

# X-ray Advisory Committee Meeting

## MEETING MINUTES

**Date:** August 22, 2018

**Location:** Orville Freeman Building  
645 Robert St. N.  
Saint Paul, MN 55155

**Attendees:** Brian Hall (Service Provider), Dan Lind (Service Provider), Frank Zink (Medical Physicist), Julie Sabo (MN Nursing Board), Michael Lewandowski (Health Physicist/CHP), Richard Geise (Medical Physicist/PhD), Ronnell Hanson (MN Radiological Society), Tony Murphy (Medical Physicist), William Duppler (Medical Physicist).

Absent: Beth Schueler (Medical Physicist), Bridgett Anderson (MN Dental Board), Jon Wohlhuter (MN Association of Nurse Anesthetists), Louis Saeger (MN Medical Association), Vinton Albers (Chiropractic Association).

MDH: Bevin Beaver, Craig Verke, Jacquie Cavanagh, Kelly Medellin, Mary Navara, Stephanie Welvaert, Teresa Purrington.

## Acronyms and Terms

ACM – Advisory committee member

CRCPD – Council of Radiation Control Program Directors

CBCT – Cone beam computed tomography

CT – Computed tomography

FDA – Federal Drug Administration

IAC - Intersocietal Accreditation Commission

MDH – Minnesota Department of Health

NCRP – National Council on Radiation Protection and Measurements

QMP – Qualified medical physicist

Revisor – Office of the Revisor of Statutes

SSRCR – State Suggested Regulations for Control of Radiation

## Welcome and Introductions

*Teresa Purrington, X-ray Program Supervisor*

Purrington welcomed the Advisory Committee. She stated MDH wants to bridge the gap between MDH and service providers with the proposed checklist.

## Service Provider Update

*Stephanie Welvaert, X-ray Unit Inspector*

Welvaert went through the Service Provider Overview presentation. She outlined definitions for vendors, service technicians, qualified experts, and qualified medical experts.

## Review of Service Provider Responsibilities

*Teresa Purrington, X-ray Unit Supervisor*

*Jacquie Cavanagh, Section Policy and Rules Analyst*

### Subp. 1. Service company or service provider responsibilities for a registrant.

Michael Lewandowski (Advisory Committee Group – ACG) asked for the distinction between service company and service provider. William Duppler (ACG) asked about a hospital who employs a QE/QMP be registered as a company. Purrington stated MDH is discussing this at this time and has not made a decision. Lewandowski asked where in the rule will the checklist state what type of equipment needs the checklist. Purrington stated all equipment would require a checklist. Lewandowski asked about industrial equipment that requires no installation. Tony Murphy (ACG) stated the checklist is putting the sole responsibility on the service provider. Purrington stated this is the service provider responsibility, and registrants would also have their own responsibilities regarding the checklist.

Richard Geise (ACG) questioned item A(3), and the new wording compared to the current rule that excludes changing the design of the room to accommodate higher output equipment isn't covered. Geise suggested to reword or add a A(4) to this part. Frank Zink (ACG) stated he agrees with Geise and shielding should be updated with any new installation. He also questioned installation and this rule part should clarify who is responsible for each item listed.

### Subp. 2. Checklist contents and requirements.

Lewandowski questioned item A and if this means if the service provider is making sure a shielding plan exists. Purrington stated it does. Zink stated there should be something regarding an attestation regarding x-ray systems that do not require shielding plans.

### Subp. 4. Service report.

Zink questioned the thirty days and asked if it is after equipment has passed, and if MDH requires an immediate summary if there is a failure in the evaluation to notify the registrant if something is wrong. Zink suggested adding an immediate summary of results.

### Subp. 6. Radiation measurement instruments.

Lewandowski questioned the service testing of x-ray systems. Purrington stated this could include radiation protection survey and equipment testing.

### Subp. 7. Vendor notification.

Lewandowski suggested thinking about an institution that donates equipment every decade and does not use it. Zink stated MDH would be responsible for managing these notifications every 30 days, and MDH should consider only positive reports, and not null reports.

Lewandowski asked about equipment returned back to the manufacturer. Purrington stated MDH would consider the comments.

## Review of Service Provider Training

*Teresa Purrington, X-ray Unit Supervisor*

*Jacque Cavanagh, Section Policy and Rules Analyst*

### Subp. 2. Vendor training.

Lewandowski questioned eight hours of training for vendors. He suggested training to cover the activities they are doing, and not the number of hours they need for training. Ronnell Hanson (ACG) stated it's a common practice to require a number of hours and set to standards regardless of what your role is. He suggests including activities for those who would need additional hours due to certain equipment types or services. Julie Sabo (ACG) stated maybe there is a clearer way to present the broad categories that are required and what content is important. Geise questioned the wording "a service company". Hanson stated there should be a designated sales representative, and that person would be the vendor. Zink stated that is not always the case, and MDH should make sure there is a designated person. Lewandowski questioned non-medical service providers who have someone taking the sale, but have nothing to do with the equipment.

### Subp. 3. Service technician training.

Zink stated that the wording needs to be reviewed so that it is clear. Lind and Sabo both agreed that this is confusing. Purrington stated MDH would take this under consideration. Murphy suggested changing the "or" and "and" placement, changing it to item 1 or 2, and 3. Zink stated everyone needs item 3. Duppler asked if the company would need to wait six months before the service technician can perform the service. Hanson questioned if competency is included in this section. Purrington stated MDH broke it down to hours rather than months, and if there needs to be more, she encouraged others to provide those comments.

### Subp. 4. QE preceptor oversight training for a service technician.

Zink questioned the preceptor oversight, and if general supervision should replace the wording "independently". Geise questioned the 480 hours and applying this only to service technicians. Purrington asked the committee to consider individuals who can be taught to perform services, and who are not junior physicists in training. Murphy stated these scenarios should not be

considered, because radiation experience is necessary. Lewandowski stated there should be some level of classroom understanding to perform some services. Zink stated the wording could state 480 hours applicable to the work performed. Hanson questioned the level of competency, and that these presumptions do not assume that someone is qualified. Lind stated that some service providers have certifications, such as AAMI and ICC. He is unsure what the entities are, but he knows several that have this certification. Purrington stated this was a really good discussion and MDH would consider the feedback.

Purrington asked the committee if 10 surveys is adequate, if there should be continuing reviews, and how many QMP's a QE can oversee. Lewandowski stated if this is under general supervision, this is a continuous evaluation of competency. Zink stated that under general supervision, everything is signed off on, and a continuing review is not necessary under general supervision. Geise stated there should be something about continuing experience with a number of surveys performed per year so that knowledge is retained. Duppler stated that overseeing two or three QEs in training is plenty. Murphy stated he agrees with these limits. Geise stated that after training, a QE could supervise more than three QEs.

Purrington asked about continuing education. Geise stated this is already required by ACR. Zink suggested not requiring direct CEU documentation for service technicians. Lewandowski stated that Missouri asks for a list of continuing education, but does not ask for actual documentation.

## Fluoroscopy Outline

*Bevin Beaver, X-ray Unit Inspector*

Beaver went through the tentative schedule for the next rule meetings for Fluoroscopy on human use. The September Advisory Committee Meeting tentative schedule will be about equipment requirements, testing, and shielding. The October Advisory Committee Meeting will be about qualified practitioner supervision, qualified operators, ordering exams, operator protection and radiation safety committee.

## Public Comments

- Linda Laman: Asked if small sites would have to request a medical physicist to do a shielding plan. Purrington stated yes, a QE would need to perform a shielding plan.
- Jeff Brunette: Stated service report contents for shielding needs to be addressed because some are not applicable in this section.
- Kelly Daigle: Questioned service provider responsibilities item 2(D) and the word "and". Purrington stated MDH would review this.
- Sunil Valaparla: Asked if the 10 documented shielding plans would be exclusive to any type of equipment. Purrington stated that MDH has thought about this and will review this again. He suggested adding different modalities if requiring 10 shielding plans.

## X-RAY ADVISORY COMMITTEE MEETING MINUTES

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