

VERMONT MEDICAL SOCIETY

Date: October 20, 2016

To: Gabriel M. Gilman, Esq., General Counsel, Board of Radiologic Technology

From: Jessa Barnard, Esq., General Counsel & Vice President for Policy
Paul Harrington, Executive Vice President

Re: Vermont Medical Society Comments, Proposed Administrative Rules of the Board of Radiologic Technology

Attachments: VMS Proposed Amendments

Thank you for the opportunity to present comments from the Vermont Medical Society regarding the proposed Administrative Rules of the Board of Radiologic Technology (the Board). The Vermont Medical Society (VMS) is the state's largest physician membership organization, representing over 2000 physicians, medical residents and medical students across specialties and geographic location. The proposed rule is of significant interest to our members as it addresses the continuing education and other requirements applicable to physicians who apply ionizing radiation.

VMS' comments will address Part 2 of the proposed rules addressing competency requirements for licensed practitioners (medical doctors, doctors of osteopathic medicine, podiatrists and naturopathic physicians) who apply ionizing radiation. As you know, the proposed rules will require those practitioners to be certified as competent by the Board by taking a Board-approved continuing education course initially and every two years. The course must cover the topics of: radiation biology, radiation physics, exposure reduction, radiation safety, safe equipment operation, image processing, image evaluation, quality control and patient consideration. (Part 2.1). Board-certified or board-eligible radiologists, nuclear cardiologists, interventional cardiologists and electrophysiologists are exempt from the certification requirements. 26 VSA § 2804(d).

The VMS appreciates the efforts by the Board to update the rules applicable to certifying competence in ionizing radiation. As the Board is well aware, the current courses required of physicians have not been updated since the 1990s and much has changed in imaging technology since that time. VMS recognizes the hazards of radiation and the importance of ensuring patient safety in this area of practice. That said, VMS member physicians want to ensure that certification and education requirements are designed to maximize relevance to physicians' practices, minimize unnecessary administrative burden and avoid duplication with other educational requirements.

VMS has circulated both prior and the current drafts of the proposed rule to our membership. The feedback we have received is reflected in the following comments and recommendations, as well as in attached proposed amendments.

VMS Recommends:

1. **Practitioners should have more than one option regarding which course they take to become certified as competent** - and the Board should have the authority to offer more than one course. VMS understands that the Board is working to create an in-house training to meet the

requirements proposed in Part 2.1 and VMS appreciates the work to create a local, relevant course. However, as currently drafted, the rules would limit the Board to approving only one required course: “The Board shall approve *a* course....” (Part 2.1, emphasis added.) This would limit the Board to one course on initial certification and the same course on recertification. It may be more appropriate to offer a distinct course for recertification. In addition, as described further below, physicians should have the flexibility to demonstrate that they are meeting the statutory criteria for competency from other sources such as hospital trainings required for credentialing or medical specialty society trainings. This would reduce duplicative requirements and allow physicians the opportunity to select courses that are more tailored to their specific specialty, location of practice, type of radiation or instruments used.

Therefore, VMS proposes amending the language of Part 2.1 to allow the Board to approve one or more courses. VMS also recommends adding a paragraph to Section 2.1 directing the Board to establish a process to approve additional continuing education courses, upon the request of a practitioner, that cover the topics addressed in the rule and that meet the standards established by the Accreditation Council for Continuing Medical Education (ACCME) or hospital accreditation standards. The ACCME is a nonprofit corporation based in Chicago, responsible for accrediting institutions that offer continuing medical education to physicians and other health care professionals. ACCME accreditation standards ensure that CME is designed to be independent, free of commercial bias, and based on valid content. There are approximately 1,900 CME providers within the ACCME System, including the University of Vermont Medical Center, the New Hampshire Medical Society and Dartmouth-Hitchcock Medical Center. Hospitals in Vermont have also created and offer high-quality training courses to their staff in order to meet hospital accreditation standards and required of staff for credentialing purposes. The combined effect of these changes would allow the Board to create or select more than one approved course, reduce duplication and allow practitioners additional flexibility to meet the competency requirements.

- 2. The duration of required education should be limited to that necessary to cover the required content areas.** As currently drafted, the rule allows up to a 6-hour course to be required for initial certification and every 2 years for recertification. VMS has noted in the past and still believes that a 6-hour course every two years is excessive and would reduce the amount of education time available in a physician’s primary area of practice. Continuing education time is a scarce and an expensive resource that should be allocated carefully. Physicians currently are required by the Board of Medical Practice to fulfill 30 hours of CME every two years, with three hours (beginning with the 2017-2018 licensing cycle) dedicated to pain management and opiate prescribing.¹ The combined effect of this proposed rule with the Board of Medical Practice Continuing Education rule is that 9 hours or 30% of a physician’s continuing medical education hours will be in required content areas that may not be focused on the physician’s main area of practice. Our members have expressed concerns over possible unintended consequences of an onerous requirement, such as surgeons giving up their ionizing radiation privileges and relying

¹ See Board of Medical Practice Rules Section VII, Continuing Medical Education Rules, http://healthvermont.gov/hc/med_board/documents/FinalCMERules10.1.12_000.pdf and Vermont Act No. 173 (2016) Section 9, <http://legislature.vermont.gov/assets/Documents/2016/Docs/ACTS/ACT173/ACT173%20As%20Enacted.pdf>

solely on hospital radiology technologists. A longer course would be especially burdensome if, as appears to be the case, the initial certification and recertification course taken every two years will be the same length. **VMS recommends that a two-hour maximum is appropriate.** VMS would also be open to a longer initial training and shorter recertification course as repeating an identical, lengthy course would be particularly burdensome and unlikely to be useful to practitioners or the patients served. The VMS-proposed language states that at least one of the approved courses shall be limited to two-hours, leaving the Board and practitioners the flexibility to also choose a longer course if most applicable to their area of practice.

3. **More details on the proposed course should be shared with practitioners subject to Part 2.** VMS members raised questions with the Board in 2014 that still have not been fully addressed, such as the process for designing the course in development for certification; the cost, length and location of the course; how often the material will be updated, and whether it will be accredited for CME. VMS recommends that the course be accredited for CME, readily-available, free or low cost and available on-line.
4. **The content of the approved course(s) should be able to change over time.** VMS suggests adding language to Part 2.1 allowing the Board to approve courses that contain content “substantially similar” to those currently enumerated allowing the course material to be changed and updated as information and the science of radiation safety changes over time.
5. **An exemption process should be created for medical specialties as they can demonstrate that they are meeting the content areas required.** In order to avoid duplication of standards, practitioners should be exempt from the biennial course requirement if they can demonstrate that they are Board-Certified or Board-Eligible in a specialty recognized by the American Board of Medical Specialties (ABMS) or an American Osteopathic Association Specialty Certifying Board, and as a part of that certification receive training in ionizing radiation and radiation safety. Currently, radiologists, nuclear cardiologists, interventional cardiologists and electrophysiologists have been exempt from the requirements by 26 VSA § 2804 (d), after they demonstrated that their ABMS Board certification included content in radiation safety. Board Certification imposes rigorous educational, training and continuing education requirements as well as high-stakes recertification testing. VMS recommends that the Board create an exemption process so that each specialty does not have to seek statutory change as they are able to demonstrate that they meet competency requirements in radiation safety.²

Thank you for considering the Vermont Medical Society’s comments. Please see the attached proposed amended language for additional detail regarding VMS’ recommendations and let us know if you have any further questions or if we can provide you with additional information.

² This would appear to be within the Board’s authority. While the existing exemptions have been made in statute, the statute only requires the Board to ensure that a practitioner has “satisfied the Board of his or her competency” to apply ionizing radiation, 26 VSA 2804(a), but does not specify how that competency can be demonstrated – nothing would appear to preclude the Board from determining by rule that competency can be met by Board Certification.