

**American Society of Radiologic Technologists  
Commission Report  
2022 House of Delegates**

The 2021-2022 Commission met via virtual conference: Feb. 14, Feb. 21 and March 10. Commission members participating in the meetings were:

Ashley Perkins, M.H.A., R.T.(R)(MR), Chair  
Susan Wertz, B.S., R.P.A., R.R.A., R.T.(R)(CV)(M)  
Cindy Kramer, M.A.Ed., R.T.(R)(QM)  
Marissa Mangrum, M.S.R.S., R.T.(T)  
Kristi Rulli, Ph.D., R.T.(R)(CT)  
Susan Pritchard, M.B.A., R.T.(R)(CT)  
Tomio Calhoun, R.T.(R)(CT), CNMT

The Commission chair assigned zero main motions received by the first business day of February. Main motions can be assigned to the Commission, 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 from proposed changes from the 2021-2022 Practice Standards Council motion prior to making recommendations during the virtual meetings.

On March 10, 2022, the Commission met via virtual conference to finalize its recommendations on one motion proposed by the 2021-2022 ASRT Practice Standards Council. Additionally, no changes to the ASRT Position Statements were presented. Based on their review the 2021-2022 Commission presents the following to the 2022 ASRT House of Delegates for consideration:

The Commission recommends adoption of Motion C-22.01 as amended.

C-22.01	Amend The ASRT Practice Standards for Medical Imaging and Radiation Therapy.
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**This document is accepted as written.**



Ashley Perkins, Chair

Practice Standards Council  
Motion  
2022 House of Delegates

The current Practice Standards can be found at:

<http://www.asrt.org/main/standards-regulations/practice-standards/practice-standards>

Mark up versions of proposed changes to the Practice Standards can be found at:

<http://www.asrt.org/main/standards-regulations/practice-standards/practice-standards/proposed-changes>

<p><b>Main Motion C-22.01</b>  <b>Amend The ASRT Practice Standards for Medical Imaging and Radiation Therapy.</b>          The Practice Standards Council (PSC) moves to amend the practice standards document, “The ASRT Practice Standards for Medical Imaging and Radiation Therapy,” as proposed by the 2021-2022 PSC, 2021-2022 Commission.</p>
<p><b>Current Wording:</b> The current documents are located at:  <a href="http://www.asrt.org/main/standards-regulations/practice-standards/practice-standards">http://www.asrt.org/main/standards-regulations/practice-standards/practice-standards</a></p>
<p><b>Proposed Wording:</b> The document with proposed language is located at:  <a href="http://www.asrt.org/main/standards-regulations/practice-standards/practice-standards/proposed-changes">http://www.asrt.org/main/standards-regulations/practice-standards/practice-standards/proposed-changes</a></p>
<p><b>Rationale:</b>          In keeping with its charges, the 2021-2022 Practice Standards Council addressed any items that had been held for future review, as well as the rotational review cycle for the Practice Standards. Subcommittees for Computed Tomography, Nuclear Medicine, Radiography and Limited Machine Operator and Quality Management provided recommended changes to the 2021-2022 Practice Standards Council. Considering these items, current practice, document consistency and public comment, changes were made to the following sections of <b>The ASRT Practice Standards for Medical Imaging and Radiation Therapy:</b> the format, introduction, education and certification, scope of practice, standards 1, 2, 3, 4, 5, 8, 9, 12 and 13, AOS section and glossary.</p>

**The Commission recommends adoption of Motion C-22.01 as amended.**

<p><b>Proposed Amendment #1:</b></p> <p>The Commission moves to adopt the amendment, highlighted in yellow below:</p> <p><b>Lines 785-786:</b></p> <p style="padding-left: 40px;">Maintains knowledge of the most current practices and technology used to optimize patient exposure while producing <b>diagnostic</b> quality images.</p> <p><b>Rationale for Commission Amendment #1:</b>          Rationale: More appropriate as general terminology to cover all modalities based on the description of standard three.</p>
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<b>Your Delegate Vote</b>	YES	NO	<b>House of Delegates Vote</b>	YES	NO
<b>Comments</b>					

**Proposed Amendment #2:**

The Commission moves to adopt the amendment, highlighted in yellow below:

**Lines 824-825:**

Ensures radiation safety instruction information and limitations are provided to the patient, and others during and following radiotheranostics and therapeutic procedures.

**Rationale for Commission Amendment #2:**

Rationale: Recommended editorial change.

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

The Practice Standards Council and Commission identified several minor editorial changes that were referred to the appropriate staff members. These editorial changes, noted below, are not presented for individual vote, but are being reported to you as edits that do not change the intent of the document. All applicable ASRT documents also will be updated to reflect these changes.

For your review, the editorial changes are:

**Lines 30-32:** Switched order of Advisory Opinion Statements to before Glossary to match order of Practice Standards document.

**Line 86: *Cardiac-Interventional and Vascular-Interventional Technology***

**Lines 87-89:** The practice of cardiac-interventional and vascular-interventional ~~technology~~ is performed by health care professionals responsible for the administration of ionizing radiation for diagnostic, therapeutic or research purposes.

**Line 92-94:** Cardiac-interventional and vascular-interventional technologists independently perform or assist the licensed practitioner in the completion of cardiac-interventional and vascular-interventional ~~technology~~ procedures.

**Lines 148-150:** Medical dosimetrists assist the radiation oncologist in localizing the treatment area, generate a treatment plan and ~~actively~~ communicate with the radiation oncology team to enable and ensure the appropriate transfer of information.

**Lines 159-161:** ...or therapies, and acquires and analyzes data at the request of and for interpretation by a licensed practitioner and under the supervision of an authorized user.

**Lines 251-252:** Those who have passed ~~passing~~ the ARRT bone densitometry postprimary examination use the additional credential (BD).

**Lines 253-255:** Individuals with a primary medical imaging or radiation therapy certification who ~~pass~~ have passed the ISCD certified bone densitometry technologist examination use the additional credential CBDT.

<b>Line 256: <i>Cardiac-Interventional and Vascular-Interventional Technology</i></b>
<b>Lines 263-265:</b> Those who have passed <b>passing</b> the ARRT cardiac-interventional, cardiovascular-interventional or vascular-interventional radiography postprimary examinations use the additional credentials (CI), (CV) or (VI), respectively.
<b>Lines 266-268:</b> CCI is another certifying agency. Individuals with primary certification in radiography who <b>pass</b> have passed the CCI cardiovascular invasive specialist examination as a postprimary certification use the additional credential RCIS.
<b>Lines 275-276:</b> Those who have passed <b>passing</b> the ARRT or NMTCB computed tomography postprimary examination use the additional credential (CT).
<b>Lines 293-294:</b> Those who have passed <b>passing</b> the ARRT magnetic resonance primary examination use the credential R.T.(MR).
<b>Lines 295-296:</b> Those who have passed <b>passing</b> the ARRT magnetic resonance postprimary examination use the additional credential (MR).
<b>Lines 303-304:</b> Those who have passed <b>passing</b> the ARRT mammography postprimary examination use the additional credential (M).
<b>Lines 305-306:</b> Those who have passed <b>passing</b> the ARRT breast sonography postprimary examination use the additional credential (BS).
<b>Line 313:</b> Those who have passed <b>passing</b> the medical dosimetry examination use the credential CMD.
<b>Line 320:</b> Those who have passed <b>passing</b> the ARRT examination use the credential R.T.(N).
<b>Line 321:</b> Those who have passed <b>passing</b> the NMTCB examination use the credential CNMT.
<b>Lines 322-324:</b> Those who have passed <b>passing</b> the NMTCB nuclear cardiology, positron emission tomography or radiation safety specialty examinations use the additional credentials NCT, PET or NMTCB (RS), respectively.
<b>Lines 342-343:</b> Those who have passed <b>passing</b> the ARRT radiation therapy examination use the credential R.T.(T).
<b>Line 350:</b> Those who have passed <b>passing</b> the ARRT radiography examination use the credential R.T.(R).
<b>Lines 356-357:</b> Those who have passed <b>passing</b> the registered radiologist assistant examination use the additional credential R.R.A.
<b>Lines 364-365:</b> Those who have passed <b>passing</b> the ARDMS examination(s) use the credentials RDCS, RDMS, RMSKS or RVT.
<b>Lines 366-367:</b> Those who have passed <b>passing</b> the ARRT primary examination use the credential R.T.(S) or R.T.(VS).
<b>Lines 368-369:</b> Those who have passed <b>passing</b> the CCI examination(s) use the credentials RCCS, RCS, RPhS or RVS.
<b>Lines 370-371:</b> Those who have passed <b>passing</b> the ARRT breast sonography, sonography or vascular sonography postprimary examinations use the additional credentials (BS), (S) or (VS), respectively.
<b>Lines 387-388:</b> Corroborating a patient's clinical history with the procedure and ensuring information is documented and available for use by a licensed practitioner.

<b>Lines 473-475:</b> ...for emission, transmission, <del>and</del> attenuation correction, anatomical location and for use in radiation therapy treatment planning when performed within hybrid imaging as prescribed by a licensed practitioner and under the supervision of an authorized user.
<b>Lines 775-776:</b> Advocates for and participates in continuing education related to area of practice; to maintain and enhance clinical competency.
<b>Lines 886-887:</b> When appropriate, uses personnel radiation monitoring device(s) as indicated by the <del>RSO radiation safety officer</del> or designee.
<b>Lines 897-898:</b> Monitors <del>electrocardiogram (ECG)</del> , blood pressure, respiration, oxygen saturation, level of consciousness and pain pre-, peri- and post-procedure.
<b>Lines 903-904:</b> Determines optimum placement of <del>electrocardiogram (ECG)</del> electrodes and correctly identifies ECG wave trigger.
<b>Lines 966-967:</b> Determines optimum placement of <del>electrocardiogram (ECG)</del> electrodes and correctly identifies ECG wave trigger and/or pattern.
<b>Line 1013:</b> Prepares or assists in the preparation <del>ing</del> of brachytherapy sources and equipment.
<b>Lines 1283-1284:</b> Documents the implementation, evaluation and modification of the radiation safety plan under the authority of the <del>RSO radiation safety officer</del> .
<b>Lines 1454-1455:</b> Reports unsafe practices to the <del>RSO radiation safety officer</del> , regulatory agency or other appropriate authority.
<b>Lines 1493-1494:</b> Participation in professional organizations and scholarly activities – such as research, scientific investigation, presentation and publication – advances the profession.
<b>Lines 1620-1634:</b> (When referencing the Practice Standards, the general criteria are listed among the specific. Rearranged bulleted items so general is listed first and then specific and be listed in order as in the document.)
<b>Lines 1672-1673:</b> Positron Emission Tomography (PET) Specialty Examination Content Outline (NMTCB, 20 <del>16</del> 21)
<b>Lines 1708-1709:</b> ACR Committee on Contrast Media. <i>ACR Manual on Contrast Media</i> . American College of Radiology; 202 <del>0</del> 1. Accessed Sept. <del>ember</del> 4, 202 <del>0</del> 1.
<b>Lines 1710-1711:</b> American College of Radiology. ACR practice parameter for performing and interpreting diagnostic computed tomography (CT). Revised 2017. Accessed Nov. <del>ember</del> 30, 2018.
<b>Lines 1712-1713:</b> American College of Radiology. ACR practice parameter for performing and interpreting magnetic resonance imaging (MRI). Revised 2017. Accessed Nov. <del>ember</del> 30, 2018.
<b>Lines 1714-1715:</b> American College of Radiology. ACR-SPR practice parameter for the use of intravascular contrast media. Revised 2017. Accessed Nov. <del>ember</del> 30, 2018.
<b>Line 1736:</b> Nuclear Medicine Technology (ARRT, 20 <del>17</del> 22)
<b>Line 1737:</b> Radiography (ARRT, 20 <del>17</del> 22)
<b>Lines 1763-1764:</b> 2. In specific cases, a whole-body monitor may be indicated. This monitor should be worn at the waist inside of protective apparel, with the label facing the radiation source
<b>Lines 1765-1766:</b> 3. In some cases, a ring monitor may be indicated. This monitor should be worn on the hand likely to receive the highest exposure, with the label facing the radiation source.
<b>Lines 1774-1775:</b> By standards number: 1910.1096(d)(3)(i) – ionizing radiation. Occupational Safety and Health Administration website. Accessed Nov. <del>ember</del> 30, 2018.

<b>Lines 1778-1780:</b> Statkiewicz-Sherer MA, Visconti PJ, Ritenour ER, Welch-Haynes K. Radiation monitoring. In: <i>Radiation Protection in Medical Radiography</i> . 8 <sup>9</sup> th ed. Elsevier; 2022 <del>18</del> :72 <del>5</del> -87 <del>92</del> .
<b>Line 1795:</b> Nuclear Medicine Technology (ARRT, 20 <del>17</del> 22)
<b>Line 1796:</b> Radiation Therapy (ARRT, 20 <del>17</del> 22)
<b>Line 1797:</b> Radiography (ARRT, 20 <del>17</del> 22)
<b>Lines 1802-1804:</b> <del>Not applicable</del> When appropriate, uses personnel radiation monitoring device(s) as indicated by the RSO <del>radiation safety officer</del> or designee. (Standard Four, General Criteria)
<b>Line 1806:</b> § 19.12 Instruction to Workers (NRC, 20 <del>18</del> 21)
<b>Line 1807:</b> § 20.1208 Dose Equivalent to an Embryo/Fetus (NRC, 20 <del>18</del> 21)
<b>Lines 1808-1809:</b> § 20.1502 Conditions Requiring Individual Monitoring of External and Internal Occupational Dose (NRC, 20 <del>18</del> 21)
<b>Line 1867:</b> Fauber TL. <i>Radiographic Imaging and Exposure</i> . 5 <sup>6</sup> th ed. Elsevier; 20 <del>17</del> 21:120 and 176.
<b>Line 1891:</b> Radiography (ARRT, 20 <del>17</del> 22)
<b>Lines 1898-1915:</b> (Rearranged bullet points to follow order of document as opposed to alpha order.)
<b>Lines 1898-1899:</b> Participates in ALARA, patient and personnel safety, risk management and quality <del>management</del> assurance activities. (Standard One, General Criteria)
<b>Lines 1909-1910:</b> <del>Analyzes</del> Evaluates images to determine the use of appropriate imaging parameters. (Standard <del>Two</del> Five, limited x-ray machine operator and radiography only)
<b>Lines 1911-1913:</b> Verifies that exposure indicator data for digital radiographic systems has not been altered or modified and is included in the DICOM header and on images exported to media. (Standard <del>Two</del> Five, limited x-ray machine operator and radiography only)
<b>Line 1983:</b> ECG – electrocardiogram
<b>Line 1989:</b> FDA – U.S. Food and Drug Administration: