



**TELECONFERENCE/VIRTUAL MEETING
RADIOGRAPHY EXAMINING BOARD
Room 121A, 1400 East Washington Avenue, Madison
Contact: Tom Ryan (608) 266-2112
November 30, 2016**

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Board.

AGENDA

9:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A) Adoption of Agenda (1-3)

B) Approval of Minutes of August 3, 2016 (4-5)

C) Welcome New Members

- 1) Thomas Frenn – Public Member (6-7)

D) Administrative Updates

- 1) Department and Staff Updates
- 2) Board Membership Updates
- 3) Appointments/Reappointments/Confirmations
- 4) Nominations, Elections and Appointments
- 5) Board Members – Term Expiration Dates
 - a) Gregg Bogost – 07/01/2015
 - b) Donald Borst – 07/01/2017
 - c) Thomas Frenn – 07/01/2019 (*appointed but not confirmed*)
 - d) Michele Goodweiler – 07/01/2018
 - e) Tracy Marshall – 07/01/2020 (*reappointed but not confirmed*)
 - f) Heidi Nichols – 07/01/2020

E) Legislative/Administrative Rule Matters (8-43)

- 1) Scope of Practice Standards of the American Society of Radiologic Technologists (9-34)
 - a) Radiographer Scope of Practice – 2013 Standards (9-15)
 - b) Radiographer Scope of Practice – 2015 Standards (16-22)
 - c) Limited X-ray Machine Operator Scope of Practice – 2013 Standards (23-28)
 - d) Limited X-ray Machine Operator Scope of Practice – 2015 Standards (29-34)
- 2) Final Draft Rules and Legislative Report for Clearinghouse Rule 16-030 – RAD 4, Relating to Scope of Practice (35-38)
- 3) Scope Statement Revising RAD 4, Relating to Scope of Practice (39-40)

- 4) Draft Rule Language for RAD 1, Relating to Definition of Licensed Independent Practitioner **(41-43)**
- 5) Update on Other Legislation and Pending or Possible Rulemaking Projects

F) Informational Item(s)

- 1) Board Member Recusal **(44-45)**

G) Items Added After Preparation of Agenda:

- 1) Introductions, Announcements and Recognition
- 2) Administrative Updates
- 3) Education and Examination Matters
- 4) Credentialing Matters
- 5) Practice Matters
- 6) Legislation/Administrative Rule Matters
- 7) Liaison Report(s)
- 8) Informational Item(s)
- 9) Disciplinary Matters
- 10) Presentations of Petition(s) for Summary Suspension
- 11) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
- 12) Presentation of Proposed Decisions
- 13) Presentation of Interim Order(s)
- 14) Petitions for Re-Hearing
- 15) Petitions for Assessments
- 16) Petitions to Vacate Order(s)
- 17) Petitions for Designation of Hearing Examiner
- 18) Requests for Disciplinary Proceeding Presentations
- 19) Motions
- 20) Petitions
- 21) Appearances from Requests Received or Renewed
- 22) Speaking Engagement(s), Travel, or Public Relation Request(s), and reports

H) Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (§ 19.85 (1) (a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1) (b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1) (b), Stats. and § 440.205, Stats.); to consider individual histories or disciplinary data (§ 19.85 (1) (f), Stats.); and to confer with legal counsel (§ 19.85 (1) (g), Stats.).

I) Deliberation of Credentialing Matters

- 1) Application Reviews
 - a) Jamie M. French **(46-65)**
 - b) Adam F. Fuchs **(66-79)**
 - c) Karissa M. Kelso **(80-99)**
 - d) Cassandra J. Klopp **(100-123)**
 - e) Daniel D. Tazbier **(124-138)**

J) Deliberation of Items Added After Preparation of the Agenda

- 1) Education and Examination Matters
- 2) Credentialing Matters

- 3) Disciplinary Matters
- 4) Monitoring Matters
- 5) Professional Assistance Procedure (PAP) Matters
- 6) Petition(s) for Summary Suspensions
- 7) Proposed Stipulations, Final Decisions and Orders
- 8) Administrative Warnings
- 9) Proposed Decisions
- 10) Matters Relating to Costs
- 11) Complaints
- 12) Case Closings
- 13) Case Status Report
- 14) Petition(s) for Extension of Time
- 15) Proposed Interim Orders
- 16) Petitions for Assessments and Evaluations
- 17) Petitions to Vacate Orders
- 18) Remedial Education Cases
- 19) Motions
- 20) Petitions for Re-Hearing
- 21) Appearances from Requests Received or Renewed

K) Consult with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

L) Open Session Items Noticed Above not Completed in the Initial Open Session

M) Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

N) Ratification of Licenses and Certificates

ADJOURNMENT

The next scheduled meeting is March 1, 2017.

**RADIOGRAPHY EXAMINING BOARD
MEETING MINUTES
AUGUST 3, 2016**

PRESENT: Gregg Bogost, Donald Borst, Michele Goodweiler, Tracy Marshall, Heidi Nichols

STAFF: Tom Ryan, Executive Director; and Nilajah Hardin, Bureau Assistant; and other Department staff

CALL TO ORDER

Donald Borst, Chair, called the meeting to order at 9:00 a.m. A quorum of five (5) members was confirmed.

ADOPTION OF AGENDA

MOTION: Michele Goodweiler moved, seconded by Gregg Bogost, to adopt the agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES

MOTION: Tracy Marshall moved, seconded by Gregg Bogost, to approve the minutes of April 5, 2016 as published. Motion carried unanimously.

PUBLIC HEARING: CLEARINGHOUSE RULE 16-030 – RAD 4 RELATING TO SCOPE OF PRACTICE

MOTION: Gregg Bogost moved, seconded by Michele Goodweiler, to **table** Clearinghouse Rule 16-030 Relating to Scope of Practice until the next meeting. Motion carried unanimously.

MOTION: Gregg Bogost moved, seconded by Michele Goodweiler, to request DSPS staff draft a Scope Statement revising RAD 4 relating to Scope of Practice and update to 2015 ASRT Standards. Motion carried unanimously.

LEGISLATIVE/ADMINISTRATIVE RULE MATTERS

Scope Statement Relating to the Definition of Licensed Independent Practitioner

MOTION: Michele Goodweiler moved, seconded by Gregg Bogost, to approve the Scope Statement on RAD 1 relating to Definition of Licensed Independent Practitioner for submission to the Governor's Office and publication, and to authorize the Chair to approve the scope for implementation no less than 10 days after publication. Motion carried unanimously.

CLOSED SESSION

MOTION: Michele Goodweiler moved, seconded by Tracy Marshall, to convene to Closed Session to deliberate on cases following hearing (§ 19.85(1) (a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1) (b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1) (b), Stats. and § 440.205, Stats.); to consider individual histories or disciplinary data (§ 19.85 (1) (f), Stats.); and to confer with legal counsel (§ 19.85 (1) (g), Stats.). The Chair read the language of the motion aloud for the record. The vote of each member was ascertained by voice vote. Roll Call Vote: Gregg Bogost – yes; Donald Borst – yes; Michele Goodweiler – yes; Tracy Marshall – yes; Heidi Nichols – yes. Motion carried unanimously.

The Board convened into Closed Session at 9:30 a.m.

RECONVENE TO OPEN SESSION

MOTION: Michele Goodweiler moved, seconded by Gregg Bogost, to reconvene in Open Session at 10:59 a.m. Motion carried unanimously.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION, IF VOTING IS APPROPRIATE

MOTION: Tracy Marshall moved, seconded by Michele Goodweiler, to affirm all Motions made and Votes taken in Closed Session. Motion carried unanimously.

APPEARANCE: ADMINISTRATIVE WARNING REVIEW

WARN00000492 - DLSC CASE # 13 RAD 005 - J.P.D.

MOTION: Heidi Nichols moved, seconded by Michele Goodweiler, to affirm the Administrative Warning in the matter of DLSC case number 13 RAD 005 (J.P.D.). Motion carried unanimously.

DELEGATION OF RATIFICATION OF EXAMINATION RESULTS AND RATIFICATION OF LICENSES AND CERTIFICATES

MOTION: Gregg Bogost moved, seconded by Heidi Nichols, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

ADJOURNMENT

MOTION: Michele Goodweiler moved, seconded by Tracy Marshall, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 11:01 a.m.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Kimberly Wood, Program Assistant Supervisor		2) Date When Request Submitted: 11/16/2016 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Radiography Examining Board			
4) Meeting Date: 11/30/2016	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Welcome New Members • Thomas Frenn – Public Member	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Please welcome Thomas Frenn to the public member position. Redacted appointment notice attached.			
11) Authorization			
Kimberly Wood		11/16/2016	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

GOVERNOR'S APPOINTMENT

NAME: Mr. Thomas L. Frenn

MAILING ADDRESS: [REDACTED]
Wauwatosa, WI [REDACTED]

E-MAIL ADDRESS: [REDACTED]

RESIDES IN: Wauwatosa, WI

TELEPHONE: [REDACTED]

OCCUPATION: Frenn Law Office
Attorney

APPOINTED TO: Radiography Examining Board
Public Member

TERM: A term to expire July 1, 2019

SUCCEEDS: Not Applicable

SENATE CONFIRMATION: Required

DATE OF APPOINTMENT: August 30, 2016

DATE OF NOMINATION: August 30, 2016

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dale Kleven Administrative Rules Coordinator		2) Date When Request Submitted: 11/17/16 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Radiography Examining Board			
4) Meeting Date: 11/30/16	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Legislative and Administrative Rule Matters – Discussion and Consideration 1. Scope of Practice Standards of the American Society of Radiologic Technologists a. Radiographer Scope of Practice – 2013 Standards b. Radiographer Scope of Practice – 2015 Standards c. Limited X-ray Machine Operator Scope of Practice – 2013 Standards d. Limited X-ray Machine Operator Scope of Practice – 2015 Standards 2. Final Draft Rules and Legislative Report for Clearinghouse Rule 16-030 – RAD 4 Relating to Scope of Practice 3. Scope Statement Revising RAD 4 Relating to Scope of Practice 4. Draft Rule Language for RAD 1 Relating to Definition of Licensed Independent Practitioner 5. Update on Other Legislation and Pending or Possible Rulemaking Projects	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both		8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:
10) Describe the issue and action that should be addressed: 			
11) Authorization			
<i>Dale Kleven</i>		<i>November 17, 2016</i>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



The Practice Standards for Medical Imaging and Radiation Therapy

Radiography Practice Standards

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Preface to Practice Standards

A profession's practice standards serve as a guide for appropriate practice. The practice standards define the practice and establish general criteria to determine compliance. Practice standards are authoritative statements established by the profession for judging the quality of practice, service and education provided by individuals who practice in medical imaging and radiation therapy.

Practice standards can be used by individual facilities to develop job descriptions and practice parameters. Those outside the imaging, therapeutic and radiation science community can use the standards as an overview of the role and responsibilities of the individual as defined by the profession.

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs and lawful institutional policies and procedures supersede these standards.

Format

The Practice Standards for Medical Imaging and Radiation Therapy are divided into six sections: introduction, scope of practice, clinical performance, quality performance, professional performance and advisory opinion statements.

Introduction. The introduction provides definitions for the practice and the education and certification for individuals in addition to an overview of the specific practice.

Scope of Practice. The scope of practice delineates the parameters of the specific practice.

Clinical Performance Standards. The clinical performance standards define the activities of the individual in the care of patients and delivery of diagnostic or therapeutic procedures. The section incorporates patient assessment and management with procedural analysis, performance and evaluation.

Quality Performance Standards. The quality performance standards define the activities of the individual in the technical areas of performance including equipment and material assessment, safety standards and total quality management.

Professional Performance Standards. The professional performance standards define the activities of the individual in the areas of education, interpersonal relationships, self-assessment and ethical behavior.

Advisory Opinion Statements. The advisory opinions are interpretations of the standards intended for clarification and guidance for specific practice issues.

Each performance standards section is subdivided into individual standards. The standards are numbered and followed by a term or set of terms that identify the standards, such as “assessment” or “analysis/determination.” The next statement is the expected performance of the individual when performing the procedure or treatment. A rationale statement follows and explains why an individual should adhere to the particular standard of performance.

Criteria. Criteria are used in evaluating an individual’s performance. Each set is divided into two parts: the general criteria and the specific criteria. Both criteria should be used when evaluating performance.

General Criteria. General criteria are written in a style that applies to imaging and radiation science individuals. These criteria are the same in all of the practice standards, with the exception of limited x-ray machine operators, and should be used for the appropriate area of practice.

Specific Criteria. Specific criteria meet the needs of the individuals in the various areas of professional performance. While many areas of performance within imaging and radiation sciences are similar, others are not. The specific criteria are drafted with these differences in mind.

Introduction to Radiography Practice Standards

Definition

The practice of radiography is performed by health care professionals responsible for the administration of ionizing radiation for diagnostic, therapeutic or research purposes. A radiographer performs radiographic procedures at the request of and for interpretation by a licensed independent practitioner.

The complex nature of disease processes involves multiple imaging modalities. Although an interdisciplinary team of clinicians, radiographers and support staff plays a critical role in the delivery of health services, it is the radiographer who performs the radiographic procedure that creates the images needed for diagnosis.

Radiography integrates scientific knowledge, technical skills, patient interaction and compassionate care resulting in diagnostic information. Radiographers recognizes patient conditions essential for successful completion of the procedure.

Radiographers must demonstrate an understanding of human anatomy, physiology, pathology and medical terminology.

Radiographers must maintain a high degree of accuracy in radiographic positioning and exposure technique. They must possess, utilize and maintain knowledge of radiation protection and safety. Radiographers independently perform or assist the licensed independent practitioner in the completion of radiographic procedures. Radiographers prepare, administer and document activities related to medications in accordance with state and federal regulations or lawful institutional policy.

Radiographers are the primary liaison between patients, licensed independent practitioners and other members of the support team. Radiographers must remain sensitive to needs of the patient through good communication, patient assessment, patient monitoring and patient care skills. As members of the health care team, radiographers participate in quality improvement processes and continually assess their professional performance.

Radiographers think critically and use independent, professional and ethical judgment in all aspects of their work. They engage in continuing education to include their area of practice to enhance patient care, public education, knowledge and technical competence.

Education and Certification

Radiographers prepare for their role on the interdisciplinary team by successfully completing an accredited educational program in radiologic technology and attaining appropriate primary certification by the American Registry of Radiologic Technologists.

Those passing the ARRT examination use the credential R.T.(R).

To maintain ARRT certification, radiographers must complete appropriate continuing education and meet other requirements to sustain a level of expertise and awareness of changes and advances in practice.

Overview

An interdisciplinary team of radiologists, radiographers and other support staff plays a critical role in the delivery of health services as new modalities emerge and the need for imaging procedures increases. A comprehensive procedure list for the radiographer is impractical because clinical activities vary by practice needs and expertise of the radiographer. As radiographers gain more experience, knowledge and clinical competence, the clinical activities for the radiographer may evolve.

State statute, regulation or lawful community custom may dictate practice parameters. *Wherever there is a conflict between these standards and state or local statutes or regulations, the state or local statutes or regulations supersede these standards.* A radiographer should, within the boundaries of all applicable legal requirements and restrictions, exercise individual thought, judgment and discretion in the performance of the procedure.

Radiographer Scope of Practice

The scope of practice of the medical imaging and radiation therapy professional includes:

- Receiving, relaying and documenting verbal, written and electronic orders in the patient's medical record.
- Corroborating patient's clinical history with procedure, ensuring information is documented and available for use by a licensed independent practitioner.
- Verifying informed consent.
- Assuming responsibility for patient needs during procedures.
- Preparing patients for procedures.
- Applying principles of ALARA to minimize exposure to patient, self and others.
- Performing venipuncture as prescribed by a licensed independent practitioner.
- Starting and maintaining intravenous access as prescribed by a licensed independent practitioner.
- Identifying, preparing and/or administering medications as prescribed by a licensed independent practitioner.
- Evaluating images for technical quality, ensuring proper identification is recorded.
- Identifying and managing emergency situations.
- Providing education.
- Educating and monitoring students and other health care providers.
- Performing ongoing quality assurance activities.

The scope of practice of the radiographer also includes:

1. Performing diagnostic radiographic and noninterpretive fluoroscopic procedures as prescribed by a licensed independent practitioner.
2. Determining technical exposure factors.

3. Assisting licensed independent practitioner with fluoroscopic and specialized radiologic procedures.
4. Applying the principles of patient safety during all aspects of radiographic procedures, including assisting and transporting patients.



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Preface to Practice Standards

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Practice Standards can be used by individual facilities to develop job descriptions and practice parameters. Those outside the imaging, therapeutic and radiation science community can use the standards as an overview of the role and responsibilities of the individual as defined by the profession.

The individual must be educationally prepared and clinically competent as a prerequisite to professional practice. Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

Format

The Practice Standards are divided into six sections: introduction, scope of practice, clinical performance, quality performance, professional performance and advisory opinion statements.

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Quality Performance Standards. The quality performance standards define the activities of the individual in the technical areas of performance, such as equipment and material assessment safety standards and total quality management.

Professional Performance Standards. The professional performance standards define the activities of the individual in the areas of education, interpersonal relationships, self-assessment and ethical behavior.

Advisory Opinion Statements. The advisory opinions are interpretations of the standards intended for clarification and guidance of specific practice issues.

Each performance standards section is subdivided into individual standards. The standards are numbered and followed by a term or set of terms that identify the standards, such as “assessment” or “analysis/determination.” The next statement is the expected performance of the individual when performing the procedure or treatment. A rationale statement follows and explains why an individual should adhere to the particular standard of performance.

Criteria. Criteria are used to evaluate an individual’s performance. Each set is divided into two parts: the general criteria and the specific criteria. Both should be used when evaluating performance.

General Criteria. General criteria are written in a style that applies to imaging and radiation science individuals. These criteria are the same in all of the practice standards, with the exception of limited x-ray machine operators and medical dosimetry, and should be used for the appropriate area of practice.

Specific Criteria. Specific criteria meet the needs of the individuals in the various areas of professional performance. While many areas of performance within imaging and radiation sciences are similar, others are not. The specific criteria were drafted with these differences in mind.

Introduction to Radiography Practice Standards

Definition

The practice of radiography is performed by health care professionals responsible for the administration of ionizing radiation for diagnostic, therapeutic or research purposes. A radiographer performs radiographic procedures at the request of and for interpretation by a licensed independent practitioner.

The complex nature of disease processes involves multiple imaging modalities. Although an interdisciplinary team of clinicians, radiographers and support staff plays a critical role in the delivery of health services, it is the radiographer who performs the radiographic procedure that creates the images needed for diagnosis.

Radiography integrates scientific knowledge, technical competence and patient interaction skills to provide safe and accurate procedures with compassion. A radiographer recognizes patient conditions essential for the successful completion of the procedure.

Radiographers must demonstrate an understanding of human anatomy, physiology, pathology and medical terminology.

Radiographers must maintain a high degree of accuracy in radiographic positioning and exposure technique. They must possess, use and maintain knowledge of radiation protection and safety. Radiographers independently perform or assist the licensed independent practitioner in the completion of radiographic procedures. Radiographers prepare, administer and document activities related to medications in accordance with state and federal regulations or lawful institutional policy.

Radiographers are the primary liaison between patients, licensed independent practitioners and other members of the support team. Radiographers must remain sensitive to the needs of the patient through good communication, patient assessment, patient monitoring and patient care skills. As members of the health care team, radiographers participate in quality improvement processes and continually assess their professional performance.

Radiographers think critically and use independent, professional and ethical judgments in all aspects of their work. They engage in continuing education to include their area of practice to enhance patient care, public education, knowledge and technical competence.

Education and Certification

Radiographers prepare for their roles on the interdisciplinary team by successfully completing a program in radiologic technology that is programmatically accredited or part of an institution that is regionally accredited, and by attaining appropriate primary certification from the American Registry of Radiologic Technologists.

Those passing the ARRT examination use the credential R.T.(R).

To maintain ARRT certification, radiographers must complete appropriate continuing education and meet other requirements to sustain a level of expertise and awareness of changes and advances in practice.

Overview

An interdisciplinary team of radiologists, radiographers and other support staff plays a critical role in the delivery of health services as new modalities emerge and the need for imaging procedures increases. A comprehensive procedure list for the radiographer is impractical because clinical activities vary by practice needs and expertise of the radiographer. As radiographers gain more experience, knowledge and clinical competence, the clinical activities for the radiographer may evolve.

State statute, regulation or lawful community custom may dictate practice parameters. *Wherever there is a conflict between these standards and state or local statutes or regulations, the state or local statutes or regulations supersede these standards.* A radiographer should, within the boundaries of all applicable legal requirements and restrictions, exercise individual thought, judgment and discretion in the performance of the procedure.

Radiographer Scope of Practice

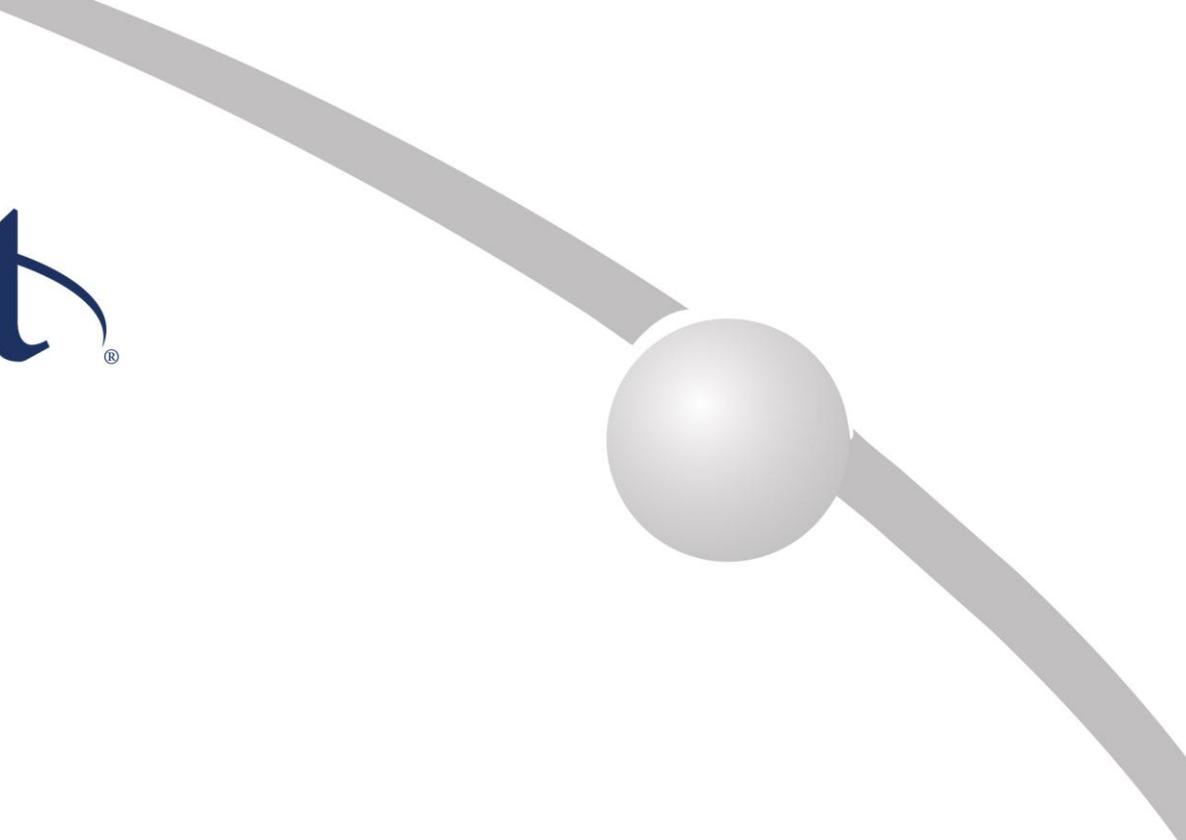
The scope of practice of the medical imaging and radiation therapy professional includes:

- Providing optimal patient care.
- Receiving, relaying and documenting verbal, written and electronic orders in the patient's medical record.
- Corroborating a patient's clinical history with procedure and ensuring information is documented and available for use by a licensed independent practitioner.
- Verifying informed consent for applicable procedures.
- Assuming responsibility for patient needs during procedures.
- Preparing patients for procedures.
- Applying principles of ALARA to minimize exposure to patient, self and others.
- Performing venipuncture as prescribed by a licensed independent practitioner.
- Starting, maintaining and/or removing intravenous access as prescribed by a licensed independent practitioner.
- Identifying, preparing and/or administering medications as prescribed by a licensed independent practitioner.
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The scope of practice of the radiographer also includes:

1. Performing diagnostic radiographic and noninterpretive fluoroscopic procedures as prescribed by a licensed independent practitioner.
2. Determining technical exposure factors.

3. Assisting licensed independent practitioner with fluoroscopic and specialized radiologic procedures.

A decorative graphic consisting of a thick, grey diagonal line that starts from the top left and extends towards the top right. A large, grey, three-dimensional sphere is positioned where the line changes direction, appearing to be attached to it.

The Practice Standards for Medical Imaging and Radiation Therapy

Limited X-Ray Machine Operator Practice Standards

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Introduction to Limited X-Ray Machine Operator Practice Standards

Definition

The operation of x-ray equipment in a limited scope is performed by a segment of health care employees responsible for the administration of ionizing radiation for diagnostic, therapeutic or research purposes. A limited x-ray machine operator performs radiographic procedures within the scope of practice, producing images at the request of and for the interpretation by a licensed independent practitioner. A limited x-ray machine operator acquires additional images at the request of a licensed independent practitioner or radiographer.

An interdisciplinary team of clinicians, radiologic technologists and support staff plays a critical role in the delivery of health services; the limited x-ray machine operator plays a supporting role through the performance of radiographic examinations within the scope of practice.

Limited x-ray machine operators are individuals other than a radiographer who performs static diagnostic radiologic images on selected anatomical sites. They must demonstrate an understanding of human anatomy, physiology, pathology and medical terminology. Limited x-ray machine operators must possess, utilize and maintain a high degree of accuracy in radiographic positioning and exposure technique. They must maintain knowledge of radiation protection and safety.

Limited x-ray machine operators perform radiographic procedures within their scope or assist the licensed independent practitioner or radiographer in the completion of radiographic procedures.

Limited x-ray machine operators must remain sensitive to the needs of the patient through good communication, patient monitoring and patient care skills. As members of the health care team, limited x-ray machine operators participate in quality improvement processes and continually assess their performance.

Limited x-ray machine operators think critically and use independent and ethical judgment in all aspects of their work. They engage in ongoing education to include their area of practice to enhance patient care, public education, knowledge and technical competence.

Education and Certification

Limited x-ray machine operators prepare for their role on the interdisciplinary team in a number of ways. Various educational and training programs for limited x-ray machine operation exist throughout the United States.

Many states may require completion of a course of study prior to administering a state licensure exam for limited x-ray machine operators. Several states use some or all of the Limited Scope of Practice in Radiography state licensing exams developed by the American Registry of Radiologic Technologists. States that administer an exam and issue a license or certification may use various terminologies to designate a limited x-ray machine operator. The limited x-ray

machine operator may have limitations in performing ionizing radiation procedures specific to their scope of practice, and may be prohibited from performing other tasks.

Overview

An interdisciplinary team of radiologists, limited x-ray machine operators, radiographers and other support staff plays a critical role in the delivery of health services as new modalities emerge and the need for imaging procedures increases. A comprehensive procedure list for the limited x-ray machine operator is impractical because clinical activities vary by practice needs and expertise of the limited x-ray machine operators. As limited x-ray machine operators gain more experience, knowledge and clinical competence, the clinical activities for the limited x-ray machine operators may evolve.

State statute, regulation or lawful community custom may dictate practice parameters. *Wherever there is a conflict between these standards and state or local statutes or regulations, the state or local statutes or regulations supersede these standards.* A limited x-ray machine operator should, within the boundaries of all applicable legal requirements and restrictions, exercise individual thought, judgment and discretion in the performance of the procedure.

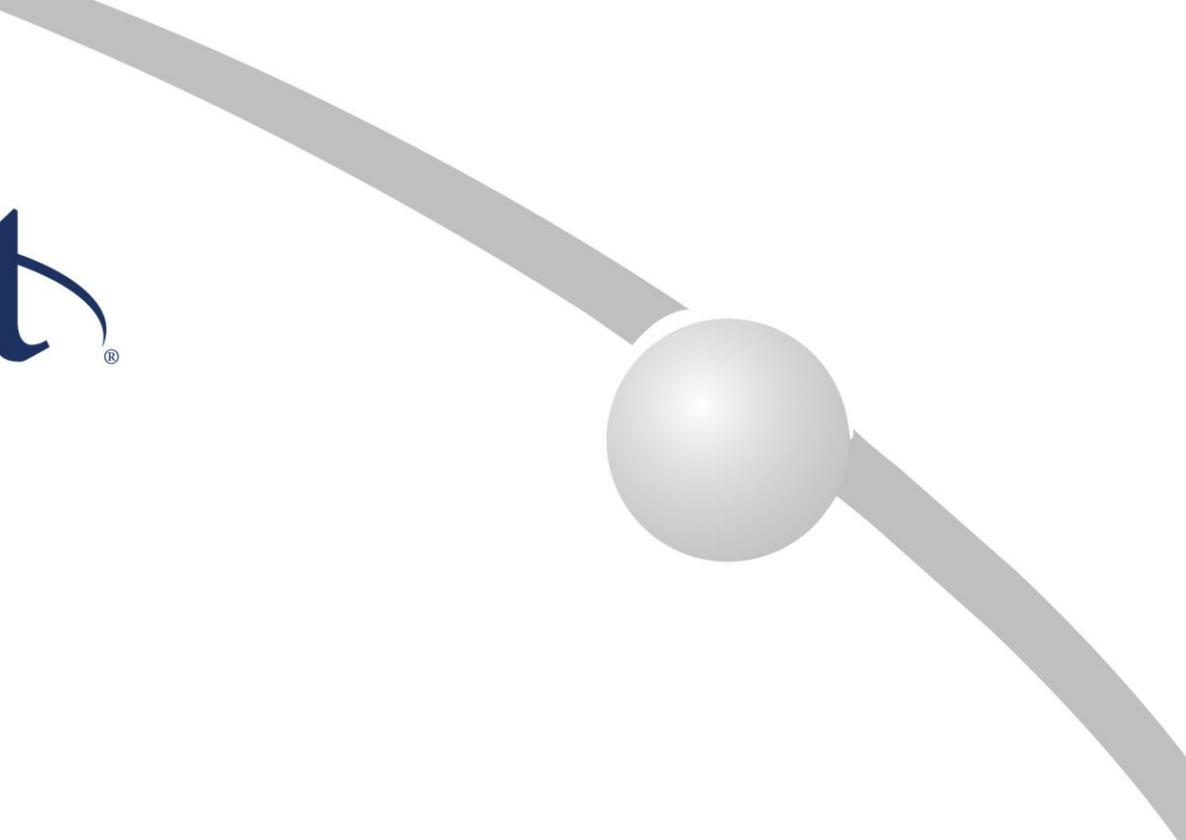
Limited X-ray Machine Operator Scope of Practice

The scope of practice of the medical imaging and radiation therapy professional includes:

- Corroborating patient's clinical history with procedure, ensuring information is documented and available for use by a licensed independent practitioner.
- Preparing patients for procedures.
- Assuming responsibility for patient needs during procedures.
- Applying principles of ALARA to minimize exposure to patient, self and others.
- Evaluating images for technical quality, ensuring proper identification is recorded.
- Identifying and managing emergency situations.
- Providing education.
- Performing ongoing quality assurance activities.

The scope of practice of the limited x-ray machine operator also includes:

1. Performing radiographic procedures limited to education or the specific area of anatomical interest based on training and licensure/certification as prescribed by a licensed independent practitioner.
2. Assisting a licensed independent practitioner or radiographer during static radiographic procedures.
3. Determining technical exposure factors in accordance with the principles of ALARA.
4. Evaluating images for overall diagnostic quality.
5. Assisting the licensed independent practitioner or radiographer in providing patient education.
6. Applying the principles of patient safety during all aspects of radiographic procedures including assisting and transporting patients.

A decorative graphic consisting of a thick, grey diagonal line that starts from the top left and extends towards the top right. A large, grey, three-dimensional sphere is positioned where the line changes direction, appearing to be attached to it.

The Practice Standards for Medical Imaging and Radiation Therapy

Limited X-Ray Machine Operator Practice Standards

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Preface to Practice Standards

A profession's practice standards serve as a guide for appropriate practice. The practice standards define the practice and establish general criteria to determine compliance. Practice standards are authoritative statements established by the profession for evaluating the quality of practice, service and education provided by individuals who practice in medical imaging and radiation therapy.

Practice standards can be used by individual facilities to develop job descriptions and practice parameters. Those outside the imaging, therapeutic and radiation science community can use the standards as an overview of the role and responsibilities of the individual as defined by the profession.

The individual must be educationally prepared and clinically competent as a prerequisite to practice. Federal and state laws, accreditation standards necessary to participate in government programs, and lawful institutional policies and procedures supersede these standards.

Format

The Practice Standards are divided into six sections: introduction, scope of practice, clinical performance, quality performance, professional performance and advisory opinion statements.

Introduction. The introduction provides definitions for the practice and the education and certification of individuals in addition to an overview of the specific practice.

Scope of Practice. The scope of practice delineates the parameters of the specific practice.

Clinical Performance Standards. The clinical performance standards define the activities of the individual responsible for the care of patients and delivery of diagnostic or therapeutic procedures. The section incorporates patient assessment and management with procedural analysis, performance and evaluation.

Quality Performance Standards. The quality performance standards define the activities of the individual in the technical areas of performance, such as equipment and material assessment safety standards and total quality management.

Professional Performance Standards. The professional performance standards define the activities of the individual in the areas of education, interpersonal relationships, self-assessment and ethical behavior.

Advisory Opinion Statements. The advisory opinions are interpretations of the standards intended for clarification and guidance of specific practice issues.

Each performance standards section is subdivided into individual standards. The standards are numbered and followed by a term or set of terms that identify the standards, such as “assessment” or “analysis/determination.” The next statement is the expected performance of the individual when performing the procedure or treatment. A rationale statement follows and explains why an individual should adhere to the particular standard of performance.

Criteria. Criteria are used to evaluate an individual’s performance. Each set is divided into two parts: the general criteria and the specific criteria. Both should be used when evaluating performance.

General Criteria. General criteria are written in a style that applies to imaging and radiation science individuals. These criteria are the same in all of the practice standards, with the exception of limited x-ray machine operators and medical dosimetry, and should be used for the appropriate area of practice.

Specific Criteria. Specific criteria meet the needs of the individuals in the various areas of professional performance. While many areas of performance within imaging and radiation sciences are similar, others are not. The specific criteria were drafted with these differences in mind.

Introduction to Limited X-Ray Machine Operator Practice Standards

Definition

The operation of x-ray equipment in a limited scope is performed by a segment of health care employees responsible for the administration of ionizing radiation for diagnostic, therapeutic or research purposes. A limited x-ray machine operator performs radiographic procedures within the scope of practice, producing images at the request of and for the interpretation by a licensed independent practitioner. A limited x-ray machine operator acquires additional images at the request of a licensed independent practitioner or radiographer.

An interdisciplinary team of clinicians, radiologic technologists and support staff plays a critical role in the delivery of health services; the limited x-ray machine operator plays a supporting role through the performance of radiographic examinations within the scope of practice.

Limited x-ray machine operators are individuals other than a radiographer who performs static diagnostic radiologic images on selected anatomical sites. They must demonstrate an understanding of human anatomy, physiology, pathology and medical terminology. Limited x-ray machine operators must possess, use and maintain a high degree of accuracy in radiographic positioning and exposure technique. They must maintain knowledge of radiation protection and safety.

Limited x-ray machine operators perform radiographic procedures within their scope or assist the licensed independent practitioner or radiographer in the completion of radiographic procedures.

Limited x-ray machine operators must remain sensitive to the needs of the patient through good communication, patient monitoring and patient care skills. As members of the health care team, limited x-ray machine operators participate in quality improvement processes and continually assess their performance.

Limited x-ray machine operators think critically and use independent and ethical judgments in all aspects of their work. They engage in ongoing education to include their area of practice to enhance patient care, public education, knowledge and technical competence.

Education and Certification

Limited x-ray machine operators prepare for their roles on the interdisciplinary team in a number of ways. Various education and training programs for limited x-ray machine operators exist throughout the United States.

Many states may require completion of a course of study prior to administering a state licensure exam for limited x-ray machine operators. Several states use some or all of the Limited Scope of Practice in Radiography state licensing exams developed by the American Registry of Radiologic Technologists. States that administer an exam and issue a license or certification may use various terminologies to designate a limited x-ray machine operator. The limited x-ray

machine operator may have limitations in performing ionizing radiation procedures specific to their scope of practice, and may be prohibited from performing other tasks.

Overview

An interdisciplinary team of radiologists, limited x-ray machine operators, radiographers and other support staff plays a critical role in the delivery of health services as new modalities emerge and the need for imaging procedures increases. A comprehensive procedure list for the limited x-ray machine operator is impractical because clinical activities vary by the practice needs and expertise of the limited x-ray machine operators. As limited x-ray machine operators gain more experience, knowledge and clinical competence, the clinical activities for the limited x-ray machine operators may evolve.

State statute, regulation or lawful community custom may dictate practice parameters. *Wherever there is a conflict between these standards and state or local statutes or regulations, the state or local statutes or regulations supersede these standards.* A limited x-ray machine operator should, within the boundaries of all applicable legal requirements and restrictions, exercise individual thought, judgment and discretion in the performance of the procedure.

Limited X-ray Machine Operator Scope of Practice

The scope of practice of the medical imaging and radiation therapy professional includes:

- Providing optimal patient care.
- Corroborating a patient's clinical history with procedure and ensuring information is documented and available for use by a licensed independent practitioner.
- Preparing patients for procedures.
- Assuming responsibility for patient needs during procedures.
- Applying principles of ALARA to minimize exposure to patient, self and others.
- Evaluating images for technical quality and ensuring proper identification is recorded.
- Identifying and responding to emergency situations.
- Providing education.
- Performing ongoing quality assurance activities.
- Applying the principles of patient safety during all aspects of patient care.

The scope of practice of the limited x-ray machine operator also includes:

1. Performing radiographic procedures limited to education or the specific area of anatomical interest based on training and licensure/certification as prescribed by a licensed independent practitioner.
2. Assisting a licensed independent practitioner or radiographer during static radiographic procedures.
3. Determining technical exposure factors in accordance with the principles of ALARA.
4. Evaluating images for overall diagnostic quality.
5. Assisting the licensed independent practitioner or radiographer in providing patient education.

**STATE OF WISCONSIN
RADIOGRAPHY EXAMINING BOARD**

**IN THE MATTER OF RULEMAKING :
PROCEEDINGS BEFORE THE : REPORT TO THE LEGISLATURE
RADIOGRAPHY EXAMINING : CR 16-030
BOARD :**

I. THE PROPOSED RULE:

The proposed rule, including the analysis and text, is attached.

II. REFERENCE TO APPLICABLE FORMS:

N/A

III. FISCAL ESTIMATE AND EIA:

The Fiscal Estimate and EIA is attached.

IV. DETAILED STATEMENT EXPLAINING THE BASIS AND PURPOSE OF THE PROPOSED RULE, INCLUDING HOW THE PROPOSED RULE ADVANCES RELEVANT STATUTORY GOALS OR PURPOSES:

Current administrative code defines the scope of practice for radiographers and limited X-ray machine operators by reference to the standards set by the American Society of Radiologic Technologists (ASRT) in 2010. ASRT updated the standards in 2013. The proposed rule would amend the administrative code to reference the 2013 standards.

V. SUMMARY OF PUBLIC COMMENTS AND THE BOARD'S RESPONSES, EXPLANATION OF MODIFICATIONS TO PROPOSED RULES PROMPTED BY PUBLIC COMMENTS:

The Radiography Examining Board held a public hearing on August 3, 2016. The Board did not receive any written or verbal comments.

VI. RESPONSE TO LEGISLATIVE COUNCIL STAFF RECOMMENDATIONS:

The Legislative Council did not have any recommendations concerning the proposed rule.

VII. REPORT FROM THE SBRRB AND FINAL REGULATORY FLEXIBILITY ANALYSIS:

N/A

STATE OF WISCONSIN
RADIOGRAPHY EXAMINING BOARD

IN THE MATTER OF RULEMAKING	:	PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE	:	RADIOGRAPHY EXAMINING
	:	BOARD
RADIOGRAPHY EXAMINING	:	ADOPTING RULES
BOARD	:	(CLEARINGHOUSE RULE 16-030)

PROPOSED ORDER

An order of the Radiography Examining Board to amend RAD 4.01 (2) and 4.02 (2) relating to scope of practice.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

None.

Statutory authority: Sections 15.08 (5) (b) and 227.11 (2) (a), Stats.

Explanation of agency authority:

Section 15.08 (5) (b), Stats., provides examining boards, “shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains. . .”

Section 227.11 (2) (a), Stats., sets forth the parameters of an agency’s rule-making authority, stating an agency, “may promulgate rules interpreting provisions of any statute enforced or administered by the agency. . .but a rule is not valid if the rule exceeds the bounds of correct interpretation.”

Related statute or rule:

None.

Plain language analysis:

The current rule defines the scope of practice for radiographers and limited X-ray machine operators by reference to the standards set by the American Society of Radiologic Technologists (ASRT) in 2010. ASRT updated the standards in 2013. The proposed rule would amend the administrative code to reference the 2013 standards.

Summary of, and comparison with, existing or proposed federal regulation:

None.

Comparison with rules in adjacent states:**Illinois:**

The standards of practice in Illinois Administrative Code do not reference the American Society of Radiologic Technologist standards.

Iowa:

The standards of practice in Iowa Administrative Code do not reference the American Society of Radiologic Technologist standards.

Michigan:

The standards of practice in Michigan Administrative Code do not reference the American Society of Radiologic Technologist standards.

Minnesota:

The standards of practice in Minnesota Administrative Code do not reference the American Society of Radiologic Technologist standards.

Summary of factual data and analytical methodologies:

This rule updates the applicable scope of practice standards to reference the current 2013 American Society of Radiologic Technologists standards. Neighboring states requirements were also reviewed.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

The rule was posted for public comment on the economic impact of the proposed rule, including how this proposed rule may affect businesses, local government units, and individuals, for a period of 14 days. No comments were received.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis document is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Jeffrey.Weigand@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Dale Kleven, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-4472; email at Dale2.Kleven@wisconsin.gov.

TEXT OF RULE

SECTION 1. RAD 4.01 (2) is amended to read:

RAD 4.01 (2) The scope of practice of a licensed ~~radiography~~ radiographer is defined in the Radiography Standards, Practice Standards for Medical Imaging and Radiation Therapy, ~~2010~~ 2013 American Society of Radiologic Technologists.

SECTION 2. RAD 4.02 (2) is amended to read:

RAD 4.02 (2) The scope of practice of a LXMO is defined in the Limited X-ray Machine Operator Practice Standards, ~~2010~~ 2013 American Society of Radiologic Technologists.

SECTION 3. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

This Proposed Order of the Radiography Examining Board is approved for submission to the Governor and Legislature.

Dated _____

Agency _____

Chairperson
Radiography Examining Board

STATEMENT OF SCOPE

Radiography Examining Board

Rule No.: Chapter RAD 4

Relating to: Scope of Practice

Rule Type: Permanent

1. Finding/nature of emergency (Emergency Rule only):

N/A

2. Detailed description of the objective of the proposed rule:

The objective of the proposed rule is to update the scope of practice standards in ch. RAD 4 to reference current standards set by the American Society of Radiologic Technologists (ASRT).

3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:

Rules currently being promulgated by the Board define the scope of practice standards for radiographers and limited X-ray machine operators by reference to the standards set by the ASRT in 2013. ASRT periodically updates its standards, most recently in 2015. The proposed rules would amend the administrative code to reference current ASRT standards.

4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):

Section 15.08 (5) (b), Stats., provides examining boards, "shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains. . ."

Section 227.11 (2) (a), Stats., sets forth the parameters of an agency's rule-making authority, stating an agency, "may promulgate rules interpreting provisions of any statute enforced or administered by the agency. . .but a rule is not valid if the rule exceeds the bounds of correct interpretation."

5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:

30 hours

6. List with description of all entities that may be affected by the proposed rule:

Licensed radiographers and limited X-ray machine operator permit holders.

7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:

None.

8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):

The proposed rule will have minimal to no economic impact on small businesses and the state's economy as a whole.

Contact Person:

Dale Kleven, Administrative Rules Coordinator, (608) 261-4472, Dale2.Kleven@wisconsin.gov

Approved for publication:

Approved for implementation:

Authorized Signature

Authorized Signature

Date Submitted

Date Submitted

STATE OF WISCONSIN
RADIOGRAPHY EXAMINING BOARD

IN THE MATTER OF RULEMAKING : PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE : RADIOGRAPHY EXAMINING
RADIOGRAPHY EXAMINING : BOARD
BOARD : ADOPTING RULES
 : (CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Radiography Examining Board to amend RAD 1.02 (12), relating to definition of licensed independent practitioner.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

Section 448.56 (7) (a), Stats.

Statutory authority:

Sections 15.08 (5) (b) and 227.11 (2) (a), Stats.

Explanation of agency authority:

Section 15.08 (5) (b), Stats., provides an examining board “shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains. . .”

Section 227.11 (2) (a), Stats., sets forth the parameters of an agency’s rule-making authority, stating an agency “may promulgate rules interpreting provisions of any statute enforced or administered by the agency. . .but a rule is not valid if the rule exceeds the bounds of correct interpretation.”

Related statutes or rules:

None.

Plain language analysis:

The proposed rules reflect the provisions of 2015 Wisconsin Act 375, which grants qualified physical therapists the authority to order X-rays. Current rules provide the scope of practice for radiographers involves the production of images for the interpretation by, or at the request of, a licensed independent practitioner. “Licensed independent practitioner” as defined in current rules does not include a physical therapist. The proposed rules amend the definition of “licensed independent practitioner” to include a physical therapist who is licensed under s. 448.53, Stats., and satisfies one of the qualifications under s. 448.56 (7) (a), Stats.

Summary of, and comparison with, existing or proposed federal regulation:

None.

Comparison with rules in adjacent states:

The following rules governing the practice of physical therapy in Illinois, Iowa, Michigan, and Minnesota do not explicitly authorize or prohibit the ordering of X-rays by physical therapists:

Illinois: 68 Ill. Adm. Code 1340

Iowa: 645 IAC 200 to 203

Michigan: Mich Admin Code, R 338.7101 to R 338.7150

Minnesota: Minnesota Rules, Chapter 5601

32 Ill. Admin. Code 401, which provides for accreditation in the practice of medical radiation technology in Illinois; 645 IAC 42, which provides for permits to operate ionizing radiation producing machines or administer radioactive materials in Iowa; and Minn. Stat. 144.21, which provides requirements for X-ray operators, do not address qualifications for ordering X-rays. Michigan does not have requirements for the licensure or credentialing of X-ray machine operators.

Summary of factual data and analytical methodologies:

The proposed rules were developed by reviewing the provisions of 2015 Wisconsin Act 375 in conjunction with the current rules relating to the definition of licensed independent practitioner under s. RAD 1.02 (12).

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

The proposed rules will be posted for a period of 14 days to solicit public comment on economic impact, including how the proposed rules may affect businesses, local government units, and individuals.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Jeffrey.Weigand@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Dale Kleven, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-4472; email at DSPSAdminRules@wisconsin.gov.

TEXT OF RULE

SECTION 1. RAD 1.02 (12) is amended to read:

RAD 1.02 (12) "Licensed independent practitioner" means a physician licensed under s. 448.04 (1), Stats.; a dentist licensed under s. 447.04 (1), Stats.; a podiatrist licensed under s. 448.63, Stats.; a chiropractor licensed under s. 446.02, Stats.; an advance practice nurse prescriber certified under s. 441.16 (2), Stats.; ~~a~~ a physician assistant licensed under s. 448.04 (1) (f), Stats.; subject to s. 448.56 (7) (a), Stats., a physical therapist licensed under s. 448.53, Stats.; or other health care provider who is defined as a an independent practitioner.

SECTION 2. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Amber Cardenas, Board Counsel		2) Date When Request Submitted: 10.4.2016 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections:			
4) Meeting Date:	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Board Member Recusal	
7) Place Item in: <input type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Review information regarding ethical and legal obligations to recuse on certain matters at meetings.			
11) Authorization			
Signature of person making this request		Date	
s/Amber Cardenas		10.4.2016	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Recusal

Board members are charged with making decisions that objectively represent the voice of the public, members of the profession, and those seeking entry into the profession. This means that as a board member you are not an advocate for a private interest group or professional association. As a public official, you are held to the highest standards of ethical and professional conduct, and should strive to avoid any relationship, activity or position that may influence the performance of your official duties as a board member.

It follows that you must recuse yourself from any conflict of interest that would compromise your neutrality in making decisions on the board. Ask yourself, “can I decide the issue, fairly and without bias, prejudice, or the impression or appearance of impropriety?” If not, you should recuse from the matter.

A conflict of interest is a type of interest that would result in some benefit, perceived benefit to you, or a bias or perceived bias in favor of or against a particular matter. Under any of the above circumstances, you may have an ethical duty to recuse. Factors to consider in deciding whether to recuse are whether the issue at hand involves a colleague, friend, family member or someone with a close business or social relationship. If yes, then it may be proper to recuse yourself from the matter. The more remote the relationship, professional association, or knowledge becomes, the further you may be removed from bias. You must consider whether you can render an impartial and unbiased decision.

Finally, when acting as a case advisor, you have a legal duty to recuse when the case involves a **contested matter** which is being deliberated and voted upon.

Examples include:

- Reviews of Administrative Warnings
- Petitions for Summary Suspension
- Complaints for Probable Cause (Med Board)
- Administrative Law Judge Proposed Decision and Orders (ALJ PDOs).

The Case Advisor **must** recuse him or herself and leave the room for any contested matter. Board Counsel should be present for contested cases to answer any legal questions and to provide information to the prosecutor should the case be remanded.

The Department of Safety and Professional Services greatly appreciates your willingness to serve the public and those in your profession. If there are any questions about whether a Board member should recuse, please contact Board Legal Counsel.