

# TECHNOLOGIST NEWS

C.C. Gaigals, J.L. Houston, and M.F. Simpson, News Editors

## AEC Considers Rule Changes Concerning Responsibilities of Physicians in Use of Radioactive Materials

In April the Atomic Energy Commission considered amendments to its regulations (10 CFR Part 35) which would specify certain responsibilities for physicians who are authorized to use radioactive materials in the diagnosis and treatment of patients and would outline activities which may be delegated by physicians to technicians who assist them.

The proposed rule includes a requirement that medical licensees must report to the Commission all misadministrations of radioactive materials and must notify the patient or his family of any misadministration which could cause a demonstrable adverse affect on the patient unless, in the physician's judgment, such notification would be contrary to the best interests of the patient or his family. All reports would be made available for public inspection.

Misadministration would be defined to include administration of (A) a radiopharmaceutical, or radiation from a source, other than the one intended, (B) a radiopharmaceutical or radiation to the wrong patient, or (C) a dose of radiopharmaceutical or exposure to a radiation source

outside the intended dose range prescribed by the physician or by a method of administration other than intended by the physician.

Under the proposed amendments, certain responsibilities must be carried out personally by the authorized physician and may not be delegated except to other physicians under his supervision. These include:

1. Prescribing the radiopharmaceutical or source of radiation and the quantity or exposure to be administered.
2. Approving all patient procedures involving the administration of radiopharmaceuticals or the application of radiation.
3. Determining the method of administration.
4. Interpreting the results of diagnostic procedures in which radiopharmaceuticals are administered.

However, physicians would be permitted to delegate to technicians and other paramedical personnel the performance of certain activities including preparation of radiopharmaceuticals and measurement of doses prior to administration, and the use of appropriate instrumentation for the collection of data to be used by the physician. The proposed

rules would require physicians to determine that technicians have been properly trained to perform their duties, to describe their training program for technicians in the license application, and to maintain records showing the basis for determination of technician qualifications.

Since the Society of Nuclear Medicine is extremely concerned about the possible effects of these proposed rule changes on the practice of nuclear medicine, Monte Blau, President of the Society, wrote the following letter to the United States Atomic Energy Commission:

Dear Sir:

The Society of Nuclear Medicine includes in its membership almost every physician licensed to use radioactive materials in medical practice and many of the technicians and scientists working in this field. We wish to comment on the proposed changes to 10 CFR part 35 published in the Federal Register Vol. 36, No. 46, March 9, 1973.

These proposed changes have been widely discussed within the Society and, while there is general approval of the spirit and intent of the new requirements, several points have been raised repeatedly.

1. The acceptability of certification by the ARRT or the ASCP in nuclear medicine technology as satisfying the training requirements of paragraph (d) (1) seems reasonable. However, other organizations will soon be certifying in nuclear medicine technology and it would seem expedient to provide for the expansion of the approved list in the proposed rules. We would suggest the addition of the words, "...or other nuclear medicine technology registries meeting equivalent standards of certification", following the designation of the above two registries.

2. In this same section, certification by either of these registries is deemed to satisfy the requirement of paragraph (d) (2) requiring maintenance of proficiency and keeping abreast of new developments in nuclear medicine. Since neither of these registries has a re-examination requirement, it is not clear how past certification can substitute for continued training requirements.

3. A very serious objection raised repeatedly is the looseness of the definitions of misadministrations in section 35.33. It would be necessary to report every extravasation of a radiopharmaceutical during injection and other minor mishaps of

radiopharmaceutical preparation and administration which could not conceivably represent a significant radiation hazard to the patient. If this reporting requirement were obeyed, the amount of data reaching the Commission would make it impossible to sort out and act on the important misadministrations. We suggest two possible changes, either of which would significantly improve the usefulness of this reporting requirement.

(a) Make the reporting a requirement only where the radiopharmaceutical or radiation is administered with *therapeutic* rather than *diagnostic* intent. This distinction will automatically remove from this section diagnos-

tic administrations of radiopharmaceuticals. Significant adverse effects from diagnostic quantities of radiopharmaceuticals are almost unheard of.

(b) Another possible alternative is to make the reporting of misadministrations subject to the same restriction as 35.33 (b) (1). That is to say, the reporting of misadministrations is required only when the accident could be expected to cause an adverse effect on the patient.

We welcome the opportunity to comment. Please keep us informed on the fate of this proposal.

Sincerely yours,  
MONTE BLAU, Ph.D.  
President

## Hearings Held on Regulation of Nuclear Medicine Technologists

The Society of Nuclear Medicine has been very involved recently with committee hearings which were held on March 8th, 9th and 12th in Washington on revisions to two Radiation Health and Safety Acts—HR673 introduced in the House of Representatives by Rep. Koch of New York and S667 which was simultaneously introduced in the Senate. As companion bills they will go to a joint committee including both houses of Congress to resolve any difficulties before submission to the President to be signed into law.

At issue is the regulation of training, licensure and certification of nuclear medicine technologists, in all of which the Society of Nuclear Medicine is actively involved. In light of these two bills and the recent statement by the Atomic Energy Commission on its proposed rule changes concerning the regulations of responsibilities delegated to nuclear medicine technologists, the following statement has been filed

by the Society of Nuclear Medicine outlining our position on the quality of training and standard of performance of nuclear medicine technologists, and the benefit of proper licensure and certification requirements.

The Society of Nuclear Medicine, founded in 1954, represents a scientific association between physicians in research, clinical practice and medical education, and scientists in the fields of physics, electronics, engineering, chemistry, and pharmacy. Technical personnel assisting in the practice of nuclear medicine also take part in this association. The membership of the Society now numbers approximately 3,500 physicians, 850 scientists, with 2,000 technical personnel in affiliation. As a scientific organization, the Society of Nuclear Medicine considers as one of its major concerns the education and training of physicians, technicians, and other persons involved in nuclear medicine. Additionally, the Society takes part in set-

ting standards in training programs for both physicians and technicians.

From the very beginnings of the practice of nuclear medicine, the Society has pursued a conscious course to develop and disseminate knowledge in clinical nuclear medicine and to continually improve the training of all personnel involved. To this end, it has conducted over the years twenty scientific meetings, educational in nature with special sessions in continuing education. Over the same time span, its sixteen regional chapters also have pursued educational programs. Today, in 1973, in addition to the regular educational programs at the Society's annual meeting and those under chapter auspices, there are held each year a substantial number of refresher courses for physicians preparing to take the examination of the American Board of Nuclear Medicine. Thus, the involvement of the Society of Nuclear Medicine in the education and training of

physicians and technicians in nuclear medicine is substantial, and its concern for high standards of practice and performance is evident.

The Society has been instrumental in the development of competent training programs in nuclear medicine technology. In July 1969 the House of Delegates of the American Medical Association approved a document entitled "Essentials of an Accredited Education Program in Nuclear Medicine Technology". This document, which sets minimal standards, was developed under the auspices of the Council on Medical Education of the American Medical Association by six professional and scientific organizations with obvious interest and concern in the competent training of nuclear medicine technicians. These organizations are: The American College of Radiology, The Society of Nuclear Medicine, The American Society of Clinical Pathologists, The American Society of Medical Technologists, The American Society of Radiologic Technologists, and the Society of Nuclear Medical Technologists. These organizations, in collaboration with the CME-AMA, sponsor the Joint Review Committee for Education Programs in Nuclear Medicine Technology. Through the Essentials, this Joint Review Committee carries out activities in the inspection and approving of training programs. For a number of years, the American Registry of Radiologic Technologists also has examined and approved training programs using criteria similar to those employed by the Joint Review Committee.

Today there are thirty-five programs of training in nuclear medicine technology, of length twelve months or greater, approved by the Joint Review Committee and the American Medical Association. There are several others approved by the

ARRT, who have not made application or yet been approved by the American Medical Association. Thus, through the combined efforts of several organizations and many academic institutions and hospitals, there exists considerable opportunity for competent training in nuclear medicine technology.

The Essentials set forth standards of faculty, facilities, curriculum, and admission requirements such that the product of an approved program is a competent technologic practitioner; moreover, these people are eligible for certification in nuclear medicine technology by the American Registry of Radiologic Technologists and by the Registry of Medical Technologists of the American Society of Clinical Pathologists. Today, the Society of Nuclear Medicine is cooperating with these two registries in the areas of educational requirements, curriculum, and criteria for certification.

In 1971 the American Board of Medical Specialties and the American Medical Association approved the formation of the American Board of Nuclear Medicine, which examined and certified in 1972 nearly 1,000 physicians in the specialty of nuclear medicine. Approximately 500 physicians took the second examination held in April 1973. The Society of Nuclear Medicine, in collaboration with the American Board of Internal Medicine, the American Board of Pathology, and the American Board of Radiology led the way to formation of the American Board of Nuclear Medicine to promote and elevate the status of the training of physicians in the practice of clinical nuclear medicine. The above named organizations have joined together in this effort to provide to the public qualified and safe care in the diagnostic and therapeutic services offered by nuclear medicine.

The Society of Nuclear Medicine believes that the record of the physicians, technicians, and scientists in nuclear medicine in protecting the public health and safety in the administration of radioactive materials has been exemplary. It, and its members, in collaboration with many institutions and agencies have endeavored to make the record of nuclear medicine practice perfect in this regard. To fail to strive for this would be reprehensible, if only because of the tremendous growth of the field of nuclear medicine. The Society believes that while the benefits of the diagnostic and therapeutic uses of radiopharmaceuticals overwhelm their actual hazards, the potential hazards of misadministration are such that the practice of nuclear medicine should be carried out only by fully qualified individuals. The rapid expansion of the field of nuclear medicine increases the likelihood that untrained persons could become involved. For this reason, the Society of Nuclear Medicine and its collaborating organizations have endeavored, not only to assure the quality of training in nuclear medicine, but to expand it to provide enough competent individuals to keep pace with the expansion of the field.

Today there are 5,982 licenses for the medical use of radionuclides in the United States. Data tabulated in the 1972 Guide Issue, *Hospitals*, published by the American Hospital Association indicates that 2,316 of 6,662 hospitals reported delivering nuclear medicine diagnostic services to patients. In its Report to the Congress, the General Accounting Office\* notes that the United

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\*Report to the Congress, Problems of the Atomic Energy Commission Associated with The Regulation of Users of Radioactive Materials for Industrial Commercial, Medical and Related Purposes by the Comptroller General of the United States, August 18, 1972.

States Atomic Energy Commission estimates the level of administrations of radioactive material in nuclear medicine at approximately 8,000,000 annually. This is quite consistent with the information developed from plural sources by the Society that indicate approximately 3,000,000 patients received administrations of radiopharmaceuticals embodying a single radionuclide,  $^{99m}\text{Tc}$ , in 1972. The Report to the Congress notes 20 reports of misadministrations of radioactive material in a period of approximately 11 years, from February 1961 to April 1972. It is entirely possible, and indeed likely, that there were other misadministrations in this time period that went unreported. This is a serious matter even though the rate of misadministration is extremely small (perhaps less than 100 in 11 years, with 8,000,000 administrations annually to date) and the Society believes that the effort must be made to prevent any misadministration.

While it may be impossible to prevent misadministration of radiopharmaceuticals by physicians or technicians who, without training, wilfully violate the concept that such must be performed by trained people, the attempt must be made. Accordingly, the Society of Nuclear Medicine agrees with the recommendations of the General Accounting Office to the Atomic Energy Commission, listed on page 62 of the Report to the Congress, particularly in these two regards: (A) "Define in its medical licenses or regulations the activities that may be delegated by physicians and those that may not," (B) "Require that physicians determine whether technicians have been properly trained to perform their duties and keep records showing the bases for such determinations." Additionally, the Society of Nuclear Medicine is pleased to endorse the

## Plans Made for 20th Annual Meeting

An excellent technologist scientific and social program has been planned for the 20th Annual Meeting of the Society of Nuclear Medicine. This year the scientific program is divided into three sessions of two hours each on Tuesday, Thursday, and Friday. The sessions will include 25 interesting and informative papers presented by technologists from all areas of the country.

The Technologist Teaching Sessions are geared this year toward the continuing education of the skilled technologist. Subjects will be discussed which can readily be put to use but which are not common lecture topics. The teaching sessions are scheduled for early in the morning and in such a manner that one can attend up to six individual sessions. As in the past, certificates of attendance will be given to all members of the Technologist Section who go to at least four teaching sessions.

This year we will once again have a large scientific exhibit in addition to over 220 commercial exhibit booths. The Program Committee has set aside the special visit-the-exhibit times this year on Tuesday, June 12 from 5:30 pm to 7:00 pm and on Wednesday, June 13 from 10:45 am to 2:00 pm. Everyone should

have a chance to visit the exhibits of interest to him.

This year will be the first try at a new audiovisual project sponsored by both the Technologist Section and the Society of Nuclear Medicine. At the time of the annual meeting we will tape one technologist teaching session and/or scientific exhibit (to be determined by the Continuing Education Committee) which will be prepared and sold as a slide and cassette set before the end of the meeting. These sets will be inexpensive and we hope you will all participate in our step in the direction of audiovisuals as educational aids.

And, of course, the Technologist Section plans to continue the tremendous success of its annual party on Wednesday night of the meeting. This year we will go to Haulover Beach, just five minutes from the hotel, for an informal, fun party where you'll find all the beer you can drink. The Technologist Section extends an invitation to all attendees to come and join them at this annual blast.

The Technologist Section and the Society of Nuclear Medicine hope to make this 20th Annual Meeting the most successful one ever held.

Don't forget to preregister!

concepts in these regards as published in the Federal Register by the Atomic Energy Commission under proposed rule making (Federal Register, Vol. 38, No. 46—Friday, March 9, 1973). These proposed rules set forth certain responsibilities which may not be delegated by the physician to the technician, certain procedures that may be delegated by the physician, but only after certain assurances have been made that the personnel to

whom the duties are delegated (technicians and other paramedical personnel) have been trained properly for these duties. Criteria for the content of the training and the evaluation thereof are offered.

The Society believes that this form of regulation, together with the extremely widespread education effort on-going in nuclear medicine, is the most effective way to protect the public health

and safety in the administration of radioactive materials.

In summary, the Society of Nuclear Medicine offers the following considerations:

1. Nuclear medicine diagnostic and therapeutic procedures are being carried out in such a way as to protect the public health and safety of its qualified practitioners.
2. These qualified practitioners are sufficient in number to perform safely some 8,000,000 administrations of radioactive materials each year.
3. The number of unqualified and unsafe practitioners is impossible to determine, but checks and balances in materials licensing under existing and proposed rules by the Atomic Energy Commission and the agreement States tend to minimize the possession of radioactive materials by unqualified users.
4. There are a large number of competent training programs in nuclear medicine technology, producing qualified graduates. Inasmuch as persons entering these programs have had prior education and in many cases prior radiation education, nuclear medicine technicians as a group are the most highly educated in the medical radiation field.
5. In addition to many qualified but unregistered technicians, there are over 2,600 individuals registered in nuclear medicine technology by the ARRT and RMT (ASCP). Additionally, qualified nuclear medicine technicians are being certified at the rate of approximately 600 per year, and this rate is increasing owing chiefly to the existence of a large number of qualified training programs.
6. Standards of performance

and practice by physicians in nuclear medicine also are being elevated, chiefly owing to the existence of formalized training programs in nuclear medicine and due to the formation of The American Board of Nuclear Medicine.

7. The Society of Nuclear Medicine believes, therefore, that the existing structure of regulations (including proposed regulations), educational programs and certifying bodies in nuclear medicine technology are sufficient to protect, now and in the future, the public health and safety in the administration of radioactive materials for diagnostic and therapeutic purposes.

The Society of Nuclear Medicine pledges to continue its work in promoting the proper practice of clinical nuclear medicine through educational and scientific endeavors and offers to collaborate and share its resources with any agency interested in this contribution to the public health and safety.

## Conjoint Registry of Nuclear Medicine Technology Being Considered

On March 10th a meeting was held to explore further the concept of a conjoint registry of nuclear medicine technology. Present were: ASCP and ASMT, representatives of the Registry of Medical Technology, representatives of the ARRT (ACR, ASRT), and a representative of the Society of Nuclear Medicine.

Considerable progress was made and operational details of the conjoint effort are being submitted to the governing boards of the sponsoring organizations. It is hoped that this effort can become operational early in 1974.

## News Editors' Note

We would like to take this opportunity to thank the many people with whom we have come in contact during our year of editing the *Journal*. We were met with a true spirit of cooperation and involvement by technologists throughout the country as we endeavored to give you increasing information on nuclear medicine and the Technologist Section. As the year progressed the *Newslet-*



News editors, left to right, Cecile Gaigals, Mary Simpson, and Jackie Houston.

*ter* expanded to become the only *Journal* for and by nuclear medicine technologists, and we are proud to have had a share in this accomplishment.

We have gained much in serving as this year's editors and our sincere hopes are that you, the readers, have gained as well. It remains with all of us to participate in the *Journal* by submitting letters, articles, criticisms, etc. Only in this way can the *Journal* truly reflect the feelings and happenings of the Technologist Section.

Special thanks go to Floyd Potes, Theda Driscoll, and the New York office for their help and encouragement.

CECILE GAIGALS  
JACKIE HOUSTON  
MARY SIMPSON  
*News Editors*

## News from the Chapters

### Mideastern Chapter

The Mideastern Chapter has had an extremely busy quarter. It held its first Chapter Section Symposium and had a varied program ranging from radiopharmaceuticals and radioimmunoassay procedures to imaging techniques and computer applications in nuclear medicine. Another first for them this year was the initiation of a quarterly newsletter. It is the hope of the Publications Committee that this newsletter will serve to keep members better informed of current events. Two grass-roots groups, The Old Dominion Group and the Chesapeake Group, hold regularly scheduled meetings where one can hear lectures on a wide variety of topics.

### Pacific Northwest Chapter

The Pacific Northwest Chapter held a very successful spring symposium this year. The Northwest Group symposium was hosted by Dr. John Jenkins of the Wenatchee Valley Clinic. Skiing was also available for relaxation following those profitable hours of lectures and workshops.

### Another Success for the New England Technologists

The New England Chapter held their most successful spring symposium ever on April 14th, with over 150 registrants. The program consisted of varied topics, several of which discussed new radioisotopes and new techniques. Of particular interest was a series of three lectures giving an in depth account of three different scintillation cameras.

The symposium also hosted a special guest, Mrs. Robin Kaplan, who flew in from the Society of Nuclear Medicine office in New York. Robin spoke to the assembly on the activities of the Na-

tional Office and the national Technologist Section and proved to be very informative.

Elections for the 1973-74 season were held with the officers scheduled to take office next October. Results were as follows: Chairman, Cecile Gaigals; Vice-Chairman, Jackie Long; Secretary-Historian, Mary Simpson; Treasurer, Frank Speranza; Nominating Committee, Maria Conti, Wayne Cotnoir, Lorraine Gross, and Skip MacDonald. The meeting concluded on a festive note with participants gathering to chat about the day's events around "ye old cocktail bar!"

### Greater New York Area Chapter

The Greater New York Area Chapter symposium this spring included a full program with eight guest speakers from all parts of the country and two sessions including twelve choices of workshops. With an extremely large attendance and revenue from commercial exhibitors, the group was able to add a large amount of money to its treasury. This year the Greater New York Area Chapter held its cocktail party the evening before the meeting, and by the morning all sat down as good friends to tackle the subjects of the day. Congratulations to the program committee for this enormously successful symposium.

### Southeastern Chapter

The Southeastern Chapter has been very busy discussing an important and timely topic—simplifying our National, Chapter, and State organizations' membership applications, dues, etc. Generally it is the feeling that we need a coordinated effort between the National, Chapter, and State levels to bring about a simplified national Technologist Section membership application to provide for a better understanding for prospective members at all levels of our organizational structure. We need

to look strongly at the prospects of *one* National Office handling *one* membership application with *one* set of dues for all levels of the Organization. The Technologists of the Southeastern Chapter are also eagerly preparing for the National Meeting in Miami, June 12 — 15, 1973. They extend a welcome and sincerely hope that many technologists will be able to attend the meeting. For any information or assistance concerning the meeting you are asked to contact either of the following:

Vince B. Eberling  
North Broward Hospital  
201 North Sample Rd.  
N.E. 35th St.  
Pompano, Fla. 33064  
Phone — 305-941-8300

Jim Duncan  
Palmetto General Hospital  
North 122nd St.  
Hialeah, Fla. 33016  
Phone — 305-823-5000

## Bylaws Changes to be Considered

At the annual meeting in Boston the Bylaws Committee was given the responsibility by the National Council of proposing changes to our Constitution that would make it a more workable document. In the October 1972 *Technologist Newsletter* we listed the changes that were approved in Boston by the Board of Trustees and we promised you a more workable document for the future. Well, we believe we have kept our promise. During the last few weeks you should have received in the mail a copy of the proposed changes that will be voted on in Miami. This article is to serve as a brief reminder of these important changes. The majority of the membership of any organization is usually unaware of the contents of its bylaws. This is understandable since they are usually very dry and

most people have more important things to do with their time than to sit down and pour over a set of bylaws. Of course there are those in positions of responsibility who must know the contents of the bylaws since they are the governing rules of the organization. Then there is the minute minority which really delves into a set of bylaws and thoroughly picks them apart, and they are commonly referred to as the "nit-pickers". As Chairman of the "nit-pickers" I would like to remind you of the upcoming vote to change our Constitution and very briefly state some of the reasoning for making these proposals.

1. The title of the offices of Chairman and Chairman-Elect are to be changed to President and President-Elect to reflect the responsibilities of these offices.

2. The section membership is to be changed. Our present Constitution states that we may only accept members who have received training in nuclear medicine technology. This hardly seems fair since there are many individuals who have not received this training but who share the aims and objectives of the Technologist Section. Therefore, why not include them in our membership?

3. Provision is made for vacancies in elective offices that occur during the term of office. This is not provided for in our present Constitution.

4. A Past-President's Council has been added to serve as an advisory group to the Executive Committee and the National Council.

5. A section on Parliamentary Authority is included which is important in any organization.

6. The section regarding establishment of the Technologist Section has been deleted as it has served its purpose.

If you plan to attend the annual meeting in Miami, plan to

attend the Business Meeting and voice your opinion on the changes. If not, relay your opinions to the Council Representative from your Chapter. Remember, this is your organization, and these are the rules that will be governing your organization. Hope to see you all in Miami.

JAMES J. KELLNER  
*Chairman, Bylaws Committee*

## Letter to the Editor

I was proud to see the first copy of our new *Journal* and feel we have taken a substantial first step. However, I feel we can open our lines of communication even more than we now have. I would like to see us, as technologists, have the opportunity to discuss any advantages and/or disadvantages of any specific procedure, policy, or matter that concerns nuclear medicine technologists.

I don't care if you agree or disagree with my ideas. But I know that too many of us are hiding in our corners of nuclear medicine. We don't know how we compare with other departments or personnel, and we assume everyone is better than ourselves. We're afraid to say, "I don't know" something about a particular subject, i.e., radioimmunoassay, nor do we ask "where and how can I learn—I need help." Since the whole idea of learning is based on communicating and interchanging ideas, I would like to see a forum for questions and answers established in this *Journal* by the next issue. Send in your questions and start some discussion. Let others know what's on your mind. It's time technologists stop sitting on their apathetic gluteus maximi wanting to be hand fed.

RONALD E. ANDREWS  
*Northshore Hospital  
Manhasset, New York*

## Test Your Knowledge

1. With alpha decay there is:
  - a. loss of two protons and one neutron
  - b. reduction of atomic number by two
  - c. loss of two protons and two electrons
  - d. increase of mass number by four
  - e. increase in mass number by two

2. Pregnancy, estrogen therapy, or oral contraceptive medication have the following effect on  $T_3$  and  $T_4$  test results:

- a. elevated  $T_3$ , lowered  $T_4$
- b. elevated  $T_4$ , lowered  $T_3$
- c. elevated  $T_3$  and  $T_4$
- d. no effect on  $T_3$  or  $T_4$

3. The efficiency of labeling polyphosphates is related to:

- a. linearity of phosphate chain
- b. length of phosphate chain
- c. concentration of phosphate
- d. all of the above

4. The ideal particle size for any product used in perfusion lung scanning is:

- a. 8–10 microns
- b. 20–50 microns
- c. 1–5 microns
- d. 100–200 microns

5.  $^{131}\text{I}$ -labeled rose bengal is of value in studying liver function. When this labeled dye is injected intravenously, it is taken up rapidly in the:

- a. polygonal cells
- b. Kupffer cells
- c. reticuloendothelial system
- d. spleen

*Test Answers: 1. d, 2. b, 3. d, 4. b, 5. a.*



## Behind the Scenes

In March the News Editors visited the National Office of the Society of Nuclear Medicine in New York City which also administers the Technologist Section.

There is no brief article that can be written describing the activities of the National Office of SNM. Although the office space is surprisingly cramped (they are moving to a larger, more modern office), their capabilities are great. No one person has one duty, but instead, several. It would take pages to describe the responsibilities of each department, so we'll comment on the main members involved in our activities.

Mrs. Margaret (Judy) Glos, Executive Director, is on the top of everyone's list. Judy has an exceptional manner and a wide knowledge of nuclear medicine as well as association management. Her involvement ranges from planning the annual meetings (at least four years in advance) to editing the *Journal of Nuclear Medicine* and copyediting the new technologist *Journal*. She handles all Society activities, publications, committee work and administration, and she oversees all decisions made in the National Office. What with programs, exhibits, audiovisuals, finances, meetings, and public relations to consider, it becomes quite a job for one person to handle.

Mrs. Christa Foster, Production Manager, handles the publishing done by the Society—all journals, brochures, books, and helpful pamphlets that are circulated to our membership. Many a night Christa and her staff of two assistants remain at the office to meet a publishing deadline. Editorial production is only one part of this department; it also includes extensive contact with advertisers for the two journals and

exhibitors interested in the annual meeting. Since advertising and exhibit income is crucial to the Society's promotion of educational activities, this department is under constant pressure.

All of us know Mrs. Robin Kaplan, the Technologist Section Administrator. Robin began working with the Society three years ago assisting Mrs. Glos in all phases of Society administration. She also took over management of the National Office and is re-



Robin Kaplan, Technologist Section Administrator, takes a minute from her correspondence.

sponsible for office policy as well as seeing that the office operates efficiently and effectively. It was because of her involvement in and experience with Society administration that she was asked to administrate the Technologist Section. Now in addition to her Society work, all correspondence relating to the Technologist Section and all applications for membership in the Section lands on her desk—and just one look at her desk assured us that this was true! She also plays a central role in the committee work and the activities which are setting the course that the Section will follow in the future.

The office is the place for the processing of applications for membership in the Society and the Technologist Section. As you know each Technologist Section member must fill out two applications—one for the Society and one for the Section. Each application is checked thoroughly for information provided and clerical

mistakes. Every application must be perfectly acceptable before it is sent to the membership committee and the Board of Trustees for approval. At the present time, the office is quite restricted as to the amount of statistical information it can supply because all the records are in alphabetical card files and any change involves a great deal of time. A computer will soon be available for updating records and billing, but more importantly it will aid in collecting valuable information concerning teaching programs, personal data on members, mailing lists, and a membership directory.

The National Office always has its eye on the future. The Society has plans to help the Technologist Section with a widespread membership drive and is now formulating a descriptive brochure about the Technologist Section which will be sent to prospective members with an application form. In addition, a brochure on nuclear medicine technology has been written and will be published before the time of the annual meeting. The Society has also published a brochure on how to prepare papers for presentation at meetings and will publish ones on how to prepare scientific exhibits and seminars. All of these brochures are professionally designed and printed, and they represent the organization in a sophisticated and informative manner.

The Society is presently making arrangements for the taping, recording, and selling of tape cassettes and slide programs made from the teaching sessions and scientific exhibits at the Society's annual meeting. The Technologist Section will join in this effort and work directly with the Society in this endeavor. The Technologist Section will decide which teaching session should be taped and what the price of the package will be. All profits will



go directly to the Technologist Section.

The National Office of the Society of Nuclear Medicine is involved in many activities. It is up to each of us, as technologists, to support and assist the staff members in all their endeavors. Only through our participation can we strengthen our organization and expand the field of nuclear medicine.

## New Programs in Nuclear Medicine Technology Approved

Dr. Warren Ball, Chairman of the Joint Review Committee, has indicated that the following list of additional educational programs in nuclear medicine technology has recently been approved by the Council on Medical Education of the American Medical Association in collaboration with the American College of Radiology, American Society of Clinical Pathologists, American Society of Medical Technologists, American Society of Radiologic Technologists, the Society of Nuclear Medical Technologists, and the Society of Nuclear Medicine. The entire list of programs in nuclear medicine technology is available from the Society of Nuclear Medicine.

### ARKANSAS

Little Rock, St. Vincent Infirmary

### CALIFORNIA

Orange, St. Joseph Hospital  
Palo Alto, Veterans Administration Hospital

Santa Barbara, Cancer Foundations of Santa Barbara

### FLORIDA

Miami, University of Miami School of Medicine

## Editorial: Get Involved!

I want to discuss an emotion, or rather a lack of emotion, that many of us are guilty of at one time or another. In dictionary terms, apathy is classified as a "lack of interest or concern"—*indifference*. Americans in general have long been known to suffer from this trait. While it is true that although a taxpayer you may not get involved with local and national politics, and while it is true that although a parent you may not get involved with schools, youth groups, and the like, certainly you could be a little more interested in an organization that is attempting to better your profession. Job conditions, status, pay scale, level of requirements can all be influenced by a recognized, organized, professional group. Notwithstanding these mundane accomplishments, a technologist-sponsored group for technologists offers a marvelous opportunity for sharing knowledge and also making some very fine friends.

It is rather obvious that if you are reading this, you are a mem-

ber and, therefore, have at least gotten partially involved in the Technologist Section. Likewise, those technologists most deeply afflicted with apathy may never see this article or the *Journal* in which it appears.

Now we come to the crux of the matter. Just how involved are you, the reader? Maybe you're a chief technologist who has the opportunity of bringing to light the Section's varied activities, both locally and nationally, to the technicians in your department. Maybe you work alone but would like to set up some rapport with other departments in your area.

Let us resolve to get involved just that little bit more than paying yearly dues and try to foster some interest in others. The greater the membership and participation, the more representative the Technologist Section will be. It's up to you and it's to your advantage.

CECILE GAIGALS  
News Editor

### MARYLAND

Bethesda, Naval Medical School

### MICHIGAN

Detroit, Detroit-Macomb Hospital

### MISSOURI

Cape Girardeau, St. Francis Hospital

Kansas City, Menorah Medical Center

St. Louis, Mallinckrodt Institute of Radiology and Veterans Administration Hospital

### NEW JERSEY

Summit, Overlook Hospital

### OHIO

Cleveland, Hillcrest Hospital

### OKLAHOMA

Oklahoma City, University of Oklahoma School of Medicine

### PENNSYLVANIA

Harrisburg, Harrisburg Polyclinic Hospital

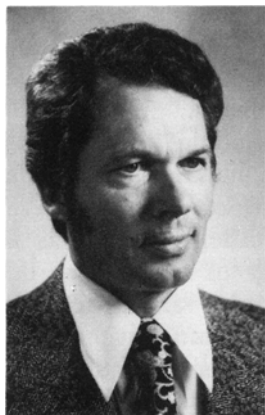
### TENNESSEE

Memphis, City of Memphis Hospital

### WISCONSIN

Milwaukee, Milwaukee County General Hospital

## Message from the Chairman



During the past year I have expounded on various ideas, which hopefully represent your opinions and not only my own. It has been my prerogative to widen the areas of interest of the Technologist Section and plant the seed of progress. In growth, change is natural and often painful. I only hope that in our growth we have ac-

quired the necessary antibodies to overcome any invasion upon our future organizational development.

My primary goals were directed toward providing an efficient means of communication and stimulating actions by those involved in nuclear medicine technology. I do not feel we have totally achieved our goals; however, I hope the results of our efforts will be clear in the near future. My term is rapidly coming to an end, and I know that other Chairmen must have experienced what I now feel—not despair, but rather a questioning of the success of how I have served the needs of the membership. Our growth has merit; at the very least we have gained the support and criticism of our membership.

I am sure that you are aware that certain negotiations have occurred over the past three years pertaining to unification of the Technologist Section and the Society of Nuclear Medical Technologists. The time came to settle this issue. In view of this and on the advice of my Executive Committee and my own personal evaluation, I met with the president of SNMT in March. After many hours of deliberation we agreed on a final proposal of restructuring to accomplish a merger of the two organizations.

Why attempt to unify? We believed that by pooling our resources and forming one organization we could end our duplication of efforts and gain strength to achieve our objectives more rapidly and efficiently. However, while gaining this autonomy I insisted upon sustaining a close alliance with the Society of Nuclear Medicine

and promoting the multidisciplinary approach to nuclear medicine that the Society now represents.

Our final proposal represented the Technologist Section's desire to be closely allied with the Society of Nuclear Medicine: the national office was to be within the national office of the Society and direct ties were to be maintained through the Executive Director of the Society. The scientific program and continuing education committees of the Technologist organization and the Society would work closely together as they now do, and the new organization had to be recognized and actively supported by the Society of Nuclear Medicine.

The Society of Nuclear Medical Technologists rejected this proposal as unacceptable to the aims and goals of their organization. Therefore, the Technologist Section now stands as it did before—a strong, viable organization capable of leading the field of nuclear medicine technology.

I feel that the existence of our new *Journal* is proof of our ability to achieve our goals. However, it is most essential that we prepare to meet the demands of the future, dedicate our time and efforts, and use this *Journal* to serve and promote our profession. I am certain you have acquired helpful hints in the past issue and assure you that you can expect more to come. Become an active part in closing the communications gap; if your procedures differ from the routine, write an article to this effect and let your fellow technologists share in your knowledge.

I am grateful for the many dedicated people within our organization, and in this, my last message as your Chairman, I would like to express my thanks for the overwhelming support from both the national delegates and the various committees. To all of you, I owe a debt of thanks for creating memories which I will cherish for the rest of my life. I look forward to seeing many of you at the national meeting in Miami.

FLOYD L. POTES  
*Palmdale General Hospital*  
*Palmdale, California*