

2018 annual Governance and House of Delegates Meeting

Shelli Weddum, NSRT Delegate

Friday June 22, 2018

Bylaws Open Forum and Commission Hearing:

A. First Business Meeting of the House

1. Call to Order 8:07am

2. Opening Ceremony

SLDP – flag

3. Introductions

ASRT Board

4. Delegate Orientation

5. Credentials Report

Counting of delegates - 100 credentialed affiliate delegates, 57 chapter delegates – 157 credentialed delegates

Voting to accept the cred report 100%

6. Adoption of House of Delegates Standing Rules

99% voted to adopt

2/3 in the affirmative – rules adopted

7. Adoption of Agenda

100% voted to adopt

8. Memorial Resolution

ASRT members that passed away this last HOD meeting.

Adopted as presented

9. Courtesy Resolutions

RA Delegate – Jonathon recognized

Recess 9:22am

Call back to order 9:42am

10. ASRT Annual Report (President) Amanda Garlick

Welcome

Goals year/Prof Initiatives:

Roadmaps

MRI – Safety best practices – whitepaper available July/Aug 2018

ASRT Strong (Power of “A” Associations) where asrt touches all lives

Thank you’s

ASRT Elections to the Board:

Pres Elect – Stephanie Johnson

VP – Mike Ogran

Secr – Kristi Moore

ASRT Treas – Dani Gonzales

11. Awards

\$67K raised this year

Most Tickets sold
\$750 first - Ohio
\$250 second – Philadelphia

Most raised/capita
1st – Vermont
2nd – Virginia

Outstanding Grass-Roots Advocacy Awards
Individual winner – Brian Rich - Tx
Affiliate winner – Pennsylvania Society of RT's

Most Active Chapter Award
3rd CT chapter
2nd Education & MRI
1st RA's

12. Introduction of Late Main Motions
None

13. Nominations for Speaker and Vice Speaker
Only accepted today – unless no nominations are made.
Speaker – Beth Weber 1st and 2nd motion
closed
Vice Speaker – Joseph Whitton 1st and 2nd motion
Closed
Speak at open forum and answer questions.

14. Announcements\
Start at 7:30am tomorrow
By-laws, Open forum and commission hearing start at 8:00 – mandatory session
Submit questions through 9:00 am Saturday morning.
Credentials check in prior to meeting on Sunday – open at 7am, start at 8am
Honors Evening – 3 members, 1 Life Membership 5:30 – 7:30

15. Adjournment – 10:10am til Sunday

ASRT Update:

Sal Martino, Ed.D., R.T.(R)
CEO and Executive Director
Thank you to team/board/

100th anniversary upcoming
2018 Highlights:
154,000 members
Largest MI and Therapy Association
Directed Reading Flex Plan
ASRT Live – Webcasts (4300 techs have completed)
Successful Advocacy Efforts

Foundation:
347K awards to members
\$239K scholarships
\$150K funded by member contributions
Consider becoming a donor (monthly donor helps for planning)

Challenges:

Encroachments

MARCA – collective voices/VA heard our voices

Occupational State Licensure

State Affiliates – guide efforts

Affiliate Development Program – 26 met requirements

Ease the restrictions for affiliates:

Mike Latimor:

Sal signed and will be with ASRT through 2020 Centennial \$1Million approved by the ASRT Board of Directors, 3 yr extension

1. ASRT will purchase a comprehensive insurance for affiliates – Gen Liability Insurance
2. remove alternate delegate requirement to qualify for Affiliate Financial Assistance Program (only 2)
3. Minimum affiliate funding raised to \$5,000. 2019 fiscal year Oct 1 2018

Online Advocacy Academy

Affiliate Financial Assistance Program

Working for YOU

Safety, workplace safety, infection control, etc..

Students prepare for careers – Radiography Student Exam Assessment

Library (SEAL) – 100 sample questions

Scientific Journals

Track and transfer program

New products and services

3 initiatives by ASRT President

a. Research, build leadership, state advocacy

Melissa Gallick – Pres

1. Expanded Research Programs (importance) (novice researchers (Carree Proffit)
2. New Leadership Academy (Best Pract Leadership skills) online, onsite and mandatory volunteer commitments
3. Increased State Advocacy
 - a. Society's role in advocacy
 - b. Expand licensure in states

Sal:

ASRT Makes America Stronger:

Largest assoc in MI and Rad Tx professionals

The Power of A

Associations

Enhance pt care

Strong workforce

ASAE – Best Pract Assoc and Affiliates

ASRT's 100th Anniversary 2020

Museum expansion

New *Shadowmakers*

June 24 – 28, 2020

International Speakers

Questions – ASRT

1. Removal of Alt delegates for Affiliates? Should have 2 alt delegates in addition to the 2 seated. (Some affiliates have a hard time with this and if the delegate did not show up – the affiliate went on probation.) The stipulation only deterred the affiliates from participating. Encourage more affiliates to get the financial assistance. Removing this requirement. It's still a recommendation to have alternates. Still a by-law responsibility – but even if probation – still get money.
2. Insurance – ASRT will take care of it. Through ASAE, the company that will take on ALL Affiliates – Mega Policy.
3. Financial Statement? On the website as an annual report. Doing the best we have ever done, \$2M last year, \$47M in net assets. Good financial shape. Fiscally responsible board. Frugal as a staff. Staff to member ratio – small. Paying lobbyist in Washington – cut 85%. Watching out for us defensively – not offensively. Mammography reimbursement – being watched. Advocacy on state by state basis. ARRT funding some lobbyist in state – Missouri, example. Big issue – will jump in with Lobbyist. State Capital – want to hear from voting constituents. Can do more within your own state.
4. Missouri – Dianne Hutton. State advocacy. Boots on the ground. ASRT – for assistance in our movement. Missouri did not make the movement. Will continue to go forward. Licensure in 43 states. Goal to have all 50 before he retires.
5. Texas Affiliate – thank ASRT and staff. Interesting year – appreciate their support.
6. Appreciate the advocacy support.

Open Forum on Combined Dues

Sal

2002 research from the first pilot

Membership in both ASRT and Affiliate

ASRT members would be required to be Affiliate and likewise

Decision September 2018

Questions:

Fee's reimbursed & Student membership taken into consideration

1 – fee for all affiliates, all affiliates would have to agree. Ex. \$125 ASRT & Affiliate \$30 example

Students -? Dues would have to be assessed

Life members, student members, emeritus members, active, associate members – all differ between affiliates

Concern that the student impact is huge.

Survey results are not posted anywhere. Can get a copy from ASRT. 52% opposed

95% members are really satisfied – ASRT

Over 11,000 responded to the survey

ASRT – concern, maintain their autonomy. Could ASRT dues, link to the affiliate?

Sal – want to help affiliates. **Online application, link – Do you want to join your affiliate?** Link to the affiliate website, etc...

Some affiliates are very well organized, some have nothing – make this all difficult.

Is this fiscally advisable?

Member satisfaction survey – state the dues are too expensive...Concern, to then add the affiliate fee.

For a lesser fee – we can make you an affiliate member for an extra \$10. More members for less money? Equals out? Give another benefit...not just the cost. Purpose to share the burden of the cost?

Assumptions? Is it really more members or growing the leaders of the future? The real goal is leadership.

17% said they would drop ASRT membership if there were combined dues.

Lifetime members do not pay annual dues?

ASRT help with survey for each affiliate society.

What the membership means – need more of an active role on the website to better understand what the ASRT has to offer.

ASRT – Group membership with employer. Do get individual membership opportunities.

States working to grow membership – how does the connection with ASRT actually help with this? We haven't seen a growth yet.

Numbers are detrimental to the fiscal responsibility of the ASRT.

Pilot program in 2002 – Ohio, NY, and Mississippi – didn't go well.

Massachusetts – Affiliate numbers down and ASRT up. Flex Plan with 15 credits is wonderful – but all members are focused on credits – not advocacy. Hence, not joining state affiliates.

Encroachment and Licensure – ADVOCACY main concern for joining the state affiliates

SLDP – grows leaders.

? Formalized affiliate structure to meet with students/programs

Can we get list of members from ARRT – send out email to state RT's?

ARRT Report

Steve Herrmann ARRT Board of Trustees President

RT Credentials

Obtain – Ethics, Education & Examination

Primary and Postprimary Eligible Pathways

1. Supporting credential requirements
2. Clinical exp requirements
3. Structured education requirements

Transition from “related to” to “linked to”

Pass/Fail point for Rad Therapy – answer a few more questions.

Obtainig and Maintaining

Ethics Violations: 30 days from occurrence or time of renewal – whichever is sooner

Ce credit – new credential does not satisfy, the education to get the new certification does apply. Structured education for post primary – applied for CE's

CQR – identify and remediate areas after a 10 yr period – keep techs up to date on new information/technology

Jan 1, 2011 – not subject to CQR

3 yr to complete the process, advance notice

3 parts:

1. Professional Profile
2. Structured self-assessment (identify weak area)
3. CQR CE to fill knowledge gaps

Communications:

Stories of Quality Patient Care
ARRT tool to document ongoing professionalism
I AM the Gold Standard – nomination program

Outreach and Education grants:

with ASRT – ed grants/active affiliate
resources state affiliate meeting, ARRT publications, giveaways, etc...

Advocacy:

State Legislation

RT

RRA

Federal Legislation

Radologist Assistant

Computers Exhibit Hall – laptops, send a letter to reps/senators

Online video library

Ethics, exam development, exam security, CE requirements, CQR

Helping with states fighting for advocacy.

Questions:

Cost for the CQR testing? No cost

Recognize technologists – contact information for those in the state? General lists annually. Would like to send a personalized message – completed advancement/modality Hours vs credit for the content (certificate courses)

Academic credit doesn't go through RCEEM

Portal for post primary competencies? Educator can check. Will consider (Coordinator Pathway)

CT/MRI Hospital based program – ARRT distribution of the education.? Renewal each time? Approval period, renew ASRT, electronically submit to ARRT, upload

Use ARRT's email address to reach out to all technologists

Mailing list on the website – 2/year for affiliate – can be used. ARRT search, mail list

Credit approval – delineate CQR fulfillment?

Can we advertise – CQR content/continued education?

JRCERT Report

Bette Schans, Chair

Trish Leggett – Director of Instructional Design and Technology (new position)

Standards Revision

1st year of revisions

Process of year 2 of the revision

Pulse Newsletter

2xyear

Accreditation

USD and CHEA info

2019 – 50th Anniversary Conference

Nov 4 – 5, 2019 2 day Educational conference Chicago

Requesting speakers for this meeting

Standards Revision Timeline:

Initiated Fall 2015

Dec 2017 – Su 2018 collection of feedback

Draft 2 late fall 2018
April 202 Board approval of final version
Jan 1, 2021 new Standards become effective
Encourage review and comments
Certificate and Degree Programs (divided for the Standards)
Standards with several questions
Standard 3 – CC is required when more than 15 students are enrolled
6.2 Program Effectiveness
3 yr average program completion rate of not less than 80% within 150% of stated
program length (make sure to send comments to the office)
Looking for Site Visitors and Practitioners
Hosp based individuals
RX & Med Dos
Distance Ed Experience
Nov 5, 2018 ½ day Out Asses and Accredited Seminar
Site Visitor WS

Saturday June 23

Bylaws Open Forum

Joseph Whitton
8:00 am
Dan Memayo – Chair
Introduction of Committee Members
Article XI, Commission and Main Motions, set 2 – remove wording from January to
February
Article XIV Amendments, Letter A, Number 2 and Letter C – remove wording from
January to February
This change allows for more time for review and preparation of By-Laws review
No questions or discussion

Commission Hearing

American Society of Radiologic Technologists

Commission Report

2018 House of Delegates

The Commission met on Jan. 8, 15, 22, 29 and Feb. 5 via webinar, and March 2 at the ASRT
office in Albuquerque, New Mexico. Commission members participating in the meetings were:

Mike Odgren, B.S., R.P.A., R.R.A., R.T.(R)(CT), Chairman

**MARCA and H769 – Go to Advocacy page and write or tweet senators. Added icon
to the conference app – directly to the advocacy page.**

Introduction of committee members.

Susan Castanette, A.A.S., R.T.(R)(BD)
Kyle Kearsley, R.T.(R)
Kevin Lawrence, R.T.(R)
Marilyn Lewis Thompson, M.B.A., R.T.(R)(M)
G. Tim Wescott, A.A.S., R.T.(R), FASRT
Cheryl Worden, A.A.S., R.T.(R)(M)(BS)

The Commission met via webinar on Jan. 8 and assigned the 15 main motions received by the first business day of January. These motions can be assigned to the Commission, Board of Directors or the Committee on Bylaws. This year, all the motions were assigned to the Commission.

The Commission used an online survey tool to gather feedback, which offered members more time to evaluate and provide feedback for each motion before making recommendations during the webinar meetings.

On Jan. 15, the Commission met via webinar and discussed proposed changes to the Magnetic Resonance Practice Standards, advisory opinion statements on communication by registered radiologist assistants, administering medications and a position statement on the level of education for the profession.

On Jan. 22, the Commission met via webinar and discussed proposed changes to the Medical Dosimetry Practice Standards, advisory opinion statements on placement of radiation monitoring devices, post-exposure shuttering and cropping of images and position statements on supervision for limited x-ray machine operators and the entry level of education for radiation therapists.

On Jan. 29, the Commission met via webinar and discussed proposed changes to the Radiologist Assistant Practice Standards, the advisory opinion statements on medication administration and the Practice Standards Glossary and the position statement on hybrid imaging.

On Feb. 5, the Commission met via webinar and discussed the remaining changes to the standards, position statements and advisory opinion statements.

On March 2, the Commission met at the ASRT office in Albuquerque to finalize recommendations on motions.

The Consent Calendar includes all of the motions recommended for adoption by the Commission for discussion and voting by the House of Delegates. Motions C-18.06, C-18.13 and C-18.14 do not appear on the Consent Calendar. The Commission recommends *non-adoption* of the following motions:

State Laws supersede.

C-18.06 Amend the Advisory Opinion Statement titled *Guidance for the Communication of Clinical and Imaging Observations and Procedure Details by Radiologist Assistants to Supervising Radiologists*.

C-18.13 Rescind the Position Statement titled *Level of Education for the Medical Imaging and Radiation Therapy Profession*.

C-18.14 Amend the Position Statement titled *Entry Level of Education for Radiation Therapists*.

Consent Calendar

C-18.01 Amend the Magnetic Resonance Practice Standards, pages MR 1-32, by substitution.

C-18.02 Rescind the Position Statement titled *Pregnant Radiologic Technologists and the Magnetic Resonance Environment*.

C-18.03 Amend the Medical Dosimetry Practice Standards, pages MD 1-32, by substitution.

C-18.04 Amend the Radiologist Assistant Practice Standards, pages RA 1-31, by substitution.

C-18.05 Amend the Practice Standards Glossary, pages 1-6, by substitution.

C-18.07 Amend by substitution the Advisory Opinion Statement titled *Guidance for the*

Communication of Clinical and Imaging Observations and Procedure Details by Radiologist Assistants to Supervising Radiologists.

C-18.06 – recommends to be removed for C-18.08

C-18.08 Amend the Advisory Opinion Statement titled *Administering Medication in Peripherally Inserted Central Catheter Lines or Ports with a Power Injector.*

C-18.09 Amend the Advisory Opinion Statement titled *Placement of Personal Radiation Monitoring Devices.*

C-18.10 Amend the Position Statement titled *Use of Post-Exposure Shuttering, Cropping and Electronic Masking in Radiography.*

C-18.11 Amend the Position Statement titled *Medication Administration by Medical Imaging and Radiation Therapy Professionals.*

C-18.12 Amend the Position Statement titled *Medication Administration Through Existing Vascular Access.*

C-18.13 – recommends non-adoption – level of education kept and no further action (Further research from last year – will recommend to withdraw)

C-18.14 – recommends non-adoption – entry level Radiation Therapist (should be) correct. No further action. If other changes – late main motion – must be considered.

C-18.15 Rescind the Position Statement titled *Opposition to Supervision by Limited Xray Machine Operators.* -

C-18.16 Rescind the Position Statement titled *Qualifications for Performing Image Acquisition With Hybrid Imaging Equipment.* (Requested to be pulled for discussion)

This document is accepted as written

Pull Motions 6, 7, 13, 14 & 16 from the consent calendar. If you want to add motions, must let the committee know.

Joseph Whitton:

At the 2nd Business Session – reviewed the motions. Want any motions reviewed, pull, must request.

Open Forum on the Practice Standards Document Revision Process

Vote 2019 HOD Conference Orlando

Mike Odgren

- History practice standards and history
- Current challenges
- Process Improvement plan for more efficiency with improved utility

Introduction of the PSC document Review Subcommittee

ASRT

Suspend the charge to revise the Practice Standards for one year

Recommend revisions of the document review cycle

Recommend revisions of the flow charts

Proposed Timeline

Purpose of the practice Standards:

1. Acceptable evidenced based practice for the profession as it evolves
2. State licensing boards frequently reference these documents (state statues – supersede these documents)

3. Legal reference

Unification of Pract standards documents into one document
Currently – PS doc complex

Work on Streamlining the revision process – allow feedback and collaboration as needed

CONCERN:

Inconsistencies and redundancies

Document review subcommittee established

Rationale;

Complexity of multiple, redundant documents

Cumbersome and inefficient review process

Need a more user friendly document

Next Steps:

- Open forum to obtain feedback
- Maintaining open communication throughout the process
- Use the feedback obtained, create a document and process that is more user friendly and efficient
- Final document for review and vote at HOD 2019

Questions:

Keep current information and just make it easier to use.

Watch the communities' pages, ask questions, open communication

Extended the review for the upcoming modalities following 2019

Transparency – committee

Speaker/Vice Speaker election Open Forum

10:15 am reconvene

Help

Education Chapter Meeting:

Jeff Killion – Chairman

ARRT Report:

Jan 1, 2018 CQR Compliance

Professional Profile

Prescription for your CE

Need Educators to help with communicating the CQR requirements. Go to the ASRT website, check their profile and start working on this.

Certified and Registered same terminology. Website checked to verify status of certification/registry. Post Primary pathway, Content Outline discipline. Fall 2019 – Radiography going through a practice analysis.

JRCERT Report:

Leslie Winter

Draft 2 Standards Oct 2018 – comments requested/input

Motions for the Ed Chapter - none

Bylaws Changes – relevant to the chapter – none

Specific Agenda:

JRCERT practice standards – get lots of fellow co-workers involved in this review.

Continued discussion on the entry level BS degree

Advance the profession

Notice decrease in applicants and demand has increased – across country

So many students do not stay in radiography

Academy's – to introduce to the profession

Students are not prepared for the programs – underprepared

Attrition rates – concern (how to keep students)

Generation

Michigan – **Intro to Rad Course/Pre-requisite Course** – to help “prepare” students before the program

Inter-professional education – Pre-requisite – before they commit to their program

Georgia Southern – attrition issues, course – Inter-disciplinary – before can start the program. Each faculty video-taped and set up the course. **Past 2 year – made retention once this was implemented.**

Florida – student rep – weakest area was retention. Shadow, 4 hour observation, intro to Radiography course (pre-requisite). Found most students that were not successful – had not previously taken a full college credit load.

New Jersey – due to credit limits – just cannot add a course. Information sessions.

Program for all students must attend one of the sessions before they can be fully accepted.

Virginia – Mandatory orientation course that all new students take – added an allied health section to the course. Run more public recognition of what we do – maybe during RT Week.

Overwhelming – lots of jobs open across the country

New York – shadow system – go with faculty to clinical to speak with current students at clinical after they are accepted. Still allows them the opportunity to back out – if decide not interested. Seasoned techs are shifting to the other modalities, so new grads are teaching early in their careers.

Alabama – 5 yrs ago– lost students 2 weeks into program (didn't know what they were getting into). Hosted open houses – HS and college students, ppt field, expectation, bring college transcripts or HS and map out a plan for them. Geared to HS student Jr/Sr.

Nebraska – SCC – non-traditional students or maybe people that work in the hospital already, rad aides, CNA, etc.. Student Success program

MSU – student – 2 pre-req courses. Intro to Rad and Med Term – before they can get into the program. HESI as a pre-req.

Recruitment process – reaching students earlier. Bridge Programs – prepare them for college level work. Many students are capable – just not prepared. How we connect with them.

New Mexico – interview process is critical- upfront with the students. Admissions know the program well, can explain. **Pre-orientation seminar with the students.**

Mentoring launch with clinical students and on-campus students – give them a chance to talk, how things work, etc..

Ohio – student – the Open House was helpful. Broken bones and trauma at the open house. Frustration that get in and then on a wait list to start.

New York – how can ASRT help with this – get our profession out there to the public.

Commercials – during RT Week, get our profession out there...

New Jersey – Student - hospital based program. TEAS, 3 letters of recommendation, attend the open house. 7 in the program. Personal relationship with the director – open door policy. During interview – PD reviewed the letters of rec, highlighted and qualities that stood out. Show that you care.

Advisement process – divided them out between the 7 faculty. Students can go to them at any time.

The Gig Economy - mindset of this age group...applying to our program.

KC, Mo – Avala – lab, with procedures, go to clinical site, 2 hours/week during first semester. Interviews – not necessarily relates to the success of the students. Hospitals control the student enrollment numbers. Hospital outreach to get your program/students in the sites.

Mike Latimer – announcement – ASRT – Leadership Academy for educators.

Application open July 1. Prepare educators for classroom instruction. Must be an ASRT member. 15 selected. 5 Self Directed modules – 2019. Complete program in Albuquerque – ASRT fly in to finish the program. Certificate of completion.

Professionalism and students – ASRT create content that could be shared with the students. Concern with students. What can we do to help instill this with our students? Promote ASRT early in our programs.

Encouraged educators to be mentors of the associations, state, national, etc...

SLO – Professionalism (Alumni societies)

ASRT Dir Education:

CT and Mammo revisions are complete and have been implemented

Radiography Chapter Meeting

ARRT Report – CQR, for 2011 grads

Practice analysis for Radiography fall 2019

JRCERT Report

Standards revision 2 , fall 2018

Review Motions relevant to the chapter:

Where to wear badges

Consent Calendar – no discussion

Bylaws changes – no discussion

Practice Standard revisions – no discussion

Compliance – elect 2 chapter delegates and 2 alternates – nominate 4 people

ASRT.org – follow the nomination format

Other business? None

Open forum:

Entry level is not listed on the Practice Standards or Position Statements.

ARRT Specifies the entry level. ASRT has on the agenda to talk about what it should be.

Communities – enjoyed

Hints: 1. Perception of the general public of what we do. Misconceptions.
2. ASRT partnership with AHRA, management has taken the RT out of that position – lack mentorship of RT and student. The focus is on business, budget, etc.. not relationship with students. Administration moving away from focus on what we do.

Interprofessional case study – mock skit in a theatre included multiple professions, EMT present...went through a FB head injury study. AHRA – Digital Issues in Radiography.

Students keep the sites up to date b/c they are on top of the new information.

Management chapter – partner with Radiography for some of these issues. Career Ladders. Show the value in all the things that they need to do in the departments. Rad Tech 1 (1 – 2 yr), Rad Tech 2 (2+ years).

Disconnect in molding leadership...teach to do the work, not become future leaders.

Students – depend on the techs for guidance. We need to be there for our students.

Michael Latimor – more than one track – 1. More proficient as a RT 2. Management Track & better mentors Reward type system that moves them up the career ladder. Management focuses on CT/MRI.

Radiography/Mgmt/Ed Chapters work together.

Rad Ch will follow up with this.

Student – clinical setting, techs fantastic, instructors fantastic, hospital techs – no focus on patient care, radiation prot, more about quick, fast & get the job done. Know right thing to do, but told not to. Staff Turnaround.

Complacency with job/shielding, overexposures

Best Practice vs Common Practice can be the same.

Students – pick up the same bad habits, never ending cycle.

ARRT ethic violation reports – if student reports to CC or PD, can you report to ARRT? If this is second hand, can we report? What can we really do? Go to management of the facility – go to Ethics 2nd. **We are liable for the same violation if we do not report it.**

ARRT ethics board will investigate.

Document shielding on the requisition – make techs accountable

Radiation Safety Board – developed – Button - Agent of Shield (acronym) Safety, lead, etc...

Students evaluate Techs – box for manager or PD or CC pull information

Not all managers are Leaders.

Poster ASRT – Every Patient – Every Time,

Medical Radiography Board – NE DHHS – Law – shielding, etc...

Go viral - #shield If the patient population, they will request.

Sunday June 24
Second Business Meeting of the House
Sunday, June 24, 2018
Beth Weber – 8:01am

B. Second Business Meeting of the House

1. Call to Order

2. Credentials Report - 157 seated Delegates

4. Committee on Bylaws Report Daniel DeMaio, M.Ed., R.T.(R)(CT), Chairman

Bylaws amendments – vote – approved

Amendment #1 – Article XI, deadline – Jan to February – vote – approved

Amendment #2 – Article XIV, amend, Letter, A, number 2 and Letter C – deadline Jan to February – vote – approved

5. Consent Calendar, pg 23 Delegate HB – Mike Odgren Chair

Pulled – C-18.03, C-18.05, C-18.06, C-18.07, C-18.13, C- 18.14

C-18.06 Amend the Advisory Opinion Statement titled *Guidance for the Communication of Clinical and Imaging Observations and Procedure Details by Radiologist Assistants to Supervising Radiologists.*

C-18.13 Rescind the Position Statement titled *Level of Education for the Medical Imaging and Radiation Therapy Profession.*

C-18.14 Amend the Position Statement titled *Entry Level of Education for Radiation Therapists.*

Consent Calendar passed – 15 min recession

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C-18.02 Rescind the Position Statement titled Pregnant Radiologic Technologists and the Magnetic Resonance Environment.

C-18.03 Amend the Medical Dosimetry Practice Standards, pages MD 1-32, by substitution.

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C-18.15 Rescind the Position Statement titled *Opposition to Supervision by Limited Xray Machine Operators*.

C-18.16 Rescind the Position Statement titled *Qualifications for Performing Image Acquisition With Hybrid Imaging Equipment*

5. Commission Report – Mike Odgren - Chairmen

HB pg 21

C-18.03- Amendment – strike the word “during” – voted affirmative for the adoption

C-18.05 – Amendment – Lines 17 – 19 – Artifact defined – voted to adopt

Lines 144-145 Panning – (strike radiographic table and insert imaging equipment) – voted to adopt

C-18.06 – Amendment – non adoption recommended in support of adoption of C-18.07

No objection - .06 is withdrawn

Motion for C-18.07 – voting – voted to adopt as substituted

C-18.13 – recommends non-adoption – withdrawn – Entry level of Radiography/MI

C-18.14 – recommends non-adoption – Entry level Radiation Therapy – withdrawn

Concludes the Commission Report

6. Unfinished Business

None

7. New Business

a. Introduction of Late Main Motions

No late motions have been submitted.

b. Courtesy Resolutions

SLDP Participants – expand professional knowledge – career – Thank you!

c. Report of Election of Chapter Steering Committee Chairmen

Elected Chapter Chairmen & Vice Chairmen 2018-19

8. Election of Speaker and Vice Speaker

Only one (1) candidate for each position

Beth Weber Speaker

Joe Whitton Vice Speaker

9. Announcements

SLDP wrap up follow the meeting

10. Adjournment – 9:10am