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Message from the President

What is the future of the Section after 15 years in existence? And more importantly, what is the future for nuclear medicine technology? Neither a Pollyanna nor a pessimistic viewpoint is appropriate. My view of the Section's and nuclear medicine technology's future is one of guarded optimism.

Outside influences impact on us more than we would like. The enactment of the Consumer-Patient Radiation Health and Safety Act is still viewed with mixed feelings. Are nuclear medicine technologists already regulated enough or should we protect ourselves and enact state licensure? Furthermore, other problems arise when a state has licensure for nuclear medicine technologists. Is there reciprocity among states to allow technologists to relocate easily? Should continuing education credits be used for relicensure or is another mechanism available to measure competency?

Increased public awareness and fear of radiation exposure led to problems in determining appropriate regulations for low-level waste disposal. Changes in regulations from the Nuclear Regulatory Commission, Environmental Protection Agency, or from Congressional action, can also impact on nuclear medicine. Whether the impact is beneficial or adverse depends to some extent on our involvement in these areas. Technologists must be continuously alert to any infringement on the practice of nuclear medicine technology.

We must vigorously support the Nuclear Medicine Technology Certification Board (NMTCB) and the accreditation system through the Joint Review Committee. In continuing to select Joint Review Committee directors and program site visitors, technologist support of this system will be visible. Furthermore, we have seen the NMTCB advance and mature since its inception. I would like to see certification of *all* nuclear medicine technologists by the NMTCB a reality in the near future.

The Society took a large step this year by recommending that on-the-job training (OJT) no longer be a means of eligibility to take the NMTCB examination. To further understand how this decision was reached, let us review the history of OJT. A new profession provides more jobs but there are not enough schools to provide formal training. Therefore, when there are an insufficient number of formally trained people for these positions, people are trained on-the-job. As the number of formally trained people increases to meet the demand, OJT is dissolved as a means of entry into the field. Regarding nuclear medicine technology, the Section believes that OJT should be dissolved because the technology has matured to the extent that the complexity of the equipment necessitates formal training through a CAHEA-approved school. Better training also ensures patient protection. I believe that an individual who has not proven his/her competency by passing the NMTCB exam should not be allowed to work as a nuclear medicine technologist.

As reported in March, we are working toward Congressional proclamation of a National Nuclear Medicine Week in 1986. The week of August 2, 1986 would be appropriate. This date marks the 40th anniversary of the first medical radionuclide shipment from Oak Ridge to the Cancer-Free Hospital in St. Louis. This proclamation will aid in making the public more aware of the beneficial aspects of radiation and greatly enhance the image of nuclear medicine.

Activities of this kind improve our image and make us proactive rather than reactive. In this way, we can ensure an optimistic future. Thus, the first 15 years of the Section will be the start of many more to come.

In my last message to you as President, I would like to thank the many people who have contributed to the Section this year. Officers, committee chairmen, and committee members voluntarily devoted their time and effort. The number of hours they have spent on behalf of the Section is significant. I also thank the Central Office for providing the needed assistance and continuity that allows the Section to operate smoothly.

I feel honored to have served as President and I would like to thank all of our readers for their continued support of the Section and its *Journal*.

NMTCB REPORT

George W. Alexander, Jr., CNMT, Chairman

At its March 1985 meeting, the NMTCB established a new policy. This policy stipulates that the NMTCB will not accept clinical nuclear medicine experience obtained by applicants in which supervisory physician verification has not been obtained.

In January 1977, the National Council (Technologist Section—The Society of Nuclear Medicine) established the objectives and goals of the NMTCB. The goals are as follows: 1) to provide and maintain high professional standards in the field of nuclear medicine technology; 2) to have nuclear medicine technologists certified by professionals in the field of nuclear medicine technology; 3) to provide nuclear medicine technologists with a professional identity separate from other allied health professionals; and 4) to establish an independent certification agency responsible to the profession. The work of many dedicated individuals, including nuclear medicine technologists and physicians, has enabled the NMTCB to accomplish all objectives and goals.

In June 1977, the NMTCB also defined in its Articles of Incorporation the following objectives and goals: 1) to elevate the standards of education in nuclear medicine technology; 2) to determine the competency of specialists in nuclear medicine technology by establishing qualifications, arranging, controlling and conducting examinations, and testing the qualifications of voluntary candidates; 3) to grant and issue certificates in nuclear medicine technology to voluntary applicants who have been qualified by the Board; 4) to maintain a registry of holders of such certificates, and to serve the public by furnishing lists of practitioners who have been certified by the Board; and 5) to encourage and improve the study and practice of nuclear medicine technology.

In keeping with these goals, the NMTCB decided to develop and administer criterion-referenced examinations that would incorporate the testing of job-related knowledge and skills required to practice at entry level. Developed in 1977 and 1978, the first task analysis was accomplished in 1980 and 1981 by sending a questionnaire to nuclear medicine technologists working within the profession. Because of constant changes in the technology, another task list was extrapolated from the first between 1979 and 1983. In 1983, a second critical task validation study was conducted. In validating core (or critical) and associated domain tasks, this current list established criteria for the removal of those tasks which did not pertain to entry level practice. This validated list and the examination matrix were published in the December 1984 *JNMT*.

Beginning in September 1985, this matrix (based upon the task analysis) will be used for each NMTCB examination. Both the examination and the task list are constantly changing to reflect entry level knowledge at the time of examination. With this first examination in September, the Board will offer not only a criterion-referenced exam but a comptency-based exam as well.

For several years, the nuclear medicine technology community has asked that the NMTCB administer two examinations per year. By providing examinations in June and September, for example, it is apparent that the founding goals and objectives of the Technologist Section and the NMTCB have been met and are being maintained. The NMTCB has made every effort to provide the nuclear medicine technology community with the certification program that it desires and needs.

To ensure continual growth for technologists, the Board, at the request of the National Council, is offering an examination for self-assessment. This program will allow CNMTs to assess their level of continued competency by taking the current NMTCB examination on one of the two annual test dates. Technologists who enter the self-assessment program will be able to: 1) assess their current level of competency in the content area identified in the NMTCB task analysis; 2) identify their relative strengths and weaknesses in nuclear medicine technology; 3) compare their performance to that of current applicants who are seeking NMTCB certification; and 4) plan their continuing education to maximize the benefits from the educational programs they plan to attend. The sole purpose of this program is to assist individuals in assessing their level of preparedness to practice; the results will in no way reflect their certification status with NMTCB. For additional information, please contact the NMTCB office.

Without the support of numerous dedicated individuals, the continued success of the NMTCB would not be possible. It is with great sadness, however, that we announce the resignation of R. Edward Coleman, MD, from the board. His contributions shall certainly be missed. The Board also wishes to express its appreciation and thanks for the support of its sponsoring organizations, item-writers, board members, and office staff who have made the NMTCB what it is today.