

**American Society of Radiologic Technologists
Commission Report
2025**

The 2024-2025 Commission met virtually on January 27, February 3, 17, and 24, on March 6 and 18, 2025. Commission members participating in the meetings were:

Nancy Godby, M.S., M.A., R.T.(R)(M), Chair
Dale E. Collins, M.S., R.T.(R)(M)(QM), RDMS, RVT
Jay Hicks, Ed.D., R.T.(R)
Victoria Dillard, D.H.Sc., R.R.A., R.T.(R)(CV)(CT)
Rodney Fisher Jr., Ph.D., R.T.(R)(N)(CT)(BD), CNMT
Kristi Moore, Ph.D., R.T.(R)(CT)
Leah Wuebben, M.B.A., R.T.(R)(CT)(MR)

The Commission received one main motion, which was received by the first business day of February. The Commission also received one motion from the ASRT Board of Directors who are not subject to this deadline. In accordance with the scope of notice, this motion was received more than 45 days prior to the annual meeting of the House of Delegates and was assigned to the Committee on Bylaws. Main motions can be assigned to the Commission, ASRT Board of Directors or the Committee on Bylaws.

The Commission used an online survey tool for their work, which offered members the opportunity to provide feedback on the ASRT Position Statements and the Practice Standards Council motion C-25.01 prior to making recommendations during the virtual meetings.

The Consent Calendar includes:

Motion C-25.01	Adoption of the amended ASRT Practice Standards for Medical Imaging and Radiation Therapy.
Motion C-25.02	Adoption of the amended Position Statement titled <i>Medical Imaging and Radiation Therapy Advanced Practice Roles</i> .
Motion C-25.03	Adoption of the Position Statement titled <i>Safe Administration of Medications</i> .

This document is accepted as written.



Nancy Godby, M.S., M.A., R.T.(R)(M), Chair

Commission Report 2025 House of Delegates

Markup Legend

- Text proposed for removal by the Practice Standards Council is indicated in red color with a strikethrough. For example, ~~advanced practice roles~~.
- Text proposed for insertion by the Practice Standards Council is highlighted in gray. For example, discipline.
- Proposed amendments by the Commission are highlighted in yellow. For example, **custom blocks** — ~~Devices designed to shape the radiation field~~ or , with medical physicist oversight.

Main Motion C-25.01
Amend The ASRT Practice Standards for Medical Imaging and Radiation Therapy.

The 2024-2025 Practice Standards Council (PSC) moves to amend the practice standards document, “The ASRT Practice Standards for Medical Imaging and Radiation Therapy.”

Current Wording: The current document is located at: <https://www.asrt.org/main/standards-and-regulations/professional-practice/practice-standards>

Proposed Wording: The document with proposed language is located at: <https://www.asrt.org/main/standards-and-regulations/professional-practice/proposed-changes>

Rationale:

In keeping with its charges, the 2024-2025 Practice Standards Council addressed the document for recommended revisions in addition to the items that had been held for future review. The subcommittees scheduled for this review cycle included Computed Tomography, Nuclear Medicine, Quality Management, Radiography, and Limited X-Ray Machine Operators. Those subcommittees have provided recommendations for their specifics to the 2024-2025 Practice Standards Council. Considering these items, current practice, document consistency and public comment, changes were proposed to **The ASRT Practice Standards for Medical Imaging and Radiation Therapy**.

The Commission is in support of Motion C-25.01 as amended.

Your Delegate Vote	YES	NO	House of Delegates Vote	YES	NO
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Comments

Proposed Amendment #1:

Definition, Introduction

The Commission moves to amend C-25.01 as follows:

Current Wording:

Non-existent.

<p>Proposed Wording from PSC: They promote advancing health equity efforts, to ensure that all patients receive access to high-quality care, regardless of their socioeconomic status or other demographic factors.</p>
<p>Amended Wording Proposed by Commission: They promote advancing health equity efforts, to ensure that all patients receive access to high-quality care, regardless of their socioeconomic status or other demographic factors.</p>
<p>Rationale for Commission Amendment #1: PSC-specific charge was rescinded.</p>

Your Delegate Vote	YES	NO	House of Delegates Vote	YES	NO
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Comments

<p>Proposed Amendment #2:</p> <p>Definition, Introduction</p> <p>The Commission moves to amend C-25.01 as follows:</p>
<p>Current Wording: Non-existent.</p>
<p>Proposed Wording from PSC: They are committed to promoting all aspects of diversity and inclusion.</p>
<p>Amended Wording Proposed by Commission: They are committed to promoting all aspects of diversity and inclusion.</p>
<p>Rationale for Commission Amendment #2: PSC-specific charge was rescinded.</p>

Your Delegate Vote	YES	NO	House of Delegates Vote	YES	NO
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Comments

<p>Proposed Amendment #3:</p> <p>Scope of Practice</p> <p>The Commission moves to amend C-25.01 as follows:</p>

<p>Current Wording:</p> <ul style="list-style-type: none"> • Providing optimal patient care.
<p>Proposed Wording from PSC:</p> <ul style="list-style-type: none"> • Providing optimal patient care, free from bias or discrimination.
<p>Amended Wording Proposed by Commission:</p> <ul style="list-style-type: none"> • Providing optimal patient care, free from bias or discrimination.
<p>Rationale for Commission Amendment #3: PSC-specific charge was rescinded.</p>

Your Delegate Vote	YES	NO	House of Delegates Vote	YES	NO
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Comments

<p>Proposed Amendment #4:</p> <p>Scope of Practice, Quality Management</p> <p>The Commission moves to amend C-25.01 as follows:</p>
<p>Current Wording:</p> <ul style="list-style-type: none"> • Performing physics surveys independently on general radiographic and fluoroscopic equipment, with medical physicist oversight.
<p>Proposed Wording from PSC:</p> <ul style="list-style-type: none"> • Performing physics surveys independently on general radiographic and fluoroscopic equipment, with medical physicist oversight.
<p>Amended Wording Proposed by Commission:</p> <ul style="list-style-type: none"> • Performing physics surveys independently on general radiographic and fluoroscopic equipment, with medical physicist oversight.
<p>Rationale for Commission Amendment #4: Based on further discussion with PSC subcommittees, task not always performed independently.</p>

Your Delegate Vote	YES	NO	House of Delegates Vote	YES	NO
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Comments

<p>Proposed Amendment #5:</p> <p>Standard Three, General Criteria</p> <p>The Commission moves to amend C-25.01 as follows:</p>

<p>Current Wording: Non-existent.</p>
<p>Proposed Wording from PSC: Collaborates to promote health equity, inclusivity and culturally competent care while implementing strategies addressing any challenges.</p>
<p>Amended Wording Proposed by Commission: Collaborates to promote health equity, inclusivity and culturally competent care while implementing strategies addressing any challenges.</p>
<p>Rationale for Commission Amendment #5: PSC-specific charge was rescinded.</p>

<p>Proposed Amendment #6:</p> <p>Standard Three, General Criteria</p> <p>The Commission moves to amend C-25.01 as follows:</p>
<p>Current Wording: Non-existent.</p>
<p>Proposed Wording from PSC:</p> <ul style="list-style-type: none"> Promotes understanding to patients, health care providers, students and the public concerning the profession.
<p>Amended Wording Proposed by Commission:</p> <ul style="list-style-type: none"> Promotes awareness and understanding to patients, health care providers, students and the public concerning the profession.
<p>Rationale for Commission Amendment #6: Promoting awareness, BeSeen.</p>

<p>Proposed Amendment #7:</p> <p>Standard Four</p> <p>The Commission moves to amend C-25.01 as follows:</p>
<p>Current Wording: The medical imaging and radiation therapy professional performs the action plan and quality assurance activities, including modifications when needed.</p>

Proposed Wording from PSC:

The medical imaging and radiation therapy professional performs the action plan and quality assurance activities, including modifications when needed, free from bias or discrimination.

Amended Wording Proposed by Commission:

The medical imaging and radiation therapy professional performs the action plan and quality assurance activities, including modifications when needed, free from bias or discrimination.

Rationale for Commission Amendment #7:

PSC-specific charge was rescinded.

Proposed Amendment #8:

Standard Four, Nuclear Medicine

The Commission moves to amend C-25.01 as follows:

Current Wording:

Non-existent.

Proposed Wording from PSC:

- Assesses, monitors and manages the patient under minimal sedation.

Amended Wording Proposed by Commission:

- Assesses, and monitors and manages the patient under minimal sedation.

Rationale for Commission Amendment #8:

Management is beyond scope.

Proposed Amendment #9:

Standard ~~Twelve~~ Eleven – Ethics

The Commission moves to amend C-25.01 by revising as follows:

Current Wording:

- Anticipates, considers and responds to the needs of a diverse patient population.

Proposed Wording from PSC:

- Anticipates, considers and responds, in a nondiscriminatory manner, to the needs of a diverse patient population.

Amended Wording Proposed by Commission:

- Anticipates, considers and responds, ~~in a nondiscriminatory manner,~~ to the needs of all ~~diverse~~ patients ~~population~~.

Rationale for Commission Amendment #9:

PSC-specific charge was rescinded.

Proposed Amendment #10:

Advisory Opinion Statement, Use of Postexposure Shuttering, Cropping and Electronic Masking in Radiography

The Commission moves to amend C-25.01 by moving ‘cropping’ from the glossary to the AOS definition section as follows:

Current Wording:

Glossary

- **cropping** – The process of selecting and removing a portion of the image.

Amended Wording Proposed by Commission:

Glossary

- ~~cropping~~ – ~~The process of selecting and removing a portion of the image.~~

Advisory Opinion Statement, Use of Postexposure Shuttering, Cropping and Electronic Masking in Radiography

- **cropping** – The process of selecting and removing a portion of the image.

Rationale for Commission Amendment #10:

Only appears in **Use of Postexposure Shuttering, Cropping and Electronic Masking in Radiography** AOS. Nowhere else in the document.

Proposed Amendment #11:

Glossary

The Commission moves to amend C-25.01 as follows:

Current Wording:

custom blocks – Devices designed to shape the radiation field.

Amended Wording Proposed by Commission:

~~**custom blocks** – Devices designed to shape the radiation field.~~

Rationale for Commission Amendment #11:

No longer used within the document.

Proposed Amendment #12:

Glossary

The Commission moves to amend C-25.01 as follows:

Current Wording:

Non-existent.

Proposed Wording from PSC:

demographic factors – Race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, gender identity, veteran status, age, or any other legally protected basis.

Amended Wording Proposed by Commission:

~~**demographic factors** – Race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, gender identity, veteran status, age, or any other legally protected basis.~~

Rationale for Commission Amendment #12:

PSC-specific charge was rescinded.

Main Motion C-25.02

Motion C-25.02 is as follows:

Motion C-25.02

The 2024-2025 ASRT Radiation Therapy Chapter moves to adopt the following Position Statement:

Advanced Practice Roles

The ASRT supports evidence-based advanced practice roles in medical imaging and radiation therapy.

Rationale:

Currently, in the U.S., advanced practice roles exist across various modalities (the radiographer assistant, advanced practice radiation therapist, and emerging roles in ultrasound and nuclear medicine). Employers and other professional societies look to the ASRT for guidance on navigating the "grey space" of practice for modalities that may not be as established as the RA. This motion clearly states the ASRT supports AP roles in medical imaging and radiation therapy rooted in evidence-based practice. Please see our minutes attached for evidentiary documentation.

The Commission is in support of Motion C-25.02 as amended.

Your Delegate Vote	YES	NO	House of Delegates Vote	YES	NO
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Comments

Proposed Amendment #1

The Commission moves to amend motion C-25.02 as follows:

Proposed title from the ASRT Radiation Therapy Chapter:

Advanced Practice Roles

Proposed amended title by Commission:

Medical Imaging and Radiation Therapy Advanced Practice Roles

Proposed wording from the ASRT Radiation Therapy Chapter:

~~The ASRT supports evidence-based advanced practice roles in medical imaging and radiation therapy.~~

Amended wording proposed by Commission:

The American Society of Radiologic Technologists supports the development of advanced practice roles for medical imaging and radiation therapy professionals that are evidence-based and include appropriate training and education.

Rationale:

- Currently, in the U.S., advanced practice roles exist across various disciplines (the radiologist assistant, advanced practice radiation therapist, and emerging roles in ultrasound and nuclear medicine).
- Employers and other professional societies look to the ASRT for guidance on navigating the establishment of advanced practice roles for disciplines that may not be as established as the RA.
- This motion clearly states that the ASRT supports advanced practice roles in medical imaging and radiation therapy rooted in evidence-based practice.
- This motion applies to medical imaging and radiation therapy disciplines.

Main Motion C-25.03

Motion C-25.03 is as follows:

Motion C-25.03

The Commission moves to adopt the following Position Statement:

Safe Administration of Medications

It is the position of the American Society of Radiologic Technologists that a medical imaging and radiation therapy professional may only administer contrast media and other medications as prescribed by a licensed practitioner when a licensed practitioner or radiologist assistant, practicing as part of a radiologist-led team, is immediately available and physically present to properly identify and promptly treat adverse reactions.

Rationale:

1. **Scope of Practice:** The differential diagnosis of patient conditions during adverse events and the provision of advanced life support interventions are beyond the scope of practice for medical imaging and radiation therapy professionals, except for radiologist assistants.
2. **Patient Safety and Quality of Care:** Ensuring that a licensed practitioner or radiologist assistant is present maintains patient safety, quality of care, and adherence to best practices. This is crucial for the prompt and effective management of adverse reactions.
3. **Educational Limitations:** Current curricula do not support the treatment of adverse contrast reactions, including dosage and route of administration, for medical imaging and radiation therapy professionals. Immediate access to a licensed practitioner or radiologist assistant ensures proper diagnosis and treatment.
4. **RA Supervision:** 1. [Statement from Drugs and Contrast Media Committee on Supervision of Contrast Material Administration](#). 2. [ASRT Advisory Opinion Statement - Supervision of Contrast Media Administration by Radiologist Assistants](#)

Your Delegate Vote	YES	NO	House of Delegates Vote	YES	NO
Comments					

Notification of Editorial Changes: Minor editorial changes were noted and referred to the appropriate staff members. These editorial changes are shown below and will not be presented for an individual vote but are being reported to you as edits that do not change the intent. All applicable ASRT documents will also be updated to reflect these changes. For your review, the editorial changes are as follows:

- Striking the hyphens within chapter names throughout the document.
Example...cardiac- interventional and vascular-interventional technologists,...
- Remove use of parentheses to pluralize terms throughout the document.
Example... To maintain certification(s),
- Replace 'impact to' with 'effect on' for clarity.
Standard One – Quality Management.
Assesses policies, protocols and guidelines to improve safety, efficiency and patient care, and identify the potential effect on impact to the facility.
- Bolding of defined AOS terms for consistency with the glossary.
Example...~~access~~access –