

Summary of proceeding from the ASRT 2013 House of Delegates meeting Abl. New Mexico

Respectfully Submitted Donna Newman Affiliate Delegate NDSRT

The North Dakota delegation was well represented at this year's House of Delegates meeting held in Albuquerque, New Mexico on June 14-16<sup>th</sup>.

Donna Newman and Warren Freier represented the votes during the proceeding at the House of Delegates. Amy Hoffman represented the management chapter as a delegate and Ann Bell-Pfeiffer attended the meeting as an observer.

Ann was selected to attend the Leadership Academy which is a 6 week online course that you can take and learn leadership skills and association management and gain knowledge to increase your volunteer skill set. During the course topics included how to run a board meeting, parliamentary procedure, communication, advocacy, strategic planning, membership recruitment and policy and procedure development, how to increase involvement in your affiliate and how to network. Over the course of their 6 weeks they divided into groups of 4 and developed on a Power Point project which they presented at the annual conference to the entire leadership about how to improve involvement in their affiliates. Ann's leadership academy had their graduation during the first day of the annual conference. As a graduate of the leadership academy, and as Ann has stated, this type of opportunity has enhanced her personal as well as her professional leadership. If you are interested in applying for this course please visit the ASRT website and fill out the application. To qualify for the course you must have been an ASRT member for the previous 3 years and also an affiliate member for the previous 2 years.

North Dakota also had it's first ever student selected to be part of the Student leadership development program. Candace Dillard from the Minot program attended and participated in the program. The Student Leadership Development Program is a program offered by the ASRT that allows students an opportunity to learn about the ASRT, attend the ASRT Education Symposium, and ASRT Annual Governance and House of Delegates Meeting at the Expense of the ASRT. The Student's airfare, housing, stipend for meals and travel expenses are covered through this program. In return the student gets an opportunity to get a closer look at our national professional association. I was lucky enough to get assigned to be her mentor for the annual conference. I was very proud of Candace as she was one of the few students that got up and voiced her opinion during the commission's and by-law open forum. Candace also voiced her opinion during discussion of the resolutions at the chapter meetings she attended. As part of their student leadership students were required to attend at least two chapter meetings to understand how chapter meetings work. Candace also volunteered to be one of the students that got up to speak in front of the second house of delegates when the student leadership read their courtesy resolution on telling their older delegates how they would move up to the 20<sup>th</sup> century by helping us understand twitter, snap chat, and all the other new social media's that we currently have struggled to stay on top of. I am happy to tell you all that Candace as been elected to our North Dakota Board of Directors at the new secretary for this upcoming year. I fell confident that that our state is in good hands with her leadership for our state.

Any Student that is interested in having an opportunity to participate in this program for the Annual conference in Orlando Florida for 2013 Please go to the ASRT web site [www.asrt.org/studentleadership](http://www.asrt.org/studentleadership) and fill out a application form. They will be available Sept 1, 2013 or after. You will also need to write a 500-700 word essay addressing "How would you grow professional from your participation in the Student Leadership Development Program. You also have to be a member of both your affiliate and the ASRT. If you aren't currently members, just join both associations at time of application. Membership is only \$30.00 to join the ASRT for students.

I would also like to report that I received my Fellow at the Honors ceremony during the Annual Conference. I knew at my first ASRT Annual Conference in Salt Lake City when I attended the honors evening that I was going to achieve this honor. For those of you that aren't aware of what a Fellow is, anyone is capable of achieving this honor it just take some professional involvement and desire to improve our profession. One of my first mentors, Allen Croat told me to keep a binder and save your certificate and letters of thank you in this binder so you had your documentation when you were ready to submit you fellow's application. For those of you that haven't heard of a Fellow , it is an honor that is bestowed upon members that make outstanding contributions to the Radiologic technology profession and the the ASRT. The Fellow's program was started in 1956 when the ASRT elevated 12 technologists who committed to the advancement of the profession at the district, state, regional, national and international levels. , The Fellow is an application you fill out that documents your contribution to the profession at a national, state or local level. You need 80 points to achieve this and 45 have to be with involvement at the national level. There are many ways to get this; for example you may serve on a committee, lecture, publish, delegate or even attend leadership development opportunity such as RT in DC or the leadership adamancy. All of the opportunities help better the professional and help in your professional growth.

JRCERT Update\_ They has just finished their self study to the council for higher education accreditation (CHEA) at the United Sate Dept of Education. They have 228 accreditation in 2012. They are seeking Site visitor in the area of Radiation Therapy usually commitment includes one site visit a year and they generally last 3 days The will also have workshops at the AERS meeting .They are having trouble with their portal but expect it to be up sometime in July. Don't worry about the Annual report as they will work with you when the time comes closer.

ARRT Update- There are currently 320,000 RTs registered with the ARRT in radiography. The largest population is the boomer (1946-1965) which are slated to start to retire in the near future which will help the oversupply of technologist. This is a current trend that has been historically the same throughout the trends. The CQR is set to start in 2013 and student will have to get 6 more correct on the test in order to pass. They are still using the scaled score of 75. The pass rate has dropped from 93% to 90%. For those of you who don't know what CQR is it stands for Continuing Quality Requirements.

There are several components to it: A professional Profile Structured Self Assessment and prescribed CE. Check out the [www.arrt.org](http://www.arrt.org) for further information specific to this. The ARRT is also involved in advocacy efforts trying to support MARCA passage, which is legislation that creates reimbursement for Radiologist Assistants. The ARRT is concentrating on three publications for technologists that have certification through them. The first is guiding today's Certification (which is used to address changes that are happening with certification), Stories of Quality Patient care, and a Newsletter for technologists. Look for these publications to come in the mail.

Incoming board members are Barb Smith and Lisa Bartenhagen and retiring board members representing the technologist are Eileen Maloney and Kevin Rush.

The ASRT curriculum is stated to be reviewed and will parallel and relate back to the content specification for examination. Post Primary Structure: For the CQE of the 24 credits due, 16 will have to be in that technology. In addition in the post primary they now require didactic knowledge specific to the technology.

They are also adding another technologist to the makeup of the board. With 19 certifications offered the new technologist spot on the board will be used to address current trends at that time when looking for qualified people to fill the spot.

For those who aren't aware, the Credential RT stands for a Registered Technologist who is current, competent and qualified. The Status of Retired Technologist can be confusing, if you want to quit doing CE, you should get a certificate of recognition, not retired status.

#### ASRT Update\_

The Museum is slated to open in 2015 showing the Role of Health Care. The ASRT now has reached their 151,000 member with a 3% growth each year. The ASRT is expanding the Affiliate Development with customized solutions for each affiliate. You can have leadership academy in your affiliate. The Affiliate support program will also house a bimonthly webinar and bi monthly newsletter. The Scanner is featuring a closer to home section for affiliates to submit event and new that is happening in their state and the website will house a community page for affiliate leaders and technologist to communicate with each other to help network and create an opportunity to discuss what is happening in their affiliates.

The student leadership development program is in its' third year with 60 student attending this year . There were 322 essays completed. Part of the selection was a essay about how they would use the information they learned at the ASRT meeting which was a blinded process creating a way to make the selection fair. They also had the student join their affiliates. North Dakota had their first student picked, Candice Dillard from the Minot program.

In 2013 the ASRT expanded this program to add a pilot program for affiliates to be involved in the selection of their student. 6 affiliates were allowed to select their own student. 2014 is expanding further to allow any affiliate to be involved in their selection of their student. If the North Dakota Board of Directors is interested, one of the board member just needs to let the ASRT know. The ASRT also

created a community page for students to communicate about student issues. Besides the Student Community page they also have 19 other communities to address all areas of our profession. The ASRT Communities are a domain on the ASRT website that allows ASRT member's to share question, add to discussion and learn more about their area of practice. Anyone interested in this please check out the website on the ASRT website.

New with the ASRT is the Affiliate Advocacy which is a program for affiliates to use where the ASRT will help with advocacy at the state level. They can help with survey assessment, action plan development, and monitory support access to public relations and marketing plans. They can help with a Capital Day, legislation etc. Remember, to have the most success you need to give some advanced time for planning. Currently the best success happens when you have a 6 month margin but they can help with shorter time frame. We will put this on our agenda for discussion at the next NDSRT board meeting.

#### Advocacy

The ASRT is still working to pass the CARE bill which was introduced in both the House of Representatives and Senate in March of 2013, marking the 8<sup>th</sup> time in the Senate and 6 times in the House in the past 13 years. The ASRT is also lobbying for the enactment of the Medicare Access to Radiology Care Act. This law will recognize radiologist assistants as non-physician providers of health care service to Medicare beneficiaries and authorize Medicare reimbursement for procedure performed by R.A.s in states that have laws establishing radiologist assistant practice guidelines. The ASRT is also working to strengthen license or regulation in affiliate states by working with the affiliate leadership. Currently there are only 39 states that have some sort of licensure for radiology and 35 states have some sort of licensure for radiation therapist. Nuclear medicine has had success in 31 states and radiologist assistants have gained grown in 29 states. There is still much work to be done.

#### ASRT Patient Safety Initiatives

The ASRT continues to work with the Image Gently and Image Wisely campaigns to reduce radiation dose by providing educational resources and information to radiologic technologists, radiologist and referring physicians and patients. They also participated in U.S. Food and Drug administration workshop in July 2012 on Device improvement for Pediatric X-ray Imaging. The ASRT contributed to the Technologist training section.

#### Summary of proceeding from the House of Delegates:

Bylaw's went through a revision because there were major changes that were needed. This is done by an entirely new set of bylaws called a revision. The House of Delegates handled the revision in the following manner: An open forum was held on June 15<sup>th</sup> where any member could speak to the changes that had happened in the revisions are adopted by a 2/3 vote at the second seating of the house.

The following revisions were adopted in the By-laws: The Radiologic Sciences was replaced with Medical Imaging and Radiation Therapy Profession or Medical Imaging or Radiation Therapy. Article III, Membership Graduate Bridge membership expanded to include registry eligible and Emeritus member

clarified to pay no membership dues. Clarification that life members are voting members and that they pay no membership dues. Retired member's status clarified that they hold a certificate of recognition from American Registry of Radiologic Technologist in response to ARRT's change in policy to not recognize retired status as of January 2013. Article IV Officers: There was a placement of qualification for duties of office was done as well as the addition of prior volunteer service to SRT before eligibility to be elected or appointed to position was added. Also, Clarification that officers may complete their term even if employment status changes, but that they still have to meet all other requirements of office.

Article V House of Delegates: Deadline for submission of affiliate delegate information forms changed from April to January 31<sup>st</sup>. As the North Dakota affiliate has our annual meeting in April, we will have to add this to the board agenda to relook at our process to ensure we can meet this deadline, to ensure we have delegation at each of the annual conferences. Discussion about changing the number of military chapter delegates was decided to be brought back to next year's House of Delegates meeting to ensure that the prior notification was being met.

A change was also made to permit nominations for speaker and vice speaker only at the first business session of the house of delegates and to only allow nominations at the second seating of the house if there weren't any current nominations. This would allow an opportunity to have a session to ask speaker and vice speaker their philosophy on different issues to level the field during elections as they have done with the other elections.

Article VI: Nomination on Elections: The date for receipt of nomination was changed for receipt of nomination candidate information forms for national election.

Article IX: Committees Clarification of Board president –elect and Speaker's authority with committees

Article X: Affiliate Organization and Chapter's changes for submission of proof of active incorporation and filing of tax returns with IRS were added.

Article XI: Commissions and Main Motions: Changes were made to provide flexibility in number of members appointed to commission and entities that may submit motions and signature was clarified.

Of interest to the North Dakota membership was the fact that the commission's committee had its first Student member, Andrew Rieck appointed this year by the Speaker of the House. This is a great way to mentor and help evolve student involvement in the future of our organization.

The commission was assigned 23 main motions that were received by the January 1 deadline. The consent calendar was formulated and the following resolutions were removed from the consent calendars. C-13.01 Membership dues for Active, Associate, Limited X-ray Machine operators, International d Radiologist Assistant Membership Categories. I am happy to report that this resolution had much discussion and also had an amendment presented which was voted down 119 to 27. The original resolution passed with support of 122 to 23. The end result was that our dues will increase to \$125 one year membership, \$235 for a two year membership and \$335 for as 3 year membership... The

discussion around the resolution was that the membership had not been raised for the past 8 years and the Board of Directors was asking for the cumulative U.S inflation rate of 16.1 percent. It was also discussed that the current budgeted cost to provide basic ASRT benefits and services was 109.13 per year. Instead of asking for a due increase each year they would have this increase and not come back again for some time for a dues increase. You can see from my report that we are now offering many new services that pertain for the affiliate level with advocacy and expanding our affiliate programs. As a state we stood in support of this increase as these programs are very important to our affiliate.

Also taken off the consent calendar was resolution c13.03 Membership Dues for Retired Membership Category. The dues for this category were increased to 62.50 per year which is one half of the active dues. This resolution passed 135 to 11 in favor of the increase.

Resolution C-13.04 Membership dues for Student membership is established at \$35.00 per year. The passed in support at 103 to 42.

Resolution c-13.10 Rescind the position Statement "Evaluating Medical Images for Technical Adequacy" was voted down and the position statement was kept.

Resolution C-13.3: Amend the Nuclear Medicine practice Standards as adopted as is 111 to 33. There was much discussion about this in the chapter meeting as well as at the commission's meeting about this resolution that was going to take out the Statement Joint Review committee on education program in nuclear medicine technologist is the accrediting agency for nuclear medicine programs recognized by the U.S Department of Education. There was also an amendment that was circulated for discussion regarding rewording of this statement. There were very valid points regarding the fact that the ASRT has no influence on the certification Instruction programs or the accreditation process and it was up to the ARRT or NMTCB to evaluate these aspects. Discussion also happened that since we are an umbrella organization that represents all 10 modalities of our profession that didn't belong in the practice standards. .,Because of the discussion of the practice standards having no jurisdiction in this area and that is was decided in 2007 House of Delegates to take this out of the practice standards. In the end the amendment was pulled due to split opinion in the chapter members and the original resolution passed 111 to 33 in support

Resolution C13.17: Rescind the Position statement "Monitoring Patient Exposure During Utilization of Digital Radiography Systems" Much discussion happened regarding this resolution both at the commission's meeting as well as at the second seating of the House of Delegates, and in the end the resolution was voted for non adoption 44 to 102 with the rationale that we still needed this position statement as it was important to have technical chart set up with equipment and room even with digital and that the practice standards didn't address this specifically so we needed to keep this in place.

Resolution C-13.18: Rescind the Position Statement "Radiographic Technique Charts", the commission offered a substitute motion which was C-13.18a, which was the motion that was brought forward after non adoption of this one at 120 to 24? It should be stated that the substitute motion c-13.18a was further perfected to add the following wording to the title "Radiographic exposure technique guidance and also that the proposed wording added the following words to the end of the statement and

fluoroscopy. Also to stick the word standardized and substitute the word optimize.??? With the changes in these two statements the new position statement passed 131 to 3.

The following became the adopted position statement “Radiographic exposure technique guidance”

It is the position of the ASRT that all health care facilities develop, maintain and make available optimized exposure technique guidelines for all radiographic equipment and fluoroscopy equipment.

Resolution C-13.19: Amend The Practice Standards Glossary- This also had a lot of discussion and a caucus had to be called as an amendment to define education was brought up to be included in the glossary. Although people were in support of including a definition of this in the glossary in the future the delegation didn’t feel they had been given previous notice to the membership and that they needed to be further research to ensure that we were meeting the true intent of the definition. The amendment was voted down at 142 to 2 with the intent that this would be brought back to the practice standards to address and bring back to the next House of Delegates meeting with supporting document for the change and definition. So in the end the main motion was adopted 128 to 14.

Resolution C13.20 was non adoption 126 to 18 with commission offering up C13.23 Replace all instance so the term “practitioner” in guidance for the communication of clinical and imaging observations and procedure details by radiologist assistants to supervision radiologists, injecting medications in peripheral Inserted Central catheter lines or ports with a power injector, medication injectors by radiologic technologists medication injection through existing vascular access and placement of personal radiation monitoring device advisory opinion statements with the phrase “medical imaging and or radiation therapy professional.” Adoption of this was 140 to 5.

The resolution C13.22 was pulled at it was out of order.

The consent Calendar was adopted 142 to 2 with the following resolution remaining uncontested C-13.05, C-13.06, C-13.07, C-13.08 C.13.09, C13.11, C-13.12,C-13.14,C13.16,C13.21.

The consent motion that passed dealt with the revision in the practice standards in CT, Limited Operator’s Scope of practice, Education and examination, Definition of Limited operator, Radiology practice standards, position statements for ALARA and Documentation of Patient radiation Exposure and Shielding for CT and Fluoroscopic procedures and practice standards for Cardiovascular interventional and finally position statement CT producers on pediatric patients