



## Proposed Regulation Agency Background Document

<b>Agency name</b>	Board of Medicine, Department of Health Professions
<b>Virginia Administrative Code (VAC) citation</b>	18VAC85-101-10 et seq.
<b>Regulation title</b>	Regulations Governing the <del>Licensure of Radiologic Technologists and Radiologists-Limited</del> <u>Practice of Radiologic Technology</u>
<b>Action title</b>	Licensure of Radiologist Assistants
<b>Date this document prepared</b>	12/15/09

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 36 (2006) and 58 (1999), and the *Virginia Register Form, Style, and Procedure Manual*.

### Brief summary

*In a short paragraph, please summarize all substantive provisions of new regulations or changes to existing regulations that are being proposed in this regulatory action.*

Amendments to Chapter 101, Regulations Governing the Licensure of Radiologic Technologists and Radiologists-Limited; the title of the regulations will be changed to Regulations Governing the Practice of Radiologic Technology to encompass the new profession of radiologist assistants RA's). Amendments are adopted to specify the requirements for licensure of RA's, including the education and examination that will assure minimum competency to practice; provisions for applicant and licensure fees; requirements for renewal and reinstatement to include some evidence of continuing competency to practice; and provisions for scope of practice, including supervision by a doctor of medicine or osteopathic medicine with a specialty in radiology. Current regulations, such as requirements for unprofessional conduct and renewal schedules, are amended to be applicable to RA's as well as radiologic technologists and radiologic technologists, limited.

### Acronyms and Definitions

Please define all acronyms used in the Agency Background Document. Also, please define any technical terms that are used in the document that are not also defined in the "Definition" section of the regulations.

ARRT = American Registry of Radiologic Technologists

RA = radiologist assistant

## Legal basis

Please identify the state and/or federal legal authority to promulgate this proposed regulation, including (1) the most relevant law and/or regulation, including Code of Virginia citation and General Assembly chapter number(s), if applicable, and (2) promulgating entity, i.e., the agency, board or person. Describe the legal authority and the extent to which the authority is mandatory or discretionary.

Regulations are promulgated under the general authority of Chapter 24 of Title 54.1 of the Code of Virginia. Section 54.1-2400, which provides the Board of Medicine the authority to promulgate regulations to administer the regulatory system:

**§ 54.1-2400 -General powers and duties of health regulatory boards**

*The general powers and duties of health regulatory boards shall be:*

- 1. To establish the qualifications for registration, certification or licensure in accordance with the applicable law which are necessary to ensure competence and integrity to engage in the regulated professions.*
- 2. To examine or cause to be examined applicants for certification or licensure. Unless otherwise required by law, examinations shall be administered in writing or shall be a demonstration of manual skills.*
- 3. To register, certify or license qualified applicants as practitioners of the particular profession or professions regulated by such board.*
- ...*
- 6. To promulgate regulations in accordance with the Administrative Process Act (§ 9-6.14:1 et seq.) which are reasonable and necessary to administer effectively the regulatory system. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ [54.1-100](#) et seq.) and Chapter 25 (§ [54.1-2500](#) et seq.) of this title. ...*

Specific regulatory authority for the Board of Medicine is found in §§ 54.1-2900 and 54.1-2956.8:1:

*"Radiologist assistant" means an individual who has met the requirements of the Board for licensure as an advanced-level radiologic technologist and who, under the direct supervision of a licensed doctor of medicine or osteopathy specializing in the field of radiology, is authorized to (i) assess and evaluate the physiological and psychological responsiveness of patients undergoing radiologic procedures; (ii) evaluate image quality, make initial observations, and communicate observations to the supervising radiologist; (iii) administer contrast media or*

*other medications prescribed by the supervising radiologist; and (iv) perform, or assist the supervising radiologist to perform, any other procedure consistent with the guidelines adopted by the American College of Radiology, the American Society of Radiologic Technologists, and the American Registry of Radiologic Technologists.*

*§ 54.1-2956.8:1. Unlawful to practice radiologic technology without license; unlawful designation as a radiologist assistant, radiologic technologist, or radiologic technologist, limited; Board to regulate radiologist assistants and radiologic technologists.*

*Except as set forth herein, it shall be unlawful for a person to practice or hold himself out as practicing as a radiologist assistant, radiologic technologist, or radiologic technologist, limited, unless he holds a license as such issued by the Board.*

*In addition, it shall be unlawful for any person who is not licensed under this chapter whose licensure has been suspended or revoked, or whose licensure has lapsed and has not been renewed to use in conjunction with his name the words "licensed radiologist assistant," "licensed radiologic technologist" or "licensed radiologic technologist, limited" or to otherwise by letters, words, representations, or insignias assert or imply that he is licensed to practice radiologic technology.*

*The Board shall prescribe by regulation the qualifications governing the licensure of radiologist assistants, radiologic technologists, and radiologic technologists, limited. The regulations may include requirements for approved education programs, experience, examinations, and periodic review for continued competency.*

*The provisions of this section shall not apply to any employee of a hospital licensed pursuant to Article 1 (§ 32.1-123 et seq.) of Chapter 5 of Title 32.1 acting within the scope of his employment ] or engagement as a radiologic technologist.*

*§ 54.1-2956.8:2. Requisite training and educational achievements of radiologist assistants, radiologic technologists, and radiologic technologists, limited.*

*The Board shall establish a testing program to determine the training and educational achievements of radiologist assistants, radiologic technologists, or radiologic technologists, limited, or the Board may accept other evidence such as successful completion of a national certification examination, experience, or completion of an approved training program in lieu of testing and shall establish this as a prerequisite for approval of the licensee's application.*

**Purpose**

*Please explain the need for the new or amended regulation by (1) detailing the specific reasons why this regulatory action is essential to protect the health, safety, or welfare of citizens, and (2) discussing the goals of the proposal, the environmental benefits, and the problems the proposal is intended to solve.*

The goal of this action is to comply with provisions of Chapters 83 and 507 of the 2009 Acts of the Assembly, which require the Board to promulgate regulations for the licensure of radiologist assistants. Criteria for licensure, supervision and practice are adopted to ensure individuals

licensed as radiologist assistants are competent to practice as advanced practitioners in radiology, assisting the radiologist in patient care and treatment.

Prior to the introduction of legislation, the Advisory Board on Radiological Technology and the Board of Medicine had reviewed the responsibilities and the training of radiology assistants and concluded that the definition and duties for a RA exceed the scope of practice currently stated in law for a radiologic technologist and that it appeared to be a separate profession from radiologic technology. The Virginia Chapter of the American College of Radiology supported licensure for the profession of Radiologist Assistant and the Department of Radiology at VCU Medical Center already has a training program for RA’s. Therefore, legislation and regulation for licensure will allow this advanced level practitioner to perform the additional duties for which they are trained and which are currently outside the scope of practice for a radiologic technologist in Virginia. The RA does not perform image interpretation or diagnose, does not dispense medications and works under the supervision of a radiologist; and with the specialized training received in a RA program and the accountability of licensure, the health and safety of patients is adequately protected.

**Substance**

*Please briefly identify and explain new substantive provisions (for new regulations), substantive changes to existing sections or both where appropriate. (More detail about all provisions or changes is requested in the “Detail of changes” section.)*

Regulations specify qualifications for licensure, including completion of an educational program and certification examination, criteria for renewal and continued competency, requirements for supervision and professional practice and fees for obtaining and maintaining licensure.

**Issues**

*Please identify the issues associated with the proposed regulatory action, including:*

- 1) the primary advantages and disadvantages to the public, such as individual private citizens or businesses, of implementing the new or amended provisions;*
- 2) the primary advantages and disadvantages to the agency or the Commonwealth; and*
- 3) other pertinent matters of interest to the regulated community, government officials, and the public.*

*If the regulatory action poses no disadvantages to the public or the Commonwealth, please so indicate.*

- 1) The primary advantage to the public is an expansion of physician extenders through the licensure and practice of radiologist assistants. Licensure will offer assurance of consistent education, training and minimum competency and oversight by the Board of Medicine. There is no restriction on the current scope of practice of radiologic technologists, there is an opportunity for an advanced practice with additional education and training. There are no disadvantages to the public.
- 2) There are no advantages or disadvantages to the agency or the Commonwealth. The number of licensees is expected to be relatively small, and the disciplinary caseload expected to be minimal. Since RA’s will be regulated under the Board of Medicine and

the Advisory Board on Radiologic Technology and will be licensed and disciplined with existing staff, there are few additional administrative costs for licensure.

- 3) There are no other pertinent matters.

### Requirements more restrictive than federal

*Please identify and describe any requirement of the proposal, which are more restrictive than applicable federal requirements. Include a rationale for the need for the more restrictive requirements. If there are no applicable federal requirements or no requirements that exceed applicable federal requirements, include a statement to that effect.*

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There are no applicable federal requirements.

### Localities particularly affected

*Please identify any locality particularly affected by the proposed regulation. Locality particularly affected means any locality which bears any identified disproportionate material impact which would not be experienced by other localities.*

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There are no localities particularly affected.

### Public participation

*Please include a statement that in addition to any other comments on the proposal, the agency is seeking comments on the costs and benefits of the proposal and the impacts of the regulated community.*

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In addition to any other comments, the board/agency is seeking comments on the costs and benefits of the proposal and the potential impacts of this regulatory proposal. Also, the agency/board is seeking information on impacts on small businesses as defined in § 2.2-4007.1 of the Code of Virginia. Information may include 1) projected reporting, recordkeeping and other administrative costs, 2) probable effect of the regulation on affected small businesses, and 3) description of less intrusive or costly alternative methods of achieving the purpose of the regulation.

Anyone wishing to submit written comments may do so via the Regulatory Townhall website, [www.townhall.virginia.gov](http://www.townhall.virginia.gov), or by mail to Elaine Yeatts at Department of Health Professions, 9960 Mayland Drive, Suite 300, Richmond, VA 23233 or [elaine.yeatts@dhp.virginia.gov](mailto:elaine.yeatts@dhp.virginia.gov) or by fax to (804) 527-4434. Written comments must include the name and address of the commenter. In order to be considered comments must be received by the last date of the public comment period.

A public hearing will be held and notice of the public hearing may appear on the Virginia Regulatory Town Hall website ([www.townhall.virginia.gov](http://www.townhall.virginia.gov)) and the Commonwealth Calendar. Both oral and written comments may be submitted at that time.

**Economic impact**

*Please identify the anticipated economic impact of the proposed new regulations or amendments to the existing regulation. When describing a particular economic impact, please specify which new requirement or change in requirement creates the anticipated economic impact.*

<p><b>Projected cost to the state to implement and enforce the proposed regulation, including (a) fund source, and (b) a delineation of one-time versus on-going expenditures.</b></p>	<p>a) As a special fund agency, the Board must generate sufficient revenue to cover its expenditures from non-general funds, specifically the renewal and application fees it charges to practitioners for necessary functions of regulation; b) The agency will incur some one-time costs (less than \$1,000) for mailings to the Public Participation Guidelines mailing lists, conducting a public hearing, and sending notice of final regulations to regulated entities. Since most mailings to the PPG list are handled electronically, there is very little cost involved. Every effort will be made to incorporate those into anticipated mailings and Board meetings already scheduled. Additional on-going expenditures relating the licensure and practice of radiologist assistants will be offset by additional revenue from applications and renewal of licensure.</p>
<p><b>Projected cost of the <i>new regulations or changes to existing regulations</i> on localities.</b></p>	<p>None</p>
<p><b>Description of the individuals, businesses or other entities likely to be affected by the <i>new regulations or changes to existing regulations</i>.</b></p>	<p>The entities that are likely to be affected by these regulations would be persons who are currently trained or will be trained as radiologist assistant, who will be able to obtain a license and fully practice their profession.</p>
<p><b>Agency’s best estimate of the number of such entities that will be affected. Please include an estimate of the number of small businesses affected.</b> Small business means a business entity, including its affiliates, that (i) is independently owned and operated and (ii) employs fewer than 500 full-time employees or has gross annual sales of less than \$6 million.</p>	<p>The number of persons affected is unknown; there are likely less than 25 who will qualify for licensure at the beginning. None of the entities affected would be small businesses; radiologist assistants typically work in licensed hospitals or within the practice of a group of radiologists.</p>
<p><b>All projected costs of the <i>new regulations or changes to existing regulations</i> for affected individuals, businesses, or other entities. Please be specific and do include all costs. Be sure to include the projected reporting, recordkeeping, and other administrative costs required for compliance by small businesses.</b></p>	<p>For those who choose to be a licensed radiologist assistant, there will be an application fee of \$130. Persons who hold a license as a radiologic technologist will pay a biennial renewal fee of \$50 (in addition to the \$135 renewal fee for a rad tech license); persons who are not licensed as a rad tech</p>



<p><b>Specify any costs related to the development of real estate for commercial or residential purposes that are a consequence of the proposed regulatory changes or new regulations.</b></p>	<p>will pay a biennial fee of \$150. The ARRT charges \$200 for the certification examination, which is a requirement for initial licensure.</p>
<p><b>Beneficial impact the regulation is designed to produce.</b></p>	<p>The beneficial impact would be full utilization of radiologist assistants in the practice of radiologic technology.</p>

**Alternatives**

*Please describe any viable alternatives to the proposal considered and the rationale used by the agency to select the least burdensome or intrusive alternative that meets the essential purpose of the action. Also, include discussion of less intrusive or less costly alternatives for small businesses, as defined in §2.2-4007.1 of the Code of Virginia, of achieving the purpose of the regulation.*

On October 6, 2006, the Advisory Board on Radiological Technology (advisory to the Board of Medicine), heard a presentation from a member of the Advisory Board, on her research on state laws regarding definitions of the practice of radiology assistants (RA). The Advisory Board reviewed a number of documents, including an issue brief from the American Academy of Physician Assistants, entitled, “Physician Assistants and Radiology Practitioner Assistants: The Distinctions.” It also reviewed the Registered Radiologist Assistant Role Delineation of the American Registry of Radiologic Technologists (ARRT), model legislation regarding radiology assistants from the American Society of Radiologic Technologists, statutes from other states regarding radiology assistants, a job description for a radiology assistant from the VCU Health System and current Virginia laws and regulations. Representatives of VCU/MCV explained the duties and functions from the list of Clinical Activities listed in the Registered Radiologist Assistant Role Delineation.

After considerable inquiry and discussion, including point-by-point consideration of the 42 clinical activities in the ARRT role delineation, the consensus of the radiological technologists on the Advisory Board was that the anticipated duties appeared to fit under the current scope of practice for radiological technologists. Dr. William Harp, Executive Director of the Board of Medicine, pointed out that the statutory definition of a radiologic technologist (§ 54.1-2900) refers primarily to the use of equipment that emits ionizing radiation.

At its meeting on October 16, 2006, the Virginia Board of Medicine heard a presentation from the member of the Advisory Board, who provided some history on the development of the RA profession and related that the Advisory Board had recommended that the responsibilities of a RA generally fell within the current definition of a radiologic technologist with the exception of a few duties that were questionable. Several board members expressed concern that the level of responsibility of a RA was beyond that of a radiologic technologist and that it appeared to be a separate profession from radiologic technology as currently defined. The Board was reminded that it would require a change in the Code of Virginia to establish radiologic assistants as a separate profession. After considerable discussion, the Board decided that the definition and

duties for a RA, as presented, exceeds the scope of practice currently stated in law for a radiologic technologist.

At its meeting on October 23, 2008, the Board of Medicine heard a presentation from Kevin McNally on behalf of the Virginia Chapter of the American College of Radiology regarding licensure for the profession of Radiology Assistant (RA). He provided an overview of the profession and advised that the Chapter would seek legislation in the 2009 Session of the General Assembly. He referred to previous background information provided to the Advisory Board on Radiologic Technology and the Board, as well as a recently developed DVD of information provided to board staff to be used in the development of regulations.

Information that was reviewed in the development of regulations included: 1) An outline of the curriculum for the RA course of study at Virginia Commonwealth University's Department of Radiation Sciences; 2) A brief outline of the requirements for RA licensure as enacted by eighteen states, including a map depicting those states that have passed RA legislation; 3) Copies of the pertinent legislation, statutes and regulations of the states that currently regulate RA's, plus a copy of the legislation pending in New Jersey; and 4) White papers from the American College of Radiology, the American Society of Radiographic Technologists, and the American Registry of Radiologic Technologists relating to the development of the RA professional position, scope of practice, certification and ethical standards.

At its meeting on November 9, 2009, the Advisory Board on Radiologic Technology worked with radiologists from the RA program and the Radiology Department at VCU/MCV, radiologists representing the Virginia Chapter of the American College of Radiology, radiologic technologists who are working as RA's in Winchester, and other interested parties in attendance to draft recommendations for adoption by the Board. All parties collaborated to address any concerns or questions, and all were in agreement about the draft regulations forwarded to the full Board for its adoption on December 3, 2009.

### Regulatory flexibility analysis

*Please describe the agency's analysis of alternative regulatory methods, consistent with health, safety, environmental, and economic welfare, that will accomplish the objectives of applicable law while minimizing the adverse impact on small business. Alternative regulatory methods include, at a minimum: 1) the establishment of less stringent compliance or reporting requirements; 2) the establishment of less stringent schedules or deadlines for compliance or reporting requirements; 3) the consolidation or simplification of compliance or reporting requirements; 4) the establishment of performance standards for small businesses to replace design or operational standards required in the proposed regulation; and 5) the exemption of small businesses from all or any part of the requirements contained in the proposed regulation.*

There are no alternative regulatory methods; regulations for licensure of RA's are mandated by the Code of Virginia.

### Public comment



Please summarize all comments received during public comment period following the publication of the NOIRA, and provide the agency response.

Commenter	Comment	Agency response
Peter Shams-Avari, American Society of Radiologic Technologists	Suggests the regulations include: graduation from a RA educational program recognized by the ARRT; 2) program inclusive of a clinical preceptorship; 3) certification by ARRT as an RA; and 4) delegated tasks delineated in a formal agreement between the supervising radiologist and the RA which would be submitted to the board	The board has adopted the qualifications recommended but did not require a formal written agreement between the supervising radiologist and the RA as requested.
Jeffrey Legg, Virginia Commonwealth University	The professional licensure of radiologist assistants is supported by the American College of Radiology, the Virginia Chapter of the ACR, the American Society of Radiologic Technologists, and the Virginia Society of Radiologic Technologists. This development of the radiologist assistant (RA) profession within the field of radiologic technology is an important step for improving access to care for patients in Virginia. The RA will serve as an extender for radiologists and perform procedures under varying levels of supervision by radiologists.	The board concurs with the comment.
David Pyle Rick Sharp Jeffrey LaPole  Winchester Radiologists	Support state licensure for mid level radiology extenders - only concern is the new entry level clinical activities recently published by the ARRT. Asks the board to allow the supervising radiologist and the hospital credentialing committee have a role in the decision making of what clinical activities the Radiology extender may or may not do.	The board set out a broad description of the practice of an RA in section 91, which includes imaging procedures consistent with guidelines adopted by three major professional organizations relating to radiology and radiologic technology. The board recognizes that there will be a range of experience and expertise, but the Code of Virginia specifies that the procedures must be consistent with the guidelines of the professional organizations and cannot be determined by the supervising radiologist. Therefore, the board does not support giving the supervisor to ability to expand the scope of practice for an RA beyond the role recognized by the professions.
Anthony Spinelli, MD John Wood, MD  Winchester Radiologists	Support for licensure and for restricting interpretation of imaging to the radiologist. Also supports allowing the supervising MD or credentialing committee of a hospital to determine how an RA practices.	Same response as above.

**Family impact**

*Please assess the impact of the proposed regulatory action on the institution of the family and family stability including to what extent the regulatory action will: 1) strengthen or erode the authority and rights of parents in the education, nurturing, and supervision of their children; 2) encourage or discourage economic self-sufficiency, self-pride, and the assumption of responsibility for oneself, one’s spouse, and one’s children and/or elderly parents; 3) strengthen or erode the marital commitment; and 4) increase or decrease disposable family income.*

There is no impact on the family or family stability.

**Detail of changes**

*Please detail all changes that are being proposed and the consequences of the proposed changes. If the proposed regulation is a new chapter, describe the intent of the language and the expected impact if implemented in each section. Please detail the difference between the requirements of the new provisions and the current practice or if applicable, the requirements of other existing regulations in place.*

*In addition to the changes detailed below, there are editing changes to incorporate radiologist assistant in the regulatory structure.*

Current section number	Proposed new section number, if applicable	Current requirement	Proposed change, rationale, and consequences
10	n/a	Sets out definitions for words and terms used in regulation	<ul style="list-style-type: none"> <li>• The term “direct supervision” is amended to remove the practice of RA’s from the current definition which is not accurate or adequate for the use of direct supervision in the practice of an RA.</li> <li>• The word “radiologist” is defined to mean a doctor who has board certification. <i>Since the Code requires supervision by a doctor “specializing in the field of radiology,” the board determined that it was necessary to define and clarify who would qualify as a specialist.</i></li> <li>• The acronym “RT-R®” is defined as a person currently certified by the ARRT as a radiologic technologist with certification in radiology. The initials of a radiologic technologist-registered are a trademark of the ARRT.</li> </ul>
25	n/a	Sets out the fee schedule for applicants and licensees	<ul style="list-style-type: none"> <li>• The application fee for an RA is the same as the fee for a radiologic technologist - \$130.</li> <li>• The biennial renewal fee will be \$50 for an RA in addition to the fee of \$135 for licensure as a rad tech, since the RA license would be a secondary license. However, there are rad techs working in hospitals who are exempt from the requirement for licensure as a rad tech, so their RA license would be their primary license and would be renewed at a cost of \$150.</li> <li>• Radiology assistants would pay other fees similar to other licensees.</li> </ul>

n/a	27	Sets out the educational requirements for RA licensure	<p>Section 27 requires that an applicant for licensure as a radiologist assistant be a graduate of an educational program that is currently recognized by the ARRT for the purpose of allowing an applicant to sit for the ARRT certification examination leading to the Registered Radiologist Assistant credential.</p> <p><i>The language was carefully crafted to permit those persons who currently hold the title of RPA (Radiologist Physician Assistant) to be able to sit for the ARRT examination to earn the RA credential. There are a group of RPA's in Winchester who graduated from a RPA program that is not recognized as an approved RA program by the ARRT. However, until December of 2011, the ARRT is recognizing RPA programs for the purpose of allowing those graduates to sit for the RA examination. All of the Winchester RPA's plan to take advantage of that "grandfathering" opportunity and earn the RA credential. After December of 2011, only those programs that meet the ARRT criteria for RA programs (a baccalaureate program with an internship year) will be approved under the provisions of section 27.</i></p>
n/a	28	Sets out the licensure requirements for RA's	<p>Subsection A requires an applicant for licensure as a radiologist assistant to:</p> <ol style="list-style-type: none"> <li>1) Meet the educational requirements specified in 18VAC85-101-27;</li> <li>2) Submit the required application, fee and credentials to the board;</li> <li>3) Hold certification by the ARRT as an RT-R® or be licensed in Virginia as a radiologic technologist; <i>In §54.1-2900, a radiologist assistant is defined as "an advanced-level radiologic technologist. If a person holds a radiologic technologist license in Virginia, it is clear that he meets that qualification. However, there are persons practicing in Virginia hospitals who do not have a rad tech license, so the ARRT credential as a registered radiologic technologist is necessary to provide evidence of competency as rad tech.</i></li> <li>4) Submit evidence of passage of an examination for radiologist assistants resulting in national certification as an Registered Radiologist Assistant by the ARRT; and <i>The ARRT provides the only examination for the RA credential, so it is the standard for competency. Persons who are licensed as RA's in other states would have passed the ARRT certification examination.</i></li> <li>5) Hold certification in Advanced Cardiac Life Support (ACLS). <i>Since the RA is an advanced level practitioner, knowledge of rescue techniques is essential and required for practice.</i></li> </ol> <p>B. If an applicant has been licensed or certified in another jurisdiction as a radiologist assistant or a radiologic technologist, he shall provide information on the status of each license or certificate held.</p> <p><i>The board will require information from other states to</i></p>

			<p><i>determine whether there has been disciplinary action taken against a licensee.</i></p> <p>C. An applicant who fails the ARRT examination for radiologist assistants shall follow the policies and procedures of the ARRT for successive attempts.</p>
n/a	91	Sets out general requirements for RA practice.	<p>Subsection A lists the activities within the scope of practice for a licensed radiologist assistant:</p> <ol style="list-style-type: none"> <li>1. Assess and evaluate the physiological and psychological responsiveness of patients undergoing radiologic procedures;</li> <li>2. Perform patient assessment, assist in patient management and patient education;</li> <li>3. Evaluate image quality, make initial observations, and communicate observations to the supervising radiologist;</li> <li>4. Administer contrast media or other medications prescribed by the supervising radiologist; and</li> <li>5. Perform, or assist the supervising radiologist in performing, imaging procedures consistent with the guidelines adopted by the American College of Radiology, the American Society of Radiologic Technologists, and the American Registry of Radiologic Technologists.</li> </ol> <p><i>The five areas of practice for which an RA is authorized are taken from the definition of a radiologist assistant in §54.1-2900 of the Code of Virginia with the addition of #2, which is standard practice for RA's.</i></p> <p>B. A licensed radiologist assistant is not authorized to:</p> <ol style="list-style-type: none"> <li>1. Provide official interpretation of imaging studies; or</li> <li>2. Dispense or prescribe medications.</li> </ol> <p><i>It is not within the scope of practice of radiologist assistants to interpret imaging studies; that is the role of the radiologist. Dispensing and prescribing are also not in their scope of practice nor authorized by the Drug Control Act in Virginia.</i></p>
n/a	92	Sets out requirements for supervision of RA's	<p>A radiologist assistant shall practice under the direct supervision of a radiologist. Direct supervision shall mean that the radiologist is present in the facility and immediately available to assist and direct the performance of a procedure by a radiologist assistant. The supervising radiologist may determine that direct supervision requires his physical presence for the performance of certain procedures, based on factors such as the complexity or invasiveness of the procedure and the experience and expertise of the radiologist assistant.</p> <p><i>In the Role Delineation document of the ARRT, the 42 procedures/tasks within the scope of practice of an RA are assigned the appropriate level of supervision – general, direct or personal. However, §54.1-2900 specifies that an RA works under the “direct supervision of a licensed doctor of medicine or osteopathy specializing in the field of radiology.” Consistent with the ARRT definition, direct supervision means the radiologist is present in the facility and immediately</i></p>

			<p><i>available to assist and direct the performance of a procedure. In the development of the regulations, the 42 roles were reviewed and members concluded that those listed as appropriate for “general” supervision (without the physical presence of the radiologist) could be performed under a radiologic technologist license, so practice would not be restricted to a RA. To accommodate for those roles/procedures that ARRT designates as requiring persons supervision, the regulation allows the supervisor to determine, based on specified factors, that direct supervision requires his physical presence for the performance of those tasks.</i></p>
150	n/a	Sets out renewal requirements for licensees	<p>Subsection F establishes the continuing education requirement for biennial renewal of licensure. Consistent with the requirement to maintain the ARRT credential as an RA, 50 hours of CE acceptable to the ARRT would be required to maintain licensure in Virginia. At least 25 of those hours must be intended for RA’s and specific to the RA’s area of practice. CE hours earned for the RA license would satisfy the CE requirement for a radiologic technologist, who currently have to obtain 24 hours of CE.</p> <p><i>The board’s CE requirement for radiologic technologists is consistent with ARRT requirements for maintaining the credential, so the same regulatory structure was applied to RA licensure. If one is to maintain the ARRT credential (which most licensees do for employment, professional development and portability), there are no additional continuing competency requirements to maintain one’s license.</i></p>