



TEXAS RADIATION ADVISORY BOARD MINUTES MEDICAL COMMITTEE

Department of State Health Services, 8407 Wall Street in the Exchange Building,
Room N-220, Austin, Texas
April 26, 2011

1. Call to Order

Darlene Metter, M.D., Chair, called the meeting to order at 10:07 a.m. The meeting was held by teleconference from Austin, Texas. A quorum was present. Members present: David Nichols, M.D.; Robert Emery, Dr.P.H.; Nora Janjan, M.D., M.B.A., MPSA; Ian Hamilton, Ph.D.; and Mark Silberman, M.D. Members Absent: Melanie Marshall, D.D.S.

Department of State Health Services (DSHS) staff present: Barbara Taylor, Lisa Bruedigan, Jerry Cogburn, Richard Ratliff, Alice Rogers, June Ayers, Helen Watkins, Carolyn Wright, Monica Perez, Jacqueline Reekie, Chris Myers, Annie Backhaus, Pat Parma, Jo Turkette, and Scott Kee.

Members of the Public: Wayne Wiatrowski, Ph.D., attended via telephone with Dr. Metter. John Hageman, TRAB Chair, attended via telephone.

2. Adoption of the minutes of the February 25, 2011 meeting

Dr. Silberman made a motion to approve the minutes. Dr. Hamilton seconded the motion and the committee unanimously approved the minutes.

3. Update and discussion on draft x-ray rule, "Registration of Radiation Machine Use and Services"; 25 TAC §289.227.

The committee discussed the definition of Interventional Fluoroscopy (IF) (§289.227(e)(45)). Dr. Janjan suggested making the definition more broad. The committee recommended the language "to assist in the diagnostic and/or therapeutic treatment" be included in the definition of IF.

Dr. Emery asked for clarification on what happens when X-ray systems do not meet manufacturer's specifications (§289.227(1)(7)). Ms. Bruedigan described a DSHS internal policy covering the impoundment process. After discussion, the committee agreed to accept the language in §289.227(1)(7) as it is written.

Dr. Metter, Dr. Janjan, and Dr. Hamilton discussed the number of hours of radiation safety awareness training that non-board certified radiologists are required to take prior to performing IF (§289.227(m)(9)(E)). The committee and Ms. Taylor conversed about whether

this training should require a test or hands-on training. The committee recommended 8 hours of training for physicians who are not board certified radiologists and non-physician health care providers. The committee recommended that one hour of the training should be hands-on and a test should be administered at the conclusion of the training.

The committee discussed the differences in Radiation Protocol Committee (RPC) requirements for IF (§289.227(m)(9)(B)) vs. Computed Tomography (CT) (§289.227(n)(6)(B)). The committee agreed that these differences were satisfactory as long as the licensed physician described in §289.227(m)(9)(B)(i) met with the requirements they suggested for §289.227(m)(9)(E).

The committee discussed the definition of reference level (§289.227(e)(73)). Dr. Metter commented that reference level should refer to a measurement at a phantom instead of a patient because it is difficult to assess an effective dose in a person without internal dosimetry. Dr. Hamilton and Dr. Metter both agreed that the definition of reference level should include language that includes “being tied to a phantom”. Dr. Hamilton agreed to work on and propose new wording for the definition of reference level (§289.227(e)(73)). Dr. Nichols, Ms. Bruedigan, and Ms. Wright discussed the reasons for keeping old RPC protocols (§289.227(n)(6)(C)(ii)). Dr. Nichols agreed with the reasons for keeping the old protocols.

Dr. Janjan, Dr. Hamilton, Ms. Bruedigan, and Ms. Taylor discussed procedures for maintaining records (§289.227(m)(9)(D)). No changes were suggested.

4. Discussion on I-125 seeds for pre-op breast tumor localization and impact on licensees

This agenda item was skipped in the interest of time.

5. Public Comment

Dr. Wiatrowski stated that the definition for IF is now too broad. Dr. Wiatrowski questioned how the 8 hour training requirement would affect physicians. Dr. Wiatrowski asked if the Texas Medical Association or Texas Medical Board had been solicited for comments. Dr. Wiatrowski encouraged the staff to research reference level and to use it appropriately. He would like the cost of changes to be considered more fully. Dr. Wiatrowski stated that the RPC protocols requirement to monitor dose is ambiguous because it does not specify what the dose is in reference to.

6. Formulate recommendations on any agenda items to be considered by the full board

Dr. Metter discussed scheduling another Medical Committee teleconference meeting between the TRAB meeting on May 20, 2011 and 3rd Quarter 2011 TRAB meeting.

7.. Adjourn

Dr. Metter adjourned the meeting at 11:56 a.m.