsletter the results of the survey.	