TWO YEARS after the first radiologist assistants (RAs) graduated and entered the workforce, organizations supporting their use continue to examine guidelines for what RAs can and cannot do in a clinical setting and work to increase the number of states that recognize RAs.

Other challenges include improving Medicare coverage of RA services and further educating the radiology community as to who RAs are and how they benefit the specialty, said experts, some of whom participated in an RSNA 2007 special focus session, “The Radiologist Assistant and the Radiology Practitioner Assistant: Scope of Practice.”

The RA is an advanced-level radiologic technologist who works under the supervision of a radiologist to enhance patient care by assisting the radiologist in the diagnostic imaging environment. With candidates entered in 10 academic programs and with 17 states now recognizing RAs through state licensure and/or regulation, the position has grown in stature.

The age of the RA has dawned in stages over the past decade and a half. In the early 1990s, an impending shortage of radiology professionals spurred national organizations to consider the idea of RAs. The definition of the RA role and educational curriculum occurred in 2002, with the opening of the first program in 2003. The first RAs graduated and were certified in 2005.

2007 saw the graduation of more RAs, creation of more RA educational programs and growth in the number of states whose regulations recognize RAs.

**RA Role to be Updated over Next Couple Years**

The Radiologist Assistant Role Delination document, created in January 2005 by the American Registry of Radiologic Technologists (ARRT®) with the assistance of the American College of Radiology (ACR®) and American Society of Radiologic Technologists (ASRT®), categorized RA tasks by whether they require personal, direct or general supervision from a radiologist.

While the document and its accompanying practice standards remain in force today, the RA role is evolving, said Jerry B. Reid, Ph.D., ARRT Executive Director. ARRT is creating a mechanism to update the RA role over the next two years, said Dr. Reid, adding that the most likely changes will be eliminating tasks that RAs no longer frequently do, in some cases due to technological advances.

ACR Senior Director of Member Services Brad Short agreed the RA role will evolve. “We have developed a process for that evolution,” said Short. “The process is still being put into place and the role will continue to change as clinical practice evolves within radiology.”

As of fall 2007, 17 states had recognized the role of the RA and issued regulations and requirements, usually ARRT certification. ACR is working to expand that number, according to Ariel Gonzalez, J.D., M.A., ACR assistant director of state legislative relations.

“Our state radiology societies, in the past year, have been more proactive on the RA issue, in working with state legislatures as well as radiologic technologists within their states,” said Gonzalez. “I think in the next year or so there will be an increase in RA legislation. As more RAs graduate from
While 33 states still do not address RAs in their laws or regulations, ACR Associate General Counsel Thomas Hoffman, J.D., C.A.E., warned against seeing lack of regulation as a green light. “One could argue that if the RA is not specifically mentioned in the state law, then he or she is not authorized to practice and would probably do so at their own peril,” said Hoffman. “If I were in radiology practice, I would certainly check with a qualified healthcare attorney who could look at the landscape in my own jurisdiction and give me a good legal opinion.”

Lynn May, C.A.E., ASRT chief executive officer, feels that RAs, unlike radiologic technologists who work primarily in hospitals, will gravitate more toward radiology practices. “It’s how they fit into the overall activities of the practice,” said May.

Medicare Reimbursement, Public Education are Hurdles
As more schools offer RA programs and the number of RA graduates increases, one major hurdle on the horizon is Medicare coverage for clinical use of RAs, said experts. Medicare doesn’t formally recognize the RA as a specific practitioner category, noted Hoffman, and consequently, RAs lack independent billing authority under Medicare. Their services only are reimbursed through their employers’ practice expenses. “Any radiologist who is considering hiring an RA has to think carefully about how they would bill for RA services,” said Hoffman, noting that the issue has prevented some radiology practices from hiring RAs. Short added that it’s an issue ACR is working to resolve.

Despite the obstacles, experts say the use of RAs can only be positive for radiology. May noted that the RA concept was developed more than seven years ago in response to an impending shortage of radiologists and radiologic technologists. The RA was seen as both a support for busy radiology practices and a career ladder inducement for the recruitment and retention of radiologic technologists. While the shortage of radiologic technologists has abated somewhat recently, an aging Baby Boom generation will likely stimulate demand for additional radiologic technologists in the years ahead, producing another shortage. Surges and shortages of technologists seem to follow a 10-year cycle, he added.

As relevant organizations continue to certify RAs, expand legislation and tweak the RA role delineation, experts said there remains the task of incorporating RAs into the radiologic community. Said Dr. Reid, “We need to educate the professional community, let folks know that RAs do not compete with radiologists but instead help them.” He noted that such acceptance may have been slow in the past but will increase as more radiologists in more states have contact with RAs and see how they can help improve their efficiency and practice.

Gonzalez characterized the RA program as still in its “toddler phase.” Added Short, “We are working towards the active employment of RAs, so they can fulfill the role envisioned for them within the profession. We’re in that process and working diligently to make it a reality.”

Learn More
More information on the Registered Radiologist Assistant Program is available from the American Registry of Radiologic Technologists at www.arrt.org/index.html?content=radasst/raintro.htm.