

## ■ VOICE Application Form Is Revised to Maintain Effective Continuing Education Practices

In an ever evolving field such as nuclear medicine technology, continuing education activities are instrumental to the practitioner's ability to keep abreast of technologic advances and practices in the profession. An organization's ability to offer these educational opportunities to its members is a tangible membership benefit.

Recent revisions to the VOICE (Verification of Involvement in Continuing Education) application form, namely specifying criteria for sponsors offering courses or programs approved for VOICE credit, were made to ensure effective continuing education standards. According to Donna Brinlee, CNMT and Technologist Section Continuing Education Chairperson, "in order for other professional organizations to take us seriously as a continuing education provider, it is necessary to observe proper guidelines in the application process."

### What is VOICE?

VOICE is a computerized record-keeping system developed by the Technologist Section in 1977 to document the continuing education activities of the Section's members. Technologist Section members receive computerized transcripts of participation in various continuing education activities. Nonmembers may receive VOICE credits but do not receive transcripts. VOICE credits are offered in the form of continuing education units (CEUs).

### CEUs and VOICE

VOICE conforms to the national standard measurement, the CEU, as established by the Council on the Continuing Education Unit (CCEU), a federation of educational institutions, professional societies, government agencies, and certification bodies interested in the advancement of continuing education and training. The CCEU has developed administrative and program criteria as the minimum requirements for awarding CEUs for

continuing education activities. Program sponsors and providers who propose to award and record CEUs for individuals participating in continuing education programs must meet these criteria. Administrative criteria consist of the following:

1. **Organization:** The sponsoring organization has an office or department with designated professional staff having the authority to administer and coordinate an organized schedule for continuing education programs.
2. **Responsibility and Control.** The sponsor or provider through its continuing education department or office ensures that both the administrative and program criteria are followed.
3. **System for Awarding CEUs:** The sponsor provides a system for identifying participants in continuing education activities and for maintaining permanent CEU records for all participants.
4. **Maintenance and Availability of Records:** A permanent record of participation is maintained for each individual awarded CEUs and these records are readily available to individuals upon request. The organization offering CEUs bears the primary responsibility for the maintenance and availability of permanent records.
5. **Facilities:** The sponsor provides or arranges for appropriate educational facilities, library or reference materials, instructional aids, and equipment consistent with the purpose, design, and intended learning outcomes of each continuing education activity.

Continuing education units may be used in the following ways:

1. Maintenance or improvement of professional competence.
2. Documentation of qualifications for licensure, certification, or registration.
3. Evidence of career growth.

Currently, the Technologist Section extends VOICE credit to scientific meetings, continuing education articles appearing in *JNMT*, and to a variety of audiovisual programs. Abstracts (whether written or oral) are not recognized activities. Members participating in any of these activities may receive VOICE credit by registering their name and VOICE number on the accompanying credit reporting form. Ten contact hours are required for one CEU. One contact hour or .1 CEU is defined as a typical fifty-minute classroom instructional session. For a program with 17 contact hours, for example, 1.7 CEUs are awarded. Partial hours are not considered in awarding CEUs.

In order for CEUs to be recorded, course directors of approved programs must distribute a "master" recording form to participants. Section members then record the lectures they attended on these forms. Credits cannot be awarded unless these forms are returned. Ritone Ivaska, VOICE Coordinator in the central office, recommends that participants keep an extra copy of their reporting form in case they are questioned by their hospital or state licensure board.

Computerized transcripts are issued to members once a year. The transcript identifies lectures attended during the three most recent years and a cumulative total of credits awarded to the individual since 1980.

### Criteria for VOICE-Approved Programs

Colleges and universities, professional associations, hospitals and other health service organizations, and educational divisions of business and industry are types of institutions able to serve as continuing education sponsors.

Sponsors wishing to award VOICE credit for their educational programs must complete the Section's "VOICE Course Approval Packet," which contains guidelines to follow when constructing a program. Previously, sponsors had to submit their completed packets two months prior to the pro-

gram date; a recent National Council ruling has extended this deadline to the date of the program. Because of the deadline change and problems in the application process, the Section's Continuing Education committee has made changes on the application form. "One of the problems," Ms. Brinlee noted, "was that applications would be incomplete. It is essential that specific learning objectives, [such as] what the participant will learn from this, be clearly stated. For example, if a lecture addresses five topics, each of those topics must have an objective." "Another problem," Ms. Ivaska stated, was that members would submit reporting forms for credit but the sponsoring organization had not applied for VOICE approval."

As the unit of the Section responsible for administering technologist continuing education activity, the Continuing Education committee reviews and approves numerous nuclear medicine programs each year. Criteria the committee use in awarding sponsors VOICE approval are based on program criteria guidelines established by the CCEU. The CCEU's program criteria identify seven items: needs identification, learning outcomes (objectives), instruction, content and methodology, requirements for satisfactory completion, assessment of learning outcomes, and program evaluation. "We approve most programs," Ms. Brinlee stated. "Our approval criteria are really based on the educational content of a program and on clearly defined learning objectives." Although sponsors may submit applications up to the date of their program, it takes three weeks to process the applications. Ms. Brinlee recommends that sponsors submit their applications far enough in advance so that any problems can be resolved in a timely fashion.

Only those sponsors who apply for credit (using the Course Approval Packet) and are approved by the committee will receive documentation through the VOICE system. Members who earn CEUs at programs not approved for VOICE credit cannot receive documentation of such credit on

their VOICE transcript.

The Continuing Education committee recommends the following for organizing a VOICE-approved program:

1. Determine if there is a need for a specific program.
2. Identify the target audience.
3. Define the course objectives.
4. Select faculty members.
5. Complete the VOICE Course Approval Packet and mail it to the New York office.
6. Send meeting announcements to both *The Journal of Nuclear Medicine* and the *Journal of Nuclear Medicine Technology*.
7. Order the SNM mailing list by state or chapter.
8. Contact the VOICE coordinator in the central office if there are questions concerning your program.

Additional information about VOICE may be obtained by contacting: VOICE Coordinator—Technologist Section, The Society of Nuclear Medicine, 136 Madison Avenue, New York, NY 10016-6760, (212) 889-0717.

**Eleanore Tapscott**  
*Managing Editor, JNMT*

### ■ Summit Continues Quest to Confront Labor Crisis

The Summit on Manpower is proceeding on several fronts in the quest of confronting the deepening technologist labor shortage crisis in the United States. A coalition of 17 national health care associations, including The Society of Nuclear Medicine—Technologist Section, JRCNMT, and the NMTCB, the Summit has produced several booklets, monographs and slide presentations which detail the shortage problem and propose short and long-term solutions. Summit members are aggressively cultivating government officials in hopes of persuading legislative implementation of laws that would alleviate the shortage problem. Moreover, in collaboration with John Adams Associates, a Washington DC public relations firm, the Summit has undertaken a national

campaign designed to recruit high school students and others into the technologist field. Members were briefed on the Summit's progress in all these areas during a meeting held in Washington on May 19. Recent activities are summarized as follows.

### Corporate Contributions

Funding activities for the Summit's multifaceted programs received a boost from the corporate sector. On May 15, Picker International of Highland Heights, Ohio, presented a \$50,000 check to the Summit in support of its recruitment and retention efforts. Picker's donation was made to Summit Chairman Loretta Hanwell and fund-raising chairman Howard W. Schwartz by Joseph A. Largey, president of Health Care Products Division at Picker. "We are delighted and encouraged by Picker's support. The company's foresight and understanding of this situation proves its genuine concern over the quality of health care in America," said Mrs. Hanwell. "By being the first company to support the Summit, Picker has assumed a leadership role in the medical community and serves as an excellent example of what corporate leadership is all about."

Picker officials emphasized the interdependence of the technologist profession and the manufacturers of radiology products. "Because of our close working relationship with technologists over the years, we understand the health care problems that arise because of shortages of trained professionals," explained Mr. Largey. "We applaud the Summit for identifying the educational, orientation and selection processes that are key to developing a long-range solution to this critical problem [the growing shortage of technologists]. It is rare to see 17 organizations such as those participating in the Summit to agree so clearly on a need and to coalesce on a plan to solve it. We want to do all we can to support this effort." In a letter to fundraising chairman Schwartz, Cary J. Nolan, president and chief executive officer of Picker, pointed out, "the shortage of technologists, if unabated, will have



**FIG. 1.** Chairman Loretta Hanwell (center) with fellow Summit on Manpower members during May meeting in Washington. From left, Arthur Hall, CNMT, Karen Blondeau, CNMT, Mrs. Hanwell, William Kaplan, MD, and Virginia Pappas, CAE.

a deleterious effect on our combined ability to provide quality diagnostic services." The \$50,000 contribution will help to finance the summit's national public relations campaign to recruit students into the profession.

### Government Task Force Activities

The Summit, through its Government Task Force, is also seeking financial help from the Federal government. On April 19, 1990, Chairman Hanwell testified before the Labor-Health and Human Services-Education Appropriations Subcommittee of the House Committee on Appropriations. Mrs. Hanwell asked for significant increases in FY 1991 funds for the Allied Health Project Grants and Contracts provision of the Health Omnibus Extension Act.

Among her statements to the House Subcommittee, Mrs. Hanwell noted that "complete funding for allied health projects is a positive start in the right direction for adequate health care in the future. . . if present trends continue, the supply of technologists will become a dismal specter. The scarcity of technologists is being felt in. . . all parts of the country. The shortages are predicted to become increasingly severe based upon current supply and projected trends in demand." She also focused upon the declining number of educational programs in radiologic fields, warning that a lack of such skill-

ed individuals would severely compromise the quality of health care in the nation.

The Government Task Force has maintained communications with congressional aides on Capitol Hill in hopes of creating awareness and building the support of key legislators, ultimately to achieve increased appropriations for the Allied Health legislation in 1991.

Issues Task Force members have discussed with key congressional aides include:

- Senate bill S.1606, a measure designed to increase the supply of minority health professionals.
- The Rural Health Coalition Bill, a measure conceived to provide 80% reimbursement for service on Indian reservations and/or rural areas.
- Bill S.1552, which requests further funding for allied health in addition to the funding in Public Service Health Act Title VII. The Task Force encouraged the inclusion of radiologic technology on the bill since the profession was not explicitly specified.

Another avenue sought to help alleviate the shortage problem is by encouraging the easier entry of foreign technologists into the United States, who continue to have difficulty entering the country due to the govern-

ment's resistance in recognizing them as "professionals." Thus, the Task Force has deliberated with the U.S. Department of Immigration and Naturalization Services in an attempt to obtain an H-1 visa reclassification for radiologic technologists, nuclear medicine technologists, radiation therapists and sonographers, which would classify them as "professionals." Nurses have had the H-1 classification for the past 20 years because, according to the provisions of the current law, they hold bachelor of science degrees. The Summit also has lobbied for the approval of House Bill 3258, which would allow the entry of technologists and sonographers from Canada under the "free trade agreement."

### Job Satisfaction Survey

As part of its long-range fact-gathering and informational program, the Summit recently completed and released its "Job Satisfaction Survey," the result of a six-month study. The survey, entitled "Radiologic Technology and Sonography: Satisfaction with the Profession and the Workplace," was conducted in response to an absence of published comprehensive studies of job satisfaction in the radiologic technology fields. Thus, in order to develop an effective plan to attack the technologist shortage crisis, the Summit's Subcommittee on Job Satisfaction deemed that a detailed pilot survey investigating "those factors that contribute to satisfaction with the profession" was necessary. The data assembled served as "a precursor to developing retention strategies." This survey was largely guided by Summit members James B. Conway, assistant director for patient services at Children's Hospital in Boston and past-president of the American Healthcare Radiology Administrators, and Beverly Buck, RT, education and development coordinator at the Joint Center for Radiation Therapy in Boston and a director of the American Society of Radiologic Technologists.

Conducted under the auspices of the Summit on Manpower, the Massachusetts Hospitals Association, the Massachusetts Society of Radiologic Tech-

nologists and in collaboration with the American Society for Healthcare Human Resource Administration, the prepared survey touched upon the major tangible and subjective issues affecting technologists: including career satisfaction, salary, advancement, recognition, and work environment. The report's primary purpose was to quantitatively identify problems currently perceived by those in the profession, which require long-term solutions, and to incorporate qualitative suggestions received from the respondents in the final recommendations.

Using mailing lists derived from the American Registry of Radiologic Technologists, the American Registry of Diagnostic Medical Sonographers, and the Nuclear Medicine Technology Certification Board, the Subcommittee sent out the surveys in October 1989 to 5,266 radiologic technologists and sonographers registered in the state of Massachusetts. The Summit received 1,874 (or 36%) usable responses in the spring of 1990. "We determined that any response rate at or above 20% would constitute statistically valid data," said Mr. Conway.

Massachusetts was chosen for the pilot study due to its long history of chronic healthcare field shortages, its well-established and varied medical systems, its diverse demographic distribution, and the individual surveyors' own familiarity with the region. To emphasize the utility of the survey, the report noted that "it is believed . . . the findings for these professionals in Massachusetts will have broad applications across the country."

Survey results indicated that the average age of the respondents was 36, verifying the perception that people are entering the field at older ages than before and that the core of practicing technologists is aging while entry-level positions are not being adequately filled by youth.

Women accounted for an overwhelming 88% of all the radiation-related technologists surveyed in Massachusetts (the national figure is estimated by the Summit to be about 75%). According to data on 1987-1988

graduating technologists compiled by the American Medical Association's Committee on Allied Health Education, 57% of newly registered nuclear medicine technologists were female, while 81% of new sonographers were women. Furthermore, the survey noticed that less than 10% of all Massachusetts respondents were black or Hispanic females. Based on this deficiency, the Summit strongly urges recruitment efforts be aggressively directed toward minority women—a previously untapped talent pool. Ironically, the survey noted that the increased career opportunities for women in the general job market has hurt the technologist field since more and more qualified women are shunning the allied health care vocation in favor of other careers.

As expected, the survey found that only 15% of the respondents had earned bachelor or master degrees, while the majority had either 1-year certificates or 2-year associate degrees. (In comparison, 35% of Massachusetts nurses had earned bachelor [or higher] degrees). Lack of higher educational credentials is directly related to the general health care community's failure to acknowledge technologists as "professionals." Further exacerbating the shortage crisis is that federal immigration rules restrict the entry of "nonprofessional" technologists from other countries, while recognizing only individuals holding at least 4-year college degrees as "professional." A recent national development among technologists shows that currently more technologists have associate degrees (51%) than certificates (39%).

Despite the preponderance of women in the technologist profession, a greater percentage of men (22%) hold management positions than do women (only 5%). Although men have a disproportionate share of managerial jobs, the report reveals that men and women generally stay with their employers for equal durations of time. Thus, the survey concludes that in spite of women technologists' complaints of a lack of career mobility, "the argument cannot be made that

men advance faster because they stay with the same employer longer."

Salary remains a divisive issue among technologists with equal numbers satisfied and dissatisfied with their compensation. Due to existing market forces (most notably, the deepening shortage problem), the pay differential between "technical non-college" positions and "professional college-trained" jobs in all areas of health care is gradually narrowing. According to the report, RTs, CNMTs, sonographers, as well as nurses in Massachusetts, had experienced a 50% pay increase between 1986-1989. However, the technologists' salaries generally are bound to plateau, and the report concludes that technologists' careers will stall since employers continue to reserve management positions for those holding 4-year degrees. The survey also revealed that 19% of the respondents work at jobs outside of the field, "mostly out of financial necessity."

Relatively low salaries, lack of career advancement and lack of recognition were most frequently cited as the reasons why technologists leave a particular employer or the field altogether. Retention of technologists lies at the heart of the shortage crisis. To underscore this problem, the survey found that a disturbingly high 16% of respondents say that they were pursuing college courses with the hopes of eventually changing their occupation.

On the portion of the survey which featured a lengthy list of statements with which respondents were asked to agree or disagree, respondents almost unanimously:

- consider their jobs to be of crucial importance to health care and take great pride in them.
- entered the profession out of a desire to help people.
- enjoy the technologic, scientific aspects of the job.
- find the chronic shortage situation very stressful.
- are concerned over possible exposure to infectious diseases, i.e., HIV and hepatitis.

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- feel underappreciated by other health care professionals and unrecognized by the public.
- feel ignored by administration and management when important decisions are made.

The survey additionally revealed that while the majority of technologists are generally not unsatisfied with their jobs, most of them would *not* encourage others to enter the field. "This is one of the most significant and disturbing findings of our survey," said Mr. Conway.

In short, the survey's results "confirm the perceptions [that have been informally and anecdotally] spoken about over the years." Later this year, the Summit will discuss the possibility of conducting a national job satisfaction survey. The 24-page job satisfaction survey report may be purchased from either the Summit (P.O. Box 334, Sudbury, MA 01776) or from the Tech. Section.

### Comprehensive Action Plan

Largely based on the findings of the job satisfaction survey the Summit's proposed "Action Plan", entitled "Strategies for Technologist and Sonographer Recruitment, Retention, and Re-entry" offers detailed suggestions on confronting seven basic problem areas related to the technologist shortage crisis:

1. Professionalism—to promote the image of radiologic technologists, NMTs, and sonographers as competent scientific/medical professionals.
2. Career Enhancement—to expand opportunity and advancement within the profession.
3. Benefits/Compensation—to establish a more equitable pay scale in accordance with the educational requirements and responsibilities demanded by the vocation.
4. Marketing—to inform the general public and the health care community at large about the importance and complexity of the profession.
5. Communication—to promote bet-

ter interaction among health care workers.

6. Working Environment—to improve job efficiency by encouraging a more pleasant, supportive working space.
7. Educational Innovation—to promote more flexible training and educational programs within the profession.

Each section is further categorized according to the groups most capable of implementing the particular recommended actions. The six defined "target groups" are: employers, department administrators, department medical directors, staff technologists, professional organizations, and the Summit on Manpower itself. The "Action Plan" is still under review by the Summit and is expected to be finalized later this year.

The Summit has also released "Manpower: A Networking Resource," a 75-page book containing ideas received from hospital administrators on how to attack the manpower shortage problem. The book, which costs \$10, may be obtained by contacting the Summit on Manpower.

**Palash R. Ghosh**  
Associate Production Editor  
JNMT

### ■ Kansas Medical Team Receives 1990 ERF Award

The Education and Research Foundation of The Society of Nuclear Medicine (SNM) presented its annual Nuclear Medicine Technologist Award to a University of Kansas Medical Center research group led by Mel L. Allen, RNMT, MBA. The winning paper, a study entitled "The Effects of Cyclosporine in Lowering Red Blood Cell-Labeling Efficiency", was honored during SNM's 37th Annual Meeting held in June in the nation's capitol. Mr. Allen's colleagues in this research study were Alan McPherson, CNMT, radiopharmacist Bernie Mertes, David Preston, MD, and Ralph Robinson, MD.

"Our project sought to find out why technetium-99m-labeled red blood cell images taken on heart transplant pa-

tients were of such poor, degraded quality," said Mr. Allen. The researchers discovered that the inferior images were produced when taken on patients who had just orally ingested significant amounts of cyclosporine—an immunosuppressant drug used to prevent rejection in organ transplant recipients.

According to the investigators' findings, peak concentrations of 1000µg/ml of the drug resulted in considerable decreases in red blood cell-labeling efficiency and image quality—enough degradation to seriously affect the quality of patient heart studies. Consequently, the heart transplant patients were instructed to refrain from taking cyclosporine until after the imaging procedures were completed. "However, the delay in administering the cyclosporine would present a risk to patients who have just had the transplant," says Mr. Allen. "In those cases, we have to wait before we obtain high-quality images."

Mr. Allen was presented the \$1,000 award at SNM's Annual Meeting during the Section's business meeting by Susan Weiss, CNMT. He also received an award from the incoming president of the Technologist Section, Mickey Williams, for delivering an oral presentation of the same paper.

"I am very honored to be so recognized by the Society," says Mr. Allen. "It's great that technologists get acknowledged for their contributions to nuclear medicine. I hope this serves as a great motivation for other techs to pursue clinical research activities." Mr. Allen, who serves as the supervisor of the nuclear medicine laboratory at the Medical Center, is currently working on a research study that examines artifacts in SPECT imaging.

**Palash R. Ghosh**  
Associate Production Editor, JNMT

### ■ Annual Meeting Highlights

The 37th Annual Meeting of The Society of Nuclear Medicine again provided distinct educational and social activities for its attendees. Ap-

proximately 800 technologists were in attendance to avail themselves of the wide course offerings in both the Society's and the Section's educational programs.

### National Council Action

Resolutions passed during the National Council meeting included: initiating formal and continuous contact with the Canadian Association of Medical Technologists in hopes of fostering better cooperation and exchange of information. Development of such a relationship may ultimately lead to a unified North American technologist organization. In addition, communications with Canadians may help speed the process of admitting more Canadian technologists into the United States to alleviate the current labor shortage, following an anticipated relaxation of the U.S. immigration laws.

The Council also approved a resolution which charges the Government Relations Committee to investigate the scope of practice of nuclear medicine technologists with regard to the administration of pharmaceuticals to patients.

### Awards Presentations

Presentation of various awards was made during the Technologist Section business meeting on Thursday, June 21 (see box below for scientific exhibits, papers, and poster sessions winners). Also during the meeting, presentation was made of the long-awaited Technologist Section recruitment package, consisting of posters, pamphlets, and two recruitment video programs, produced by the Section and Syncor. The Syncor program, "Destination Tomorrow," provides a general overview of nuclear medicine. Proceeds from the sales of the Syncor program will be

donated to the Section.

## ■ News Briefs

### Paul D. Cole Scholarship Fund Awards

Family and friends of Paul Cole and the Technologist Section of the SNM have established an annual SNM Education and Research Foundation (ERF) scholarship fund in his name. Paul Cole who was President of the Technologist Section in 1988 died suddenly during his second month in office. The goal during his tenure as president was to recruit bright young people into nuclear medicine technology and his family and friends thought it would be fitting to establish a fund which would further that goal.

This year marks the first presentation of the three \$1,000 scholarships by the ERF. One scholarship was awarded for each of the three types of nuclear medicine technologist training programs: certificate, associate, and baccalaureate. The recipients were Sonya Butler of Cassatt, South Carolina, attending Midlands Technical College for the certificate program, Dennis Dunn of North Haven, Connecticut, attending Connecticut South Central Community College, Yale New Haven Hospital for the associate degree program, and Tami Brannon of Conway, Arkansas, attending the University of Arkansas for Medical Sciences for the baccalaureate degree program.

Susan C. Weiss, CNMT, past president of the Education and Research Foundation and one of the Paul Cole Scholarship Committee members, said "the quality of the applicants was extremely impressive. Over 50 students applied for the scholarships, and the Committee faced a difficult decision-making process." The other members of the Committee are Robert E. Henry, MD, Chairman, Sheila D. Rosenfeld, CNMT, and Wayne Wcislo, CNMT.

The Scholarship Fund is an endowed fund and currently is funded at a level that will support three scholarships annually. The Committee hopes that with additional donations the number of annual scholarships can be increased. E.

### Technologist Section Awards for Scientific Exhibits, Papers, and Student Posters

The following were recipients of awards presented during the 37th Annual SNM Meeting in Washington, DC.

#### Scientific Exhibits: Best of Show

"The Nuclear Medicine Technologist and PET"

D.J. Perry, L.K. Griffith, A.H. McGuire, and T.R. Baird  
*Mallinckrodt Institute of Radiology, Washington University School of Medicine, St. Louis, MO*

#### Scientific Papers

##### First Place:

"Effects of Cyclosporine in Lowering Red Blood Cell Labeling Efficiency"

M.L. Allen, A.L. McPherson, B. Mertes, D.F. Preston, and R.G. Robinson  
*University of Kansas Medical Center, Kansas City, KS*

##### Second Place:

"Newer Approaches for the Assessment of Myocardial Viability and Attenuation Artifacts by SPECT-Thallium Imaging"

E. Lyons, A. Iskandrian, J. Heo, and D. Cassel  
*Philadelphia Heart Institute and Presbyterian Medical Center, Philadelphia, PA*

##### Third Place:

"The Solid-Liquid Gastric Emptying: Is Labeling of Liquids Necessary?"

V. Van Den Maegdenbergh, J.A. Siegel, J.L. Urbain, A. Vandecruys, L. Mortelmans, and M. De Roo  
*Gasthuisberg University Hospital, Leuven, Belgium*

#### Student Poster Session: Best of Show

"Quality Assurance Artifacts"

Pamela Clay, Robert Weir, Kimberly Terry, Lovela Hunley, and Holly Luguire  
*Nuclear Medicine Technology Program—University of North Carolina, Chapel Hill, NC, Marilyn Parrish, Program Director*

I. Du Pont de Nemours, Inc. has already generously donated \$10,000 to the Fund. There will also be a line item on the Technologist Section dues statement to enable members to contribute to the fund.

**Newly Elected Technologist Section Officers Address Manpower Shortage Issue**

Announcement of Technologist Section Officers for 1990-1991 was made at the SNM Annual Meeting in June (See box). All of the officers cited the manpower shortage as one of their prime concerns and said that finding a solution was crucial to the Section's future. Following are comments made by some of the officers on recruitment and retention issues.

Cardiff "Mickey" Williams, President-Elect, said that the declining student enrollment in nuclear medicine programs and the exodus of highly trained CNMTs from the field are two crises that must be addressed quickly. He sees the continuation of creative recruitment programs for high school and college graduates as the key to making nuclear medicine technology a highly sought after career opportunity.

Sheila D. Rosenfeld, Secretary, stresses that recruitment must be active on the local level and that all NMTs must participate to make the

drive a success. She also points out that the growth of imaging centers and the new technologies such as PET will exacerbate the current NMT shortage.

Becky M. Cacciatore, Treasurer, also cites the increase in the number of opportunities available to NMTs as a factor in the manpower shortage. As commercial industry, research institutions, and outpatient facilities continue to expand in the nuclear medicine technology arena, recruitment of

NMTs must increase at the same pace to avoid a shortfall. Ms Cacciatore also believes that the lack of professional recognition of NMTs has led to an increase in burn-out syndrome and high attrition rates, thus compounding the manpower shortage problem.

**New PET Pamphlet**

The Department of Energy (DOE) has commissioned and funded a 15 page booklet that describes the history and development of PET and discusses the newest medical applications for PET technology. The color booklet, "Positron Emission Tomography: The Imaging of Function Rather Than Form," was produced by the Mallinckrodt Institute of Radiology at Washington University School of Medicine in St. Louis under the guidance of Michael J. Welch, PhD, professor of radiation chemistry and radiology at Washington University, and Michael R. Gold, director of public relations and marketing at the Mallinckrodt Institute.

The DOE commissioned the booklet to help educate hospitals that are considering the use of PET systems and to aid them during the decision process. The need for PET education is highlighted by the dramatic rise in the number of PET centers over the last decade. In 1976, there were four PET centers in the United States: by

**TECHNOLOGIST SECTION ELECTION RESULTS**

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Sheila Rosenfeld, CNMT

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Donna Brinlee, CNMT  
Deborah Merten, CNMT  
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**NMTCB RECOGNIZES ARRT AND ASCP CERTIFICATION**

Effective January 1, 1990 through December 31, 1990, the NMTCB will recognize previous certification for those individuals holding ARRT(N)RT or ASCP(NM) certification granted prior to December 31, 1985. Once certification is recognized, technologists will receive full benefits of NMTCB registry including:

- **Certificate**
- **Annual membership card**
- **Listing in the next annual directory of NMTCB certificants**
- **NMTCB newsletter**
- **CNMT designation**

Technologists who would like to be certified by the NMTCB should send a letter of request, a copy of their certificate showing the date of issuance, and a check made payable to the NMTCB in the amount of \$40.00 to: NMTCB, P.O. Box 29103, Atlanta, GA 30329; Telephone (404) 315-1739. Please note that *all materials must be received during the 1990 calendar year for certification recognition.*

1989, there were 37. According to Michael Gold, the number of U.S. PET centers is expected to double over

the next five years.

The free PET booklets can be obtained through: Paul Cho, PhD, U.S.

Department of Energy, Office of Health and Environmental Research, ER-73, Washington, DC 20545.