When the American Society of Radiologic Technologists' (ASRT) House of Delegates met in June, the status of limited licensure technicians topped the list of heated debates.

On one side, advocates believe that the most effective way to control the practice of uncredentialed individuals is through state licensure programs. The public benefits by receiving care from properly educated and credentialed professionals who have met all of the requirements to practice radiologic technology.

Opponents believe that limited licensure is insulting to the radiologic technologists (RTs) who have put in their time to earn their credentials. They also feel that referring to these limited licensees as "technicians" deceives patients regarding job qualifications.

A further hurdle lies in the non-uniformity of state guidelines pertaining to education requirements of limited technicians.

Developing a set curriculum — and just as important, having it accepted by all — has been a long road indeed.

HISTORY

The first attempt to establish a universal set of standards for personnel performing radiologic procedures came in 1981 in the form of the Consumer-Patient Radiation Health and Safety Act. The act established voluntary guidelines for states to follow in regulating healthcare personnel who perform radiologic procedures, but only 35 states adopted those guidelines. As a result, standards vary dramatically from state to state. In states where no licensure exists, individuals are permitted to perform radiologic procedures without any formal education.

In 1999, the Alliance for Quality Medical Imaging and Radiation Therapy, a group numbering more than 250,000 registered RTs, drafted the Consumer Assurance of Radiologic Excellence (CARE) bill, an amendment to the Consumer-Patient Radiation Health and Safety Act that would direct the Department of Health and Human Services to establish proper educational and credentialing standards for personnel who plan and deliver radiation therapy and perform all types of diagnostic imaging procedures, except medical ultrasound. Under the CARE bill, each state would be required to meet federal minimum standards or risk losing Medicaid reimbursement for radiologic procedures.

Rep. Rick Lazio, R-N.Y., introduced the CARE bill (H.R. 1011) in the U.S. House of Representatives in September 2000, but the bill died a few weeks later when Congress recessed. The bill faced further setbacks when Lazio was defeated that November for a Senate seat, and a new sponsor had to be found.

The following March, Rep. Heather Wilson, R-N.M., reintroduced the bill in the House, and now the Alliance looks to find a sponsor for a Senate version of the bill.

In June 2002, the ASRT House of Delegates debated resolutions on terminology, curriculum and RT supervision of limited licensure technicians during the society's annual conference in Birmingham, Ala. Defining the terms "technologist" and "technician" was among the heavily debated issues. Many RTs felt that referring to limited licensed personnel as technicians was confusing to the patient. Those same RTs voiced their opinions that "technicians" did not earn the same qualifications as RTs.

Delegates also went back and forth developing a curriculum for limited radiography that could lead an individual into a professional program. Some believed that by developing a curriculum, it would send a signal that the ASRT endorses limited licensure. Other delegates added that by advocating a curriculum, it may be perceived that the ASRT endorses an education program of less than the required two years for RTs. (A certified radiologic technologist must have at least two years of formal education in radiation protection and technique, pass a national certification exam and spend 24 hours in continuing education every two years.)

Both resolutions were sent back to the Commission on Education. Lynn May, CAE, CEO of the ASRT, says that although the resolution on developing the curriculum wasn't passed, he anticipates it will be back again next year.

"In an era of ongoing shortage of radiologists and radiologic technologists," May says, "we have to look at different options to make sure that the public need for medical imaging and radiation oncology services are met."

May says he is suggesting the development of standards for limited technicians that are appropriate for the patient care services that they provide. "I believe that their competencies should be upgraded."

Despite opposition to the first two resolutions, the third on supervising and training of unlicensed or uncertified individuals by RTs did pass. That resolution reads: "Radiologic technologists should not be required to supervise and/or educate any unlicensed or uncertified individuals in the delivery of medical imaging examinations or radiation therapy procedures unless they are enrolled in an educational program in the radiologic sciences accredited by a mechanism recognized by the American Registry of Radiologic Technologists (ARRT) or equivalent."

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— LYNN MAY, CAE

STATE LIMITED LICENSE INFORMATION

Exam/Requirements

Scope

Courtesy of American Society of Radiologic Technologists

ARIZONA
State board approved exam
Chest, extremity, podiatry

ARKANSAS
State board approved exam
Chest, extremity, skull/sinus, spine, podiatry

CALIFORNIA
State board approved training/experience
Chest, extremity, skull, leg-podiatry, dermatology, genitourinary, torso-skeletal, dental, gastrointestinal

COLORADO
ARRT limited scope exam
General

CONNECTICUT
N/A

DELAWARE
N/A

FLORIDA
State board approved exam
General, podiatry

HAWAII
N/A

ILLINOIS
State board approved exam
Chest, extremity, skull/sinus, spine

INDIANA
State board approved exam
General (w/o contrast media), chest, chiropractic, podiatry, dental

IOWA
State board approved training/experience
Chest, extremity, others dependent on training

KENTUCKY
State board approved exam
Medical, podiatry

LOUISIANA
N/A

MAINE
State board approved exam/training
Spine, chest, extremity, skull, podiatry for RNs & PAs

MARYLAND
State board approved exam
Examinations under direct supervision in MD office for chest, spine & extremity onl.y

MASSACHUSETTS
N/A

MINNESOTA
N/A

MISSISSIPPI
N/A

MONTANA
40 hrs. state board approved training/exam
Chest, extremity, skull, spine, abdomen, GI

NEBRASKA
ARRT limited scope exam
Chest, extremity, skull, spine, podiatry

NEW JERSEY
State exam or ARRT limited scope exam
Chest, orthopedic, dental, podiatry, urology

NEW MEXICO
State board approved training/experience/exam
Thorax, extremities, dental, podiatry, skeletal

NEW YORK
N/A

OHIO
State exam
Area of practice

OREGON
State exam/training
Head, spine, chest/ribs, extremity, abdomen, pelvis, podiatry, bone densitometry (DEXA)

PUERTO RICO
N/A

RHODE ISLAND
N/A-only grants full licensure.

SOUTH CAROLINA
State board approved exam
Radiography, chest, chiropractic, podiatry, bone densitometry

TENNESSEE
State board approved exam
Chest, extremity, sinus, skull, lumbar spine, abdomen, podiatry

TEXAS
ARRT limited scope exam; Cardiac Credentialing Intl. invasive registry exam
Chest, skull, spine, extremity, chiropractic, podiatry, cardiovascular

UTAH
State board approved exam
Chest, extremity, spine, dental, skull, sinus, abdomen/pelvis, podiatry

VERMONT
State board approved exam or ARRT limited scope exam
Chest, extremity

VIRGINIA
State board approved exam or approved training program
Area of practice

WASHINGTON
State board approved exam
Extremity, pelvis, chest/ribs, skull, spine, abdomen, podiatry

WEST VIRGINIA
N/A

WYOMING
State board approved exam
Chest/abdomen/ribs, skull/spine, extremity

For more information on licensure, visit www.asrt.org, then under "Search our site," type in "Legislative Guidebook."

STATE TO STATE

One of the problems with states enforcing their own licensing curriculum is the wide span of educational requirements from state to state. One state may have a stringent education policy for limited licensure, while another may require only a few hours of training.

Barbara Smith, RT(R)(QM), FASRT, an instructor of radiologic technology at Portland Community College in Oregon, says that in her state, a limited permit requires 40 hours of radiation use and safety training. For imaging specific parts of the body, more hours are required.

"If it is the spine, for example, the person would have to take an additional 15 hours; for chest and ribs, another 10 hours," Smith says. "In other words, they take a radiation use and safety [course], which gives them just a little bit of information about what radiation is, then they take a class on the area of the body that they want to get a permit in (upper or lower extremities, spine, abdomen, pelvis, skull, bone densinometry or podiatry)."

Smith says after the brief training period, the person will spend the next year taking X-rays, usually under the supervision of a physician who may be unfamiliar with radiography. "I don't consider that a good learning tool," she says.

The majority of the training is on the job, says Christine Lung, ASRT director of government relations. "[However,] there are a few states licensing limited scope technologists that have specific experience or training requirements, such as California, Iowa, Maine, Montana and New Mexico.

"We do have provisions in the CARE bill for limited scope personnel," says Lung. "One of the reasons we put limited scope personnel in there is that a majority of states that license technologists do have provisions for limited scope within those licensure laws. The way that state licensure laws address limited scope is disparate through all the states; there's no uniformity."

Smith cites a news reporter from the state of Washington who received a permit to take X-rays. In that state, the fee is $35 for an X-ray technician license, but no education requirements.

She notes that the ARRT provides tests on limited practice for certain states to administer, and suggests setting up a curriculum equal to RT exams in terms of difficulty. "If somebody wants to learn to do chest X-rays, they should also learn about the equipment, the anatomy and pathology of the chest area," she adds.

"Forty hours here in Oregon is not enough to teach those people everything they need to know about taking an X-ray," Smith says.

For some people looking at a radiology career, there's not a choice on whether or not they go with limited licensure. Smith says that some people living in surburban or more remote areas can't afford to move to a bigger town for the required two years of training it takes to become a radiologic technologist.

May believes that some states that don't have limited licensure personnel may be concerned that the ASRT's involvement might encourage those states to develop a curriculum as well. "I wouldn't advocate opening up licensure laws to permit limited license people in states that don't have them," he says. "The ASRT is the expert organization in the training and education in the field of operatives of medical imaging and radiation therapy equipment. We should look toward developing courses of study and material that bring people up to speed, so there isn't this great gulf in those states that have limited license personnel working there."

Smith says that many RTs don't want to work in a physician's office just taking X-rays all day. They usually want something a little more challenging. "The problem is that [RTs] think that these limited permit people will be used to replace them in hospitals and other major facilities," she says. Smith would like to see the RT profession organized like other allied health fields that have limited personnel, like nursing.

"I figure that if allied health professions can have limited practice individuals, then we can too," Smith says.

She adds that for things like patient safety, RTs should be performing the complex jobs, working in the hospitals and major clinics, not in the little facilities or rural areas where there is difficulty recruiting technicians.

Lung says that limited license allows patients to have services where there may not be a fully licensed RT. It also allows practitioners that may not do enough X-rays to justify the employment of a fully licensed RT, such as a chiropractic office. She notes that a chiropractic office would not be paying an RT as much as a hospital and that a limited person would just be doing spine imaging for the chiropractor.

"I think it would be underutilizing a fully licensed RT's ability spending part of the day doing just one procedure," Lung says.

Usually physicians that hire limited scope personnel don't pay that person what a fully licensed RT would make in the workplace, she adds.

FUTURE RTs

May says that RTs must not abandon their commitment to quality medical imaging, but it is time to consider a change in tactics. "The CARE bill takes a step in this direction because it does not attempt to limit the performance of medical imaging to radiologic technologists," he wrote in a recent issue of ASRT's *Scanner*. "Rather it seeks to establish federal rules requiring other professionals who seek to perform medical imaging to have educational standards and competency measures comparable to a radiologic technologist."

If RTs are going to expand their practice as part of an overall effort developing the workforce, May says, then the option of limited license technicians will need to be explored. "We have to look at them as a source of entry into the RT profession — not making limited license personnel RTs, but addressing their licensure and training. And those who want to move on to become RTs should go through the education process to do so. They would be a logical source of future recruitment."

Lung agrees that limited licensure could be a good proving ground for people who want to pursue a career in radiologic technology. "They can get a taste of what the full scope of radiologic technology could be for them. It makes them more interested in the profession," she says. "It makes them more liable to go to school, take the registry and become a fully licensed RT. I look at it as a good recruitment tool."

— Tom Schaffner is the editor of* RT Image. *Comments on this article are encouraged and can be directed to tschaffner@valleyforgepress.com.