

## *Technologist Section— 29th Annual SNM Meeting Educational Program*

The Society of Nuclear Medicine opens its 29th Annual Meeting on June 15 in the Miami Beach Convention Center, in the midst of a strip of land and sea that calls itself the "American Riviera."

This year the Society and the Technologist Section are presenting four and one-half days of educational sessions, business meetings, and a variety of cultural and social activities for all, including families and guests.

What follows are some of the Technologist Section highlights for the 1982 Annual Meeting; portions of the physicians' program are also highlighted as all 17 SNM continuing education courses and the three categorical seminars carry VOICE (CEU) credit.

### **Monday, June 14**

*Evaluating Trauma with Radionuclide Techniques:* This all-day course is one of the three pre-meet-

ing categorical seminars. It is intended to provide in-depth information about the uses of radionuclides to evaluate patients suspected of or presenting with trauma or nonpathogenic organ injury. Pre-registration is recommended.

### **Tuesday, June 15**

*Nuclear Magnetic Resonance (NMR) and Positron Emission Tomography (PET):* Many believe that these two imaging modalities will dramatically alter the course of nuclear medicine. This introductory session is intended to acquaint technologists with the basic principles and clinical scopes of both NMR and PET. At the conclusion of this course, a hands-on demonstration of NMR instrumentation will be presented in the exhibit hall.

*Educational Forum:* This half-day session was created to reassure technologists about their writing abilities and to show what it takes

to turn a scientific abstract, exhibit, or even a "little" idea or improvement you've instituted in your nuclear medicine department into a readable and enlightening article for the nuclear medicine community.

### **Wednesday, June 16**

This day is devoted extensively to technologists' scientific papers. The abstracts of the papers and the titles and authors of scientific exhibits can be found on pages 109-119 of this issue of the Journal.

### **Thursday, June 17**

*ALARA—What is Reasonable?* This session will define the "as low as reasonably achievable" (ALARA) concept in the context of nuclear medicine, examine the advantages of such a program, and discuss how an ALARA program can be implemented in a nuclear medicine facility.

*Licensure:* An all-day workshop designed to acquaint technologists

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### Miami Beach Meeting

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with the pros and cons of licensure and how licensure may affect nuclear medicine technologists. The Society of Nuclear Medicine's position on the federal Consumer Patient Radiation Health and Safety Act of 1981 will be discussed in detail and technologists will learn how to work effectively for legislative action on the state level.

In addition, there will be a two-part cardiac program on this day: Cardiac I will acquaint technologists with the current techniques in nuclear cardiology studies and Cardiac II looks at some of the less well-known cardiac studies, for example, angioplasty and pediatric nuclear cardiology.

#### Friday, June 18

**Computers:** A morning workshop is designed to extend technologists' experience with computer applications. Various computer programming techniques will be covered, as will selected quality control applications.

For more information about these and all other educational sessions, consult the Annual Meeting *Program*.

#### General Information

**VOICE Information—Continuing Education Units:** CEU credit will be given under the aegis of the VOICE system for each educational session in the technologist program. In order to qualify for CEUs, you must attend a minimum of 80% of each instructional hour.

All those applying for VOICE credit must record their name and VOICE number on the participant registration form. This form will be distributed and collected by the moderator during each session. One hour of educational instruction is equivalent to 0.1 CEU.

A VOICE information desk located in the registration area will be attended Wednesday through Fri-

day between noon and 2:00 pm.

**Please Note:** If you are a member of the Technologist Section you are automatically a member of VOICE (Verification of Involvement in Continuing Education).

**1982 Exhibitors:** A complete list of all scientific and commercial exhibits, locations, and product descriptions can be found in the Scientific and Commercial Exhibits *Brochure*, which will be available on site. The Exhibit Hall will be open from 10 am to 6 pm on Tuesday, Wednesday, and Thursday. On Friday, the hall will be open from 8:30 am to 12:30 pm.

**SNM Placement Service:** The Placement Center (Room 201) will be open from Tuesday Friday; consult your *Program* for the times. The Placement Service was estab-

**Registration:** Everyone attending the Annual Meeting must be registered. Use the registration form contained in your Annual Meeting *Program* and mail it with your check to the address given in the *Program*. You may, of course, also register on-site at the Miami Beach Convention center but pre-registration is highly recommended. Again, your *Program* contains specific information regarding the hours of operation for registration and the location of the registration desks.

**Welcoming Cocktail Reception:** Don't forget the opening reception, which will take place on Monday evening in the South Hall lobby of the Miami Beach Convention Center from 5:30 to 7:30 pm. Everyone who will be attending the meeting is welcome to attend.



*Miami Beach at night*

lished to allow information to be made available concerning "positions open" and "positions wanted" in nuclear medicine.

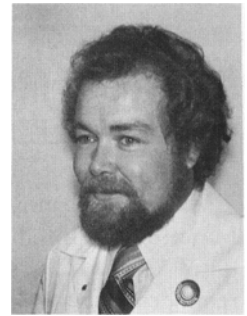
**Technologist Section Meetings:** The Section's Committee meetings begin on Friday, June 11; the National Council convenes June 12, and the Section's semi-annual business meeting will take place on June 17 in Room 208 beginning at 5 pm.

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The information presented above is but a brief outline of the educational track and by no means is it intended to substitute for a thorough reading of the Annual Meeting *Program*.

Above all, the Society's 29th Annual Meeting promises to be exceptional. So . . . dress for hot weather and see you in Miami Beach.

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President  
Technologist Section  
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## Message from the President

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As my term of office nears its completion, I would like to reflect on some of the major developments that have occurred during the past twelve months.

I think that each of us knows by now that President Reagan signed the Consumer-Patient Radiation Health and Safety Act of 1981 into law last August. Since then the Society and the Technologist Section have had constant input into the development of guidelines proposed for nuclear medicine technology, which emanate from the Act. We have taken every precaution to ensure that these guidelines will have a minimum impact on our profession. Sue Weiss provides a very thorough status report on these activities in the "Monitor on Government Relations" news article in this issue, beginning on page 55.

This year, for the first time, the Section has published two books: *The Clinical Evaluation Methods Guide* and *The Curriculum Guide*. The Publications Committee and the Academic Affairs Committee have done an outstanding job preparing these books. You may order either or both at any time by writing the

Society of Nuclear Medicine, attention: Book Order Dept. Or, if you'll be attending the Annual Meeting in Miami Beach, stop by the SNM Publications Sales Booth, where copies of both books will be on display for your review and purchase. If your department is involved with training students, you'll find both books to be of great help.

### *New Endeavors*

The Publications Committee also deserves special thanks for its work with the Continuing Education Committee to make continuing education available through this Journal. The first topic in this series concerns management; a series of articles on pediatric nuclear medicine is planned for next year's continuing education articles. I hope these will be just the beginning of a much needed service.

One final accomplishment this year has been the completion of the Performance and Responsibility Standards for the Nuclear Medicine Technologist. The National Council approved this document last winter and the Society is reviewing it now prior to publication. We expect to

publish these standards in the September issue of the *Journal of Nuclear Medicine Technology*.

The all-day licensure workshop to be given during the Annual Meeting in Miami Beach is in response to one of the most important issues facing technologists today, the above-mentioned Consumer-Patient Radiation Health and Safety Act. Yet there are many other reasons to attend this meeting. Frances Neagley and the Scientific Program Committee have put together an interesting and well-rounded program—featuring such topics as nuclear magnetic resonance and positron emission tomography, and clinical and computer sessions.

This is my last Journal message and I would like to take this occasion to thank my children, John and Michael, for being so understanding about my absences over the past year. I must also thank you, the membership, for giving me the opportunity to serve. Most of all, I would like to thank Joanne for her encouragement, enthusiasm, and support, without which I do not think this year would have been possible.

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## SNM REFERRAL SERVICE

*The SNM Referral Service accepts applications from employers and job applicants. The Service lists positions wanted and positions available for the following: physician, technologist, scientist, commercial, and other.*

*The fees for job applicants are \$5.00 for SNM members and \$50.00 for nonmembers. For employers, the fee is \$50.00 for each position listed.*

*For more information and application forms, you may use the reader service card contained in this issue by filling out the information requested and circling number 151; mail it today (no postage necessary).*

We held our most recent meeting March 25-28 in Chicago to finalize the 1982 NMTCB examination. As a reminder, June 2 is the deadline for submissions of applications for this exam, which will be given on Saturday, Sept. 18, 1982.

The NMTCB examines the full scope of practice of entry-level nuclear medicine technology. Thus, the Board is responsible for administering to nuclear medicine technologists an exam that is based on a current, valid task analysis consisting of the actual scope of practice of nuclear medicine technology. As our technology is changing at a rapid pace, the tasks performed by a nuclear medicine technologist must change as well. At our most recent Board meeting, we began incorporating a new, validated task analysis into the 1983 exam as part of an ongoing process.

## Task Analysis to Be Published

We will also publish the new NMTCB Task Analysis in the December *Journal of Nuclear Medicine Technology* to allow technologists to be aware of the structure of the

NMTCB exam. A note of thanks to all of you who helped with data collection for the new Task Analysis; we could not have done it without your help.

We also plan to publish the new NMTCB Content Guidelines in the December Journal. These two documents—the Task Analysis assessing skills and the Content Guidelines assessing knowledge—assure that the NMTCB exam is competency based.

Applicants taking the September 1982 exam will be pleased to learn that we have increased the number of test sites to 45 to ease the burden in some parts of the country where test sites are few and far between. To date, the NMTCB has certified 6,100 technologists.

Recently the NMTCB was asked for input regarding implementation of the Consumer-Patient Radiation Health and Safety Act of 1981. The Board has drafted a response to Thomas D. Hatch, Director of the Health Resources Administration. This is the agency within the Dept. of Health and Human Services charged with promulgating minimum standards for the accreditation

of educational programs and the certification of nuclear medicine technologists. The NMTCB will continue to monitor the development of such minimum standards and will respond as needed in the future.

On another note, we are in the process of publishing the annual directory; all changes up to April 1, 1982, will be included. All CNMTs listed with the NMTCB should receive a copy of the directory in October.

In conclusion I would like to thank all technologists involved in the Section for your support of our Board. I invite anyone interested in serving on the NMTCB as a director to contact your National Council delegate or Barbara Horton, CNMT, NMTCB Administrative Director, at the NMTCB office (404)923-2250 for further information. Names are now being accepted, so please don't let the chance pass to get involved. And remember to stop by the NMTCB booth at the SNM Annual Meeting in Miami Beach, say "hi," and see what your Board is doing for you.

A candidate for NMTCB examination and certification must be a high school graduate or equivalent.

1. In addition, an applicant must show documented evidence of graduation from a CAHEA-accredited school of nuclear medicine technology—or of on-the-job training (OJT).

2. If an applicant began OJT before Jan. 1, 1979, he must show documented evidence of either:

A. Three years of full-time clinical experience under the supervision of a physician licensed for the use of radionuclides plus one of the following (1) a baccalaureate or associate degree in one of the physical or biological sciences; (2) certification in medical technology; (3) certification in radiologic technology; (4) certification as a registered nurse; or (5) certification in clinical laboratory science; *or*

B. Six years of full-time clinical experience in nuclear medicine technology under the supervision of a physician licensed for the use of radionuclides.

Applicants involved in OJT before Jan. 1, 1978, are exempt from supervision criteria.

3. If an applicant began OJT after Jan. 1, 1979, he

must show documented evidence of either:

A. Four years of full-time clinical experience in nuclear medicine technology under the supervision of a physician board certified in nuclear medicine, nuclear radiology, or isotopic pathology plus one of the following: (1) a baccalaureate or associate degree in one of the physical or biological sciences; (2) certification in medical technology; (3) certification in radiologic technology; (4) certification as a registered nurse; (5) or certification in clinical laboratory science; *or*

B. Six years of full-time clinical experience in nuclear medicine technology under the supervision of a physician board certified in nuclear medicine, nuclear radiology, or isotopic pathology.

Technologists who work part-time may apply for the examination if their total experience is equivalent to the full-time requirements as stated above.

Only candidates who successfully complete the NMTCB examination will be certified.

Applications for the 1982 exam are available from the NMTCB, PO Box 1034, Stone Mountain, GA 30086.

On February 26, 1982, the Society received a letter from Thomas D. Hatch, Director of the Health Resources Administration (HRA), regarding his agency's involvement in implementation of the Consumer-Patient Radiation Health and Safety Act of 1981, frequently known as the "Randolph" bill. The letter stated that the HRA (of the U.S. Public Health Service) has been designated the lead agency for implementation of Sections 978 through 981 of the Act.

Specifically, after consultation with appropriate government, professional, and other organizations, the HRA will promulgate standards for both the certification of persons administering radiological procedures and the accreditation of relevant educational programs. The HRA will also develop a model law for states to consider in any licensure activities. The Division of Associated Health Professions, under the direction of David B. Hoover, Acting Director, and Dr. William S. Brooks, Chief of the Health Personnel Standards Branch, is the HRA department undertaking implementation of these activities.

Because of our participation in the legislative hearings concerning the "Randolph" bill the Society has been identified as an organization highly interested in these issues. The HRA is aware of this and Mr. Hatch has indicated that the agency will seek the Society's input on establishment of standards that will adequately protect consumers, patients, and personnel performing radiologic procedures. For the time being, the HRA's principal attention will be directed to those types of personnel specifically identified in the Act: medical radiologic technologists (including radiographers), dental auxiliaries (including hygienists and assistants), radiation therapy technologists, and

nuclear medicine technologists.

Regarding the accreditation of educational programs in nuclear medicine technology, the Society was asked to respond to the following in the recent HRA letter:

How is the accreditation/reaccreditation process conducted?

What standards are presently in place?

How many accredited programs exist? How many nonaccredited programs exist?

How many students were graduated in the academic years 1980 and 1981 from accredited programs? From nonaccredited programs?

What state requirements are we aware of regarding accreditation?

To what extent do accreditation standards or guidelines specifically address radiologic procedures?

Concerning the certification process we were asked to answer the following:

How is the certification/recertification process conducted?

What certification/recertification standards or criteria are presently in place?

How many states presently recognize such certification?

Which states require licensure of some type, have enabling legislation for licensure, or have proposed such enabling legislation?

What are personnel who are involved in radiologic procedures specifically permitted or restricted from performing under these standards?

What arrangements for reciprocity are in place or proposed?

How many individuals are presently certified? Licensed?

How many individuals performing radiologic procedures are not certified? Not licensed?

The Society's views regarding the following were also solicited:

Is there a state law or model law (now in effect or proposed) that we consider to be a useful model for (a) licensure of an occupation for which we have a definite concern, (b) general protection of the public from excessive radiation during medical procedures, or (c) certification of a variety of personnel who provide medical radiologic services?

What impact upon health services delivery do we anticipate would result from uniform national

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## Nuclear medicine technologists' input is sought—and given—as "Randolph" bill implementation proceeds

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standards for the credentialing of personnel? Upon continued use of persons presently engaged in carrying out radiologic procedures?

What impact upon educational programs and the availability of training do we anticipate would result from uniform national standards for curricula with respect to radiologic procedures and radiation health and safety?

An informational meeting was held March 11 in Chicago regarding the above issues. All interested organizations were invited to attend the meeting. The nuclear medicine technology community was represented by SNM (Sue Weiss, CNMT), the NMTCB (Barbara Horton, CNMT), and the JRCNMT (Dr. Powsner). Dr. Brooks of the HRA chaired the meeting. He stated then that it was the HRA's intent to have standards and a model bill completed by the

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### **Government Relations**

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August 13, 1982, deadline stipulated in the law. Following receipt of responses from states, professional organizations, and other interested parties, the HRA staff will prepare preliminary documents to be disseminated to all concerned organizations either prior to or at a meeting scheduled for early June, at which time opportunity for further input into the development of the documents will be provided.

#### **Section/Society Response**

The Technologist Section's Government Relations Committee in cooperation with the Society's Socio-economic Affairs and Government Relations Committees prepared the response to Mr. Hatch's letter, outlining the Society position relative to the appropriate standards and model bill to be developed.

We recommended that the standards of accreditation and certification presently in place in the voluntary sector be adopted. Further we recommend that any model bill developed should permit mandatory credentialing by specific voluntary agencies to ensure the competence of individuals who perform medical radiologic procedures. Our response specifically cited the JRCNMT and NMTCB standards as those which could be appropriately utilized. The following comments are excerpted from our response to Mr. Hatch:

Because legislative and regulatory efforts differ considerably from state to state, any model put forth must allow for flexibility and adaptation to fit local needs. The model must also be directed at the protection of the public, not limitation of entry into the field. A model that calls for mandatory credentialing by specific voluntary agencies or the equivalent to ensure the competence of individuals who perform medical radiologic procedures would be the best approach. The model should seek to enhance

those mechanisms which have been developed and proven effective rather than to replace them. The existing certifications and accreditation methodologies have proven to be effective when institutions and individuals voluntarily participate in the processes. The system is not as effective as it could be because it is not mandatory. Creation by each state of separate accrediting and certifying agencies would be costly and time-consuming. Since it is in the best interest of the public to maintain an adequate supply of competent personnel, all of the states should attempt to maintain uniformity and consistency of standards. Without the adoption of uniform national standards, reciprocity and career mobility would be severely curtailed. This would drastically hinder the practice of nuclear medicine technology and delivery of the services. In any approach the scope of practice should not be restricted nor should entry into the profession be limited by artificial barriers. The best approach is state adoption of federal minimum standards.

There is no adequate current manpower data available for nuclear medicine technology. It is estimated that 85% of practicing nuclear medicine technologists are credentialed via the voluntary system. There is, however, a perceived manpower shortage in nuclear medicine technology. As stated above, adoption of uniform standards differing from those already in place could further limit the manpower supply and also have a significant impact on health care delivery and costs.

#### **Maintaining Our Viability**

Similarly, any approach that would limit entry into the field, restrict the scope of practice, or limit other allied health personnel from performing certain functions would have an adverse impact upon delivery of care. Adoption of accreditation standards that differ significantly from those already in place would have the same impact, because changeover to a new system would slow the supply of newly trained personnel. Adoption of the voluntary standards that now exist with allowance for alternate entry

routes into the profession will serve to maintain a continued supply of adequately trained personnel.

Assurance of continued competence is a more difficult issue. An individual who is competent upon entering into a profession does not necessarily remain competent throughout his career. The Society has, since its beginning, provided continuing education to its membership via scientific meetings, publications, and other approaches. However, we recognize that continuing education in and of itself is not an assurance of continued competence, nor have other proposed mechanisms proven to be valid. Another problem is that many of the proposed methods can only serve to increase the cost of health care: someone must bear the economic burdens of administration of a system designed to assure compliance.

Presently, the Technologist Section and the NMTCB are cooperating in a project designed to elicit data, which, we hope, will answer many of the questions surrounding this issue. However, a long period of data collection and experimentation may be necessary before a system can be devised that is valid, achievable, and reasonable in terms of cost—for any profession.

#### **Some Society Recommendations**

The Society's final recommendations included:

- (1) Maximum reliance on existing voluntary national standards of accreditation and certification.
- (2) A reasonable provision for "grandfathering."
- (3) Continued research regarding valid method(s) for assuring continued competence.
- (4) Maintenance of the on-the-job training route as an alternate eligibility requirement for licensure.

The Society hopes it will have considerably more specific information regarding HRA's proposed standards and model legislation by the time our June 1982 Annual Meeting takes place.

# Membership Report

Dorothy Duffy Price, CNMT  
President-Elect and  
Chairman, Membership Committee

In this issue, I would like to continue the discussion of our dues structure. It is my understanding that concerns about dues center around two areas: (1) are dues too high? and (2) since technologists must belong to the Society in order to join the Technologist Section, are we, in effect, being "double billed"?

In my last membership report, I presented a comparison between the Section's and other allied health organizations' dues structures. I hope this convinced you that our dues are not too high; in fact, they are comparable to those charged by similar organizations providing similar services.

But the second concern—double billing—needs further elaboration. Financially, we are only one organization; for example, only one financial statement is issued annually from the Society of Nuclear Medicine, Inc. There are, however, special interest groups within the Society of Nuclear Medicine—and the Technologist Section is one of them. Other special interest groups within the Society include Councils, such as the Computer Council and the Radiopharmaceutical Science Council. The size of the special interest group determines whether it is a section or a council.

Every special interest group may

charge membership dues and this is the case with the Technologist Section. When you join the Technologist Section, therefore, you are joining a special interest group within the Society of Nuclear Medicine—not a parallel or even overlapping organization. I hope this clears up any misconceptions about double billing.

Further, the Society subsidizes the activities and programs of our subgroup, the Technologist Section. Currently this subsidy totals \$147,300 annually. The Society originally provided the subsidy to the Section during a period of financial difficulty—

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## SNM Dues Structure

	Central		Eastern Canada		Eastern Great Lakes		Greater New York	
	Associate	Technologist	Associate	Technologist	Associate	Technologist	Associate	Technologist
SNM	45	30	45	30	45	30	45	30
Technologist Section	28	28	28	28	28	28	28	28
SNM Chapter	10	2.50	1.50	-	5	-	5	3
Technologist Section Chapter	2	2	2	2	2	2	2	2
Total:	85.00	62.50	76.50	60.00	80.00	60.00	80.00	63.00

	Hawaii		Midwestern		Missouri Valley		New England	
	Associate	Technologist	Associate	Technologist	Associate	Technologist	Associate	Technologist
SNM	45	30	45	30	45	30	45	30
Technologist Section	28	28	28	28	28	28	28	28
SNM Chapter	1	1	5	3	2.50	2.50	10	-
Technologist Section Chapter	2	2	2	2	2	2	2	2
Total:	76.00	61.00	80.00	63.00	77.50	64.50	85.00	60.00

	Northern California		Pacific Northwestern		Pittsburgh		Prairie Provinces	
	Associate	Technologist	Associate	Technologist	Associate	Technologist	Associate	Technologist
SNM	45	30	45	30	45	30	45	30
Technologist Section	28	28	28	28	28	28	28	28
SNM Chapter	6	5	5	5	5	-	5	5
Technologist Section Chapter	2	2	2	2	2	2	2	2
Total:	81.00	65.00	80.00	65.00	80.00	60.00	80.00	65.00

	Rocky Mountain		Southeastern		Southern California		Southwestern	
	Associate	Technologist	Associate	Technologist	Associate	Technologist	Associate	Technologist
SNM	45	30	45	30	45	30	45	30
Technologist Section	28	28	28	28	28	28	28	28
SNM Chapter	5	2.50	10	10	4	3	11.25	7.50
Technologist Section Chapter	2	2	2	2	2	2	2	2
Total:	80.00	62.50	85.00	70.00	79.00	63.00	86.25	67.50

## **Membership Report**

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but the Society has continued the subsidy to the point where it now represents a return of all the dues paid by the Section members, plus an additional \$5.00 per member.

Additionally, the local chapter that you belong to may opt to charge assessments and have the Society collect them; these charges add to the size of your dues statement.

You may have your dues reduced by \$5.00 if you choose to discontinue receiving the *Journal of Nuclear Medicine*. However, I encourage you to continue reading the "blue journal" because of the scholarly merit of its articles on new techniques, investigational works, and clinical case studies.

The dues structure for the Society of Nuclear Medicine, including the Technologist Section, is given on a chapter-by-chapter basis in the table included herein.

During my term as President, the Executive and Finance Committees will be working diligently to hold expenses down. In spite of the challenges we face—costs are rising and our membership is leveling off—every effort will be made to balance expenses against revenues. I also believe that we can stem the tide and actually increase our membership by providing services that will attract new members and meet their needs.

Above all, your support—by attending meetings, purchasing educational materials, and paying dues—will help the Technologist Section continue to be the voice that speaks for all of nuclear medicine technology.

A final note: our membership campaign continues. We have already recruited 435 new Technologist Section members this year towards our goal of 700 new members. Can you help us help the Section and enlist new members?!

## **Task Force on Continued Competency: A Status Report**

If you were to scan the literature on continued competency, you would find many articles discussing the pros and cons of continued competency and the methods of measuring and maintaining it. Some organizations have developed methods to demonstrate continued competency that have either voluntary or mandatory requirements. This report will review the past work of the Technologist Section's Task Force on Continued Competency and describe the project that we are currently conducting.

The Task Force was organized in 1980 under a National Council mandate to write a position paper on continued competency for nuclear medicine technologists. It is composed of representatives from the Section and the Nuclear Medicine Technology Certification Board (NMTCB). The Task Force first addressed such fundamental areas as the definition of continued competency. Next, self-assessment, supervisory assessment, consumer assessment, and peer assessment were investigated as alternative pathways of demonstrating continued competence. The research included defining these pathways, determining the pros and cons of using each, and looking at how these pathways were used by other groups.

In discussing our preliminary findings it became apparent that in order to write a position paper (and to consider whether or not we can measure continued competency), more information about our own profession was needed. We therefore decided to conduct a pilot project to assess whether nuclear medicine technologists were presently maintaining competency on their own. The method chosen

was written examination, namely the NMTCB exam since it measures entry-level competency and is continually updated to reflect current techniques. After consulting two psychometricians about a viable and statistically sound procedure, we presented the following to the National Council for approval:

The Task Force would select at random 140 nuclear medicine technologists who were NMTCB certified by recognition of previous certification and 140 nuclear medicine technologists who had passed the 1978 or 1979 NMTCB exam. The latter group would serve as a control. These 280 technologists would be asked to take the Sept. 18, 1982, NMTCB exam with these stipulations: results would have no bearing on their certification; there would be no cost for them to take the exam; and results would be confidential.

At the Technologist Section 1982 Annual Winter Meeting, the National Council approved this project.

During February and March of this year we contacted technologists at random to obtain 280 volunteers. In early May a confirming letter along with a postcard to be completed and returned by July 15 was mailed to each of the 280 volunteers. We thank the 280 technologists who volunteered and urge them to complete their commitment by taking the NMTCB exam on Sept. 18, 1982.

If you have any questions or comments for the Task Force please address them to: Maria Nagel, Nuclear Medicine, University of Nebraska Medical Center, 42nd and Dewey, Omaha, NE 68105; (402)559-7224 or 5280.

—*Maria Nagel, CNMT*



## Directors of CAHEA NMT Training Programs Find Bright Outlook for Graduates

According to directors of nuclear medicine technology training programs accredited by the Committee on Allied Health Education and Accreditation (CAHEA), graduates of their programs can expect entry-level salaries ranging from \$12,000 to \$22,000 in a job market in which the demand is greater than the supply of nuclear medicine technologists.

These are two points that emerged from a recent survey of directors of CAHEA-accredited programs undertaken by the American Medical Association's Dept. of Allied Health Education and Accreditation.

In all, 3,007 program directors representing 19 fields in the allied health spectrum participated in the national survey. In nuclear medicine technology, 112 program directors responded. The survey was completed in January 1982 and the results published in the March 1982 *Allied Health Newsletter*.

The program directors' estimates for entry-level salaries for graduates of CAHEA-accredited nuclear medicine technology programs ranged from \$12,000 to \$22,000, giving a mean of \$15,799. This placed nuclear medicine technology seventh highest of the 22 allied health occu-

Some nuclear medicine technology program directors' responses:	
The number of students entering nuclear medicine technology programs is	How often do nuclear medicine technologists who graduate from CAHEA-accredited programs go into other fields?
Stable: 55% Decreasing: 15%	Rarely: 38%
Increasing: 23% Unpredictable: 7%	Occasionally: 47%
The number of graduates from these programs is	Increasingly: 15%
Stable: 65% Decreasing: 13%	Does the job market offer graduates an appropriate income:
Increasing: 18% Uncertain: 4%	Yes: 61% No: 31% Not sure: 6%
The number of programs is, in net,	Are the responsibilities in this occupation appropriate for graduates?:
Increasing 19%	Yes: 96% No: 1% Not sure: 3%
Decreasing: 13%	Are the opportunities in the job market attractive?
Holding steady: 40%	Yes: 74% No: 13% Not sure: 13%
Don't know: 28%	
Nuclear medicine technology is	
Undersupplied: 83%	
In balance with the number of graduates: 17%	

pations surveyed as to starting salaries.

Primary care physician assistants, ophthalmic medical assistants, physical therapists, radiation therapy technologists, surgeon assistants, and blood bank technologists placed higher.

In conclusion, the *Newsletter* notes that "because this survey sought estimates, perspectives, and judgments, its numerical outcomes

must be viewed in their context, as reported. They are not intended as factual or precise, but rather attitudinal. None bear validation by separate study. Most particularly, salary estimates obtained should be independently determined.

"... These survey results may be taken as indicative of the perspectives of program directors regarding the questions to which they responded."

If you're going to the Third World Congress of Nuclear Medicine and Biology, you might want to take along a copy of the most unusual scan you've ever processed.

The organizing committee for the technologists' portion of the Third World Congress has announced that a prize will be given to the technologist whose scan has been judged to be the most unusual. To participate, simply leave your scan, properly identified, at the registration desk during the Congress. (Scans should be no larger than 21 x 29 cm.)

The Third World Congress will take place on August 29-September 2, 1982 in Paris. There will be a special program for nuclear medicine technologists, including lectures and laboratory demonstrations.

For more information, contact:  
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