
Commentary (III)

Put Your Money Where Your Mouth Is

With the advent of many new areas of specialization in nuclear medicine, new and competitive modalities in other medical specialties, the economic crunch, federal licensure, and a national shortage of nuclear medicine technologists, it is time for us to act.

During my 25 years in nuclear medicine technology, I have seen a paramedical specialty develop from one in which only four or five routine, simple procedures were available to one that encompasses over 100 very sophisticated procedures. Better resolution, large field of view and rotating gantry gamma cameras, medical computers, new, short-lived radiopharmaceuticals, automated radioimmunoassay equipment, and an increasingly complex body of knowledge have resulted in unparalleled advances in nuclear medicine. The average nuclear medicine technologist now spends a great deal of time learning new techniques and how to operate more complicated equipment. More than ever before, we are *tested, inspected*, and, in general, *held accountable* for all that we do, but we have willingly accepted these challenges because we believe in our discipline.

Yet what are we doing to protect our profession, our job security, and the position of nuclear medicine as a medical specialty? Have you picked up a newspaper recently and noticed how many job openings are available for nuclear medicine technologists? If you are a technical or educational director of a NMT training program, have you noticed an increase in the number of requests for your graduates? Why is nuclear medicine technology usually represented by a radiologic technologist at important meetings unless we find out about them in advance? Have you noticed how quickly other medical specialties can establish new procedures that drastically reduce the volume of a comparable nuclear medicine procedure? Do most of us assume that everything will be all right—that someone will take care of us?

In the June 1981 issue of this journal, Richard P. Spencer wrote a commentary regarding "A Survey of Nuclear Medicine Technologists in Connecticut" (1). His conclusions were that an additional 20 full-time equivalent technologists would be needed in the following two years in that state; that only 60% of the nuclear medicine technologists in Connecticut were certified by the Nuclear Medicine Technology Certification Board (NMTCB); and that only three institutions out of 41 had in-vitro procedures under the nuclear medicine department's control. This article pointed to but a few problem areas.

In the September 1981 issue Don J. Talley, in an article entitled "Where Do We

Go From Here?" (2), stated that today (and even more so in the foreseeable future) the entity known as nuclear medicine is becoming continuously departmentalized, and, therefore, specialized. Further, we technologists are changing or are having changed for us the dimensions of our duties—resulting in increased responsibilities. Are our current students being adequately trained? Are we as a professional group keeping pace with the state-of-the-art in our chosen profession? How adequately are we satisfying the increasing reliance that clinicians have placed directly upon our skills? Is this reliance well placed? Where do we go from here?

Mindful of these concerns, the Technologist Section of the Society of Nuclear Medicine conducted its first long-range planning session in February and June 1980 (reported as a Commentary in the December 1980 *JNMT*)(3). The objective was to identify opportunities and threats to our profession. Following this, we developed plans of action and inaction to address these opportunities and threats. We also outlined strategies for both introducing and resisting change.

Let me share with you some of the forecasts that emerged and their outcomes. The consensus of the participants in the planning session was that more licensure legislation would be forthcoming. It was. Both the action response and the inaction response were continuing confusion. Has this not occurred? Pessimistically, we forecasted that a licensure bill would be passed that allowed each state to define competency and that there would be no reciprocity or mobility for technologists. The action response might have been annual recertification by examination. As an inaction response, the numbers and salaries of technologists could reach a standstill.

Out of the 18 most important long-range plans that we identified, four have been and are currently vital:

- (1) Pursue politically what we believe.
- (2) In the event of licensure becoming law, have all necessary documents prepared and promoted.
- (3) Have all technologists certified by the NMTCB.
- (4) Make the NMTCB be the *only* certifying board for nuclear medicine technologists.

We have also decided that written documentation of technologists' views on all matters relating to socio-economic affairs, pending legislation, scientific publications, educational affairs, and communication systems be compiled to allow technologists to speak to issues for themselves.

The possible fractionation of nuclear medicine technology—by such groups as cardiopulmonary technologists, nuclear medicine nurses, etc.—was identified as a potential problem. The pessimistic response was to play catch-up politics, i.e., lobbying to make our opinions known after the fact; the optimistic response could be to work together and preserve all specialties under one umbrella: nuclear medicine technol-

ogy. This would promote job security, unification, and upward mobility.

We identified external politics as an important influence on nuclear medicine technology. Through testimony before Congress, we stated that if the government continued to believe that federal minimum standards for licensing were necessary, they must be implemented through state licensure based upon state acceptance and adoption of national certification of the individual discipline—in our case, the NMTCB.

We identified the need for practice standards (a job description) and task analysis. If these were written and promoted, we could cement our identity and heighten our public image. If not, pending legislation could lower our standards.

To update what has been accomplished in all these areas, please note the following:

- (1) Through oral and written testimony, nuclear medicine technology is now recognized as a distinct professional entity (not a subgroup of medical radiography or radiologic technology as was previously the case).
- (2) Practice standards (job descriptions) for nuclear medicine technologists as developed by the Technologist Section, SNM, have been written and will be published in the near future.
- (3) Content guidelines (what a technologist must know in order to function) have been written by the NMTCB and will be published this year.
- (4) The NMTCB task analysis was published in the June 1979 *JNMT*. The analysis has been validated and it is anticipated that the validated task analysis will be published this year.
- (5) The NMTCB is now a member of the National Commission for Health Certifying Agencies (which approves national standards for certifying bodies).
- (6) A manpower survey—to determine the number and certification status of nuclear medicine technologists throughout the country—will be conducted by the Technologist Section this year.
- (7) The Joint Review Committee for Nuclear Medicine Technology (JRCNMT) has upgraded its standards for training programs.
- (8) A *Curriculum Guide*, for associate and baccalaureate degrees and certificate programs, has been written and is soon to be published by the Technologist Section.
- (9) Suggested model legislation has been written in the event that mandatory licensure occurs.

What makes all of this important? The answer is simple. The “Consumer-Patient Radiation Health and Safety Act” is now law. This federal legislation requires the Secretary of the Department of Health and Human Services to prepare and transmit to the states a model statute for radiologic procedures safety (this includes nuclear medicine procedures). Such model legislation shall provide for the certification of persons performing radiologic procedures and establish educational requirements

for the certification of technologists. This legislation also provides for the federal government to establish minimal standards for the accreditation of educational programs for persons who administer radiologic procedures and for the certification of such persons. The target date for the development of these standards is August 1982.

It appears to me that everything the members of the Technologist Section have requested in the past has now been accomplished or will be in the near future. We have pursued politically what we believe. Within the next several months, we will know the number of nuclear medicine technologists in this country, their training backgrounds, and certification status. Technologists have repeatedly emphasized the importance of national standards, i.e., national standards recognized as *the standards for nuclear medicine technologists*. These specifically are determined by the JRCNMT and NMTCB. You should be aware that the NMTCB *certifies the entire scope of practice for a technologist at the entry level*, i.e., imaging, nonimaging, radiopharmacy, radioimmunoassay, etc. It is vital that we protect this full scope of practice. It is in every technologist's interest to hold a certificate that attests to his competency in all facets of nuclear medicine technology. Without this, we are limiting our potential growth.

Now it is your turn to support these national standards. If you want to revert from nuclear medicine technology to radiologic technology and not be a separate discipline, sit back and do nothing. If you think that someone else can worry about all of this, you are mistaken. That someone has to be you.

What can you do? As a start, encourage all the nuclear medicine technologists that you know to be certified by the NMTCB. Secondly, and most importantly, *DROP* all other certifications except the NMTCB. A certification cannot be taken away from an individual; however, why should you support a certifying body that does not meet the criteria that we have established as valid? By supporting NMTCB certification and negating all others, we can attain all that we seek as a professional group.

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References

1. Spencer RP. A survey of nuclear medicine technologists in Connecticut. *J Nucl Med Technol* 1981; 9:104.
2. Talley DJ. Where do we go from here? *J Nucl Med Technol* 1981;9:159-60.
3. Alexander GW. Long-range planning: past, present, and future. *J Nucl Med Technol* 1980;8:235-39.