

## ■ Summit on Manpower

Under the auspices of American Health Care Radiology Administrators (AHRA), 17 professional organizations in radiology, including the Society of Nuclear Medicine (SNM) and the Technologist Section (TS), met during mid-November 1988 in Chicago to formulate agendas and strategies to alleviate the current manpower crisis in radiology fields. In its position statement, the Summit on Manpower concludes that "existing data on manpower in radiography, sonography, nuclear medicine technology, and radiation therapy technology indicated that the supply of qualified personnel does not meet current demand nor will it meet future needs."

The Summit's conclusion is based upon data derived from member organization surveys and other sources, including those of nine state health organizations. The Summit research indicates that "in hospitals throughout the country there is a position vacancy rate ranging from 3%–13% in nuclear medicine technology, 4%–17% in sonography, and 5%–21% in radiation therapy technology." These results, however, reflect data for hospitals only. In the Summit's analysis, data for nonhospital settings did not reflect statistically accurate numbers for in-depth study. Moreover, the Summit's study concludes that the factor currently increasing the need for more technologists, the aging of the U.S. population, will also reduce the supply of technologists.

The Summit is composed of the following committees or focus groups: Data, Marketing/Recruitment, Retention, Education and Finance, and Government Relations. Each focus group is responsible for developing and implementing short- and long-term goals. Reports from group chairpersons were presented at the November meeting. For example, short-term goals for marketing/recruitment as presented by Chairperson Arlene McKenna include: development of a catalog of existing recruitment resource materials; possible devel-

## SUMMIT ON MANPOWER POSITION STATEMENT

The Summit on Manpower concludes that existing data on manpower in radiography, sonography, nuclear medicine and radiation oncology indicate that the supply of qualified personnel does not meet current demand nor will it meet future needs.

Further, the Summit is concerned that without active intervention, patient care and patient services will be compromised.

The Summit is committed to the development and implementation of action plans which focus on education, government relations, recruitment, and retention. The success of these efforts demand the active involvement of the 17 Summit organizations and their members, in collaboration with other groups concerned with the quality of healthcare.

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opment of a poster and/or brochure or videotape program for national use; development of a strategy to disseminate information between Summit member organizations and focus groups; and mailing list exchanges among member organizations. Marketing/Recruitment long-term plans included: distribution of resource catalogs; developing and distributing posters directed towards recruiting nontraditional groups; developing and submitting career articles to journals and magazines geared to nontraditional groups; possible implementation of a national advertising campaign; and development of a mentorship program, which involves linking high school students with adult mentors in the business and educational community.

Other business conducted at the Summit's meeting included a report on the government's perspective on Senate Bill 2229 (The Health Professions Act) by Steven Keith, Health Aide to Senator Kennedy. Although this bill was passed and \$6 million was authorized for allied

health funding, no monies were allocated for fiscal year 1988–1989. Mr. Keith reported, however, that appropriation will be considered for fiscal year 1989–1990. Mr. Keith recommended that the focus groups work to develop legislative support for the appropriations committee. Mr. Keith's other recommendations included:

- Documentation for the demand of radiology.
- Development of a standard for quality of care and documenting the impact of the labor shortage on quality of care.
- Examination of the relationship between amount of overtime and resulting employee fatigue and the effect on the level of service.
- Documentation on the relationship between increased length of hospital stays and lack of technical manpower.

Strategies to be developed and imple-

mented by Summit member organizations include: a letter writing campaign to support full appropriation of S.2229 and publication of a complete report on the Summit's findings and recommendations for distribution to the radiology professionals it represents and to other individuals and organizations interested in the quality of health care.

In addition to AHRA, SNM, and the Tech Section, other Summit organization members include: American College of Radiology; American Hospital Association; American Registry of Diagnostic Medical Sonographers; American Registry of Radiologic Technologists; American Society of Radiologic Technologists; American Society of Therapeutic Radiology and Oncology; Association of Educators in Radiological Sciences; Joint Review Committee on Education in Diagnostic Medical Sonography; Joint Review Committee on Education in Radiologic Technology; Joint Review Committee on Educational Programs in Nuclear Medicine; Nuclear Medicine Technology Certification Board; Radiologists' Business Managers Association; Society of Diagnostic Medical Sonographers, and the Society of Radiation Oncology Administrators.

### ■ Emphasis on Recruitment to Alleviate Manpower Shortages

Decreases in the number of applicants to schools of allied health along with decreases in the number of graduates from these schools are prompting the Technologist Section and other allied health associations to implement effective recruitment activities.

The closing of nuclear medicine technology schools and other schools of allied health have impacted upon the allied health labor pool. According to data from the Section, over the past three years (1985-1988) there has been a 40% decrease in the number graduates from nuclear medicine technology schools.

In a recent interview, Carol Marcus,

MD, Director of the Nuclear Medicine Out-Patient Clinic at the Harbor UCLA Medical Center, stressed the impact of the PPS system on training programs. "With PPS reimbursement," Dr. Marcus stated, "hospital budget cuts eliminated these training program, and substitute programs were not provided." "There has been a rapid decline in the number of nuclear medicine technologists, radiology technologists, and medical technologists."

These statistics are in keeping with data from a Committee on Allied Health Education and Accreditation (CAHEA) study (Table 1) that examined the voluntary withdrawal from CAHEA programs from 1983-1987. Data from this study indicated that: (1) hospital-based programs made up a large percentage (~70%) of all discontinued programs;

(2) reasons for discontinuing programs included program budget restrictions, lack of need for graduates within the local area, or a declining applicant pool; and (3) the Prospective Payment System (PPS) was a major factor for discontinuing medical technology and radiography programs.

In a recent release by the American Society of Clinical Pathologists, Paul Cherney, MD, Chairman of the ASCP Board of Registry, stated that "the shortage is made more acute by the number of medical technology schools that have closed over the years." "The number of general medical technology programs decreased from 639 in 1982 to 476 in 1988." ". . . It is critical to have enough qualified graduates in the field."

Are these program closures the primary cause for the current allied health

**TABLE 1. Changes in Numbers of CAHEA Programs Between 1983 and 1986**

Occupation	Number of Programs in	
	1983	1986
Cytotechnology	66	57
Diagnostic MS	10	34
EEG Technology	19	18
EMT-Paramedic	13	28
Histotechnology	49	33
Med Lab Technician (AD)	206	220
Med Lab Technician (Cert)	66	52
Medical Technology	638	553
Medical Assisting	165	175
Medical Records Administrator	54	52
Nuclear Medicine Technologist	141	128*
Ophthalmic Medical Assistant	7	9
Occupation Therapy	55	63
Physician Assistant	53	50
Radiology	768	708
Radiation Therapy Technology	213	237
Respiratory Therapy	187	176
Spec. Blood Banking	66	44
Surgeon's Assistant	3	3
Surgical Technologist	102	98
Perfusion	8	18
Totals	3,069	2,597
Net Change		- 3.7%

\* There are currently 116 nuclear medicine technology schools. Data supplied to the Summit on Manpower from a NMTCB survey of nuclear medicine technology schools indicate that these programs are currently operating at only 58% of authorized capacity.

(Adapted with permission from *Allied Health Education Newsletter* 1987;18:2.)

**TABLE 2. Number of Positions Available and Filled and Percentages of Positions Filled in CAHEA-Accredited Programs (Academic Year of 1986-1987)**

Occupation	Programs Accredited	Positions Available	Positions Filled	% Filled
Cytotechnologist	47	393	215	55%
Diagnostic Medical Sonographer	34	667	418	63%
Electroneurodiagnostic Technologist	16	256	159	62%
Emergency Medical Technician-Paramedic	35	1,556	1,198	77%
Histologic Technician/Technologist	41	261	203	78%
Medical Assistant	176	17,308	12,657	73%
Med Lab Technician (Assoc Degree)	216	6,041	5,665	86%
Med Lab Technician (Certificate)	46	1,733	1,231	71%
Medical Record Administrator	52	2,767	1,937	70%
Medical Record Technician	93	4,440	3,350	75%
Medical Technologist	509	9,188	6,371	69%
Nuclear Medicine Technologist	115	1,587	933	59%
Occupational Therapist	64	7,718	6,323	82%
Ophthalmic Medical Assistant	9	140	68	49%
Perfusionist	20	267	196	73%
Physician Assistant	48	2,887	2,345	81%
Radiation Therapy Technologist	100	1,588	777	49%
Radiographer	672	26,500	15,285	58%
Respiratory Therapist	242	10,672	8,032	75%
Respiratory Therapy Technician	165	7,446	6,331	85%
Specialist in Blood Bank Technology	42	183	92	50%
Surgeon's Assistant	3	124	92	74%
Surgical Technologist	98	2,567	2,001	78%
Total	2,843	106,334	75,879	71%

Adapted with permission from *Allied Health Education Newsletter* 1988;19:3.

labor shortage? Data from an AMA Division of Allied Health Education and Accreditation (DAHEA) survey suggests that the current manpower shortage also may result from an inability to recruit and retain full classes in existing allied health training programs. In its study of the number of student positions available and the number of positions filled for the academic year 1986-1987 (Table 2), the DAHEA study reported that 71% (75,879) of a possible 106,334 student positions in CAHEA-accredited programs were filled. DAHEA data also indicate that the percentages of student-positions filled ranges from ~50% in five professions and 75% or more in eight other professions.

According to DAHEA, shortages are frequently reported for respiratory care, occupation therapy, radiation therapy technology, and medical technology. DAHEA study results indicated that CAHEA-accredited programs for these professions could produce 25%, 17%, 51%, and 31%, respectively, more graduates without the addition of more programs. The DAHEA study further illustrates the need to obtain accurate data on job availability in specific occupations and for specific areas of the country. In an effort to provide more data on this subject, DAHEA plans to solicit the opinions of program directors on two items: (1) Why are recruitment efforts not attracting enough qualified applicants?; and (2) What are the factors contributing to undesirably high attrition rates among students in education programs and among allied health professionals?

**Section Seeks Members for JRCNMT**

The Academic Affairs Committee is seeking applications from Technologist Section Members who would like to represent the Section as a member on the Joint Review Committee on Nuclear Medicine Technology (JRCNMT).

The JRCNMT is composed of technologists and physicians from six profes-

**Certification of Nuclear Medicine Technologists  
by Nuclear Medicine Technologists**  
**The Nuclear Medicine Technology  
Certification Board**  
**1989-1990**  
**EXAMINATION DATES**  
 Note the new, extended dates  

<b>Exam given on</b>	<b>New application deadlines</b>
June 24, 1989	April 15, 1989
September 23, 1989	July 15, 1989
June 23, 1990	April 21, 1990
September 22, 1990	July 21, 1990

 For more information or to request an application, contact:  
**The Nuclear Medicine  
Technology Certification Board**  
**P.O. Box 806**  
**Tucker, GA 30085**  
**(404)493-4504**

sional organizations. It is involved with establishing and maintaining standards of appropriate quality for nuclear medicine technology programs and providing recognition for educational programs that meet or exceed the minimum standards set forth in the *Essentials*.

The Academic Affairs Committee must receive applications by June 1, 1989. The Committee will then recommend applicants they deem most qualified to the Section's Executive Committee. At the Fall 1989 meeting, the Executive Committee will select three applicants from this pool; the President of the Section will then make two appointments, pending approval of the Executive

Committee.

The member's terms will begin January 1, 1990. The appointment will be for a four-year term. The member's duties include attending JRCNMT meetings (spring and fall), submitting a written report to the Section President after each JRCNMT meeting, and submitting summaries to the Section's National Council of Delegates.

Members serve without pay but are reimbursed for expenses incurred for attending official JRCNMT meetings.

Applicants should submit a current *curriculum vitae* using the "Technologist Section Curriculum Vitae Form for Nominees for Elective Office" and

a letter which demonstrates knowledge of the philosophy, functions, and duties of the JRCNMT, as well as indicating availability of time, willingness to serve, and availability for necessary travel. Applicants must hold current certification or registration as a nuclear medicine technologist. A statement of any potential conflict of interest must be submitted, but this does not preclude appointment.

Interested applicants should address all submissions to: James K. Langan, CNMT, Nuclear Medicine Division, Johns Hopkins Hospital, 601 N. Broadway, Baltimore, MD 21205.

**Answers to Self-Assessment Quiz: Thyroid Imaging**

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| 2. e | 7. f  | 12. d |
| 3. a | 8. e  | 13. b |
| 4. c | 9. d  | 14. e |
| 5. b | 10. c | 15. d |