

Letter to the Editor

Regarding: Where Have Nuclear Medicine Technologists Gone?

I feel compelled to comment on several letters that have recently appeared in the Journal (1-4). The central themes—frustration and dissatisfaction—involve: (1) inadequate compensation for the training and responsibilities required of a nuclear medicine technologist and (2) limited upward mobility.

I certainly agree that these are valid concerns that reflect the attitudes of many technologists (my wife is an assistant chief technologist). My main reason for writing this letter is to comment on one of Mr. Jansen's arguments in the area of compensation.

The cry of "foul" is certainly justified when many unskilled laborers are compensated (I hesitate to use the word "earn") in excess of \$10/hour. In Detroit the average wage of a supermarket checker is \$10.37/hour (not including the 37-56% additional compensation represented by fringes), whereas the average wage *earned* by a nuclear medicine technologist at this institution (the second largest, private, nonprofit hospital in the U.S.) is only \$9.35/hour.

Mr. Jansen correctly identifies this as an inequity since supermarket checkers have "no college, no special skills, and no responsibilities" (1). However, he then attempts to present a similar argument based upon the compensation of a pharmacist, stating "Their training is similar, if you have a bachelor's degree plus one year of specialized training . . . but their pay is better" (1).

One cannot compare the five years of education in a professional college of pharmacy, which results in a bachelor's degree, to the degrees, such as biology, held by many technologists. Additionally I believe the majority of technologists are not graduates of 4-year baccalaureate programs but rather of 2-year associates' or radiologic technology programs. Please do not construe this as derogatory, it is merely a statement of fact. The \$29,744 pharmacist's salary referred to is representative of compensation for West Coast pharmacists regardless of practice setting (community, traditional hospital, or nuclear medicine). This is generally irrespective of the additional specialized training in nuclear pharmacy, which is usually at the graduate level and culminates in a master's degree. This wage (\$15/hr) is less than most skilled tradesmen, auto workers, or steel workers earn and is certainly justifiable.

I would estimate that today there are less than 300 nuclear pharmacists employed in nuclear medicine departments. The majority of these individuals, if not all, are in university hospitals or large medical centers. It is inaccurate to state that the nuclear pharmacist and the nuclear medicine technologist "do the same job,"

as a comparison of my job description and Mr. Jansen's would clearly prove.

Without further belaboring the point I will summarize by saying that I agree your compensation is inadequate (\$12,500 for a technologist is certainly ludicrous (3)). Your current frustrations are understandable and clearly related to the fact that technologists are better educated and trained than in the past, which is a credit to your organization. Are fewer people choosing nuclear medicine technology as a career? If so, wages may certainly be a factor, but you may also have the media to thank for its irresponsible and often inaccurate presentation of radiation-related news items.

Do you feel a differential pay scale—for example, where the BS receives significantly higher compensation than less formally educated coworkers—is warranted? I think not since you all have the same responsibilities. Would you allow evolution to elevate the technologist with a BS degree into a position of greater responsibility and wages? Better qualified, more responsibility, but higher wages? Ask a BS/RN about the wisdom of this alternative.

I suggest you heed the advice of Mr. Jansen to strengthen your organization and seek the support of others. (Notwithstanding the furor that was undeservedly unleashed by SNM in 1980 against the American Pharmaceutical Association, Academy of Pharmacy Practice, Nuclear Pharmacy Section, over the document *Nuclear Pharmacy Practice Standards*—solely pertaining to pharmacists in an attempt to differentiate the generalist from the specialist.) I am sure you will find a great deal of support from this body of nuclear pharmacists because we work *with* you, every day.

Regarding the lack of upward mobility, all I can say is that if there is a department out there with more chiefs than Indians, let me know how it is working.

Is it necessary to be a PhD to be a radiation safety officer? No, just satisfy the NRC guidelines. Why don't hospital administrators feel that nuclear medicine technologists deserve a higher compensation? Maybe Mr. Jansen will someday be in a position as an administrator to justify an appropriate wage.

WILLIAM C. PORTER, PharmD
William Beaumont Hospital
Royal Oak, Michigan

References

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4. Jefferson DR. Why I left nuclear medicine technology. *J Nucl Med Technol* 1981; 9:207 (L).