

Comparison: RPA and the RA

A Comparative Fact Sheet

History:

- 1970s Radiology Assistant programs were conducted at three universities to prepare radiologic technologists to serve in an advanced practice role. The programs were discontinued due to funding and lack of support in the medical community.
- 1993 Weber State University (WSU) in Ogden, Utah was contacted by the U.S. Department of Defense to develop an advanced practice program for radiologic technologists serving in the military.
- 1995 Due to budget cuts within the military, support for the program was withdrawn by the U.S. Department of Defense. Weber State University made the decision to pursue the implementation of the program.
- 1995-1996 The American Society of Radiologic Technologists (ASRT) Educational Consensus Conference included an advanced practice role in the newly developed educational model.
- 1996 The first class of Radiology Practitioner Assistant (RPA) was admitted to the Weber State University program.
- 1998 Attempts were made by the WSU faculty to include ASRT in the development of the advanced practice role for technologists by the passage of resolutions at the ASRT House of Delegates meeting in Houston, Texas. No action was ever taken on the resolutions passed.¹ The resolutions were repealed using the sun-setting mechanism at the 2003 meeting in Las Vegas, Nevada.²
- 1998-1999 The Certification Board for Radiology Practitioner Assistants (CBRPA) was established and incorporated to serve the needs of the RPAs, through certification, educational standards, scope of practice, standards of practice and clinical competency requirements.
- The National Society for Radiology Practitioner Assistants was established and incorporated in Kansas to provide a forum for the RPAs and continuing education activities.
- 2002 ASRT hosted a consensus meeting with representatives from the American College of Radiology (ACR), American Registry of Radiologic Technologists (ARRT), National Society of Radiology Practitioner Assistants (NSRPA), state agencies and educators for Radiologic Technology programs. During this meeting the decision to pursue the development of advanced practice technologist programs with the title of Radiologist Assistant (RA).³
- 2003 First class of Radiologist Assistant students admitted to an RA program.

What is the difference between the RA and the RPA?

The primary differences between the RA and RPA are found in the philosophical orientation toward educational standards, an educational focus on radiology services, on the level of practice and overall independence and autonomy in clinical practice.

Why are there two different titles for the advanced practice role for technologists?

The titles reflect a difference in philosophy toward the role of the advanced practice technologist. The title Radiology Practitioner Assistant (RPA) was chosen by the students enrolled in the Weber State University RPA program. The intent was to create awareness in the medical community that the advanced practice technologist is a professional in the same sense as being equivalent to the nurse practitioner, but with a concentration in radiology.

According to the white paper produced from the consensus meeting hosted by ASRT in 2002 and attended by representatives from ACR, ASRT, ARRT NSRPA and educators, the rationale for the RA title is:

“the inclusion of the word ‘practitioner’ in the job title is potentially misleading to the public and other health professionals, as it implies that the individual is an assistant to any medical practitioner, not just to radiologists. The title ‘radiologist assistant’ clearly links the advanced-level technologist to the radiologist.”³

What are the differences in the educational programs?

The RPA curriculum contains the appropriate rigor and breadth throughout the courses with the focus on medical imaging and providing radiology services, in order to produce a knowledgeable and astute professional. Such depth is expected by the medical community for the preparation of any advanced level practice professional or physician extender within a specialty field. RPA programs must also meet the CBRPA professional educational standards.

ASRT has used the WSU program as a model in the development of the RA programs. However, many RA programs are utilizing courses already established by the sponsoring educational institution for Physician Assistants (PAs) or for nurse practitioners (NPs) which concentrate on general medicine. Medical imaging courses are then added, making this a hybrid curriculum. Other programs utilize existing advanced radiography courses and then add cursory number RA courses, with an extended clinical preceptorship appended to the program, much like an OJT program. These models lack the focus in medical imaging necessary for the concentrated program of study needed to produce a well-educated advanced level practice technologist. Others have developed programs focused on medical imaging, but lack the breadth and/or depth required for a well-educated physician extender.

What roles will the RA and the RPA fill as advanced practice technologists?

The RA will fill a role in an advanced level of practice as technical staff employed by the health care facility, primarily in medical centers and large teaching hospitals, and will be limited in the type of procedures they can perform. The role delineation developed by ARRT supports this role which reflects a lack of autonomy for the RA, with most of the activities listed under general supervision already being performed by experienced technologists. Some activities listed require the personal supervision of the radiologist, i. e., being in the room during the procedure, and should be removed from the listing. Other activities require direct supervision meaning the radiologist must be in the office suite.^{4, 5}

The RPA will be hired primarily by radiology groups with a private practice and will have more independence in performing procedures within the primary health facility and in satellite clinics or hospitals; thus being a true physician extender to the radiologist. All of the work performed by the RPA is reviewed and signed off by the radiologist.

References

1. Thirteenth Session of the ASRT House of Delegates, Westin Galleria Hotel, Houston, TX. Resolution 98-2.05, June 1998.
2. Eighteenth Session of the ASRT House of Delegates, Riviera Hotel and Casino, Las Vegas, NV. Resolution 03-2.05. June, 2003.
3. “The Radiologist Assistant: Improving Patient Care While Providing Work Force Solutions” Consensus Statements from the Advanced Practice Advisory Panel, March 9-10, 2002, Washington, D.C.
www.asrt.org/media/pdf/ra_consensuspaper.pdf , July 25, 2005.
4. “ACR Approves Statement on Radiologist Assistant Functions,” July 25, 2005
www.acr.org/s_acr/doc.asp?
5. “Radiologist Assistant Role Delineation”, July 25, 2005
www.arrt.org/web/radasst/finalraroledelineation.pdf

Comparative Table next page....

COMPARISON: RPA and RA

RPA	RA
Education: 92 - 100 credit hours Baccalaureate degree required Post-graduate level courses offered	Education: 42-59 credit hours Baccalaureate degree required
Scope of Practice: General and flexible to allow expansion and progression and a degree of independence in clinical performance and decision-making.	Role Delineation: Specific and constricting with personal supervision required for many procedures; many items listed are already being performed by experienced technologists.
Activities listed under the general supervision categories on the RA role delineation which most experienced technologists currently perform.	Activities listed under the general supervision categories on the RA role delineation.
Can perform procedures independently within the main health care facility or at satellite facilities and communicate with radiologists via teleradiology, phone, e-mail or fax on cases.	Must have either personal or direct supervision during imaging procedures, meaning the radiologist has to be in the room or in the office suite.
Initial evaluation of plain film images and procedures, separating normal from abnormal	Observation of plain film images --can not evaluate images
Preparation of a dictated technical report on initial evaluation of images and procedures for radiologist review	Can give a verbal report to supervising radiologist and then can record initial observations.
Allowed to interact with other health professionals concerning patient management or imaging procedure	Can only discuss patients or procedures with the supervising radiologist
Obtains patient consent, provides instructions, discussed alternatives, initiates medical documentation and discharge summary	Engages in patient education, gives instructions and does follow-up evaluations
Can perform some invasive procedures independently, once competency has been attained	Must have personal or direct supervision and unable to perform many invasive procedures
Can order additional imaging procedures in a different modality, when warranted and is then checked and approved by the radiologist	Cannot order additional imaging procedures in a different modality, but can order additional views within the same modality.

COMPARISON: RPA and RA

RPA	RA
Can administer medications (in addition to contrast media) with radiologist direction or general supervision	Must have personal supervision for injections; direct supervision for oral medications
Must demonstrate competency in performing and evaluating a wide range of procedures	Demonstrates competency in limited number of procedures, and plain film radiography is not included.
Radiologist provides the final diagnosis and interpretation on all reports	Radiologist provides the final diagnosis and interpretation on all reports