NMTCB Report

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The Nuclear Medicine Technology Certification Board (NMTCB) examination is a criterion-referenced examination that tests job-related knowledge and skills required to practice as an entry level nuclear medicine technologist. To ensure that job-related knowledge is being tested, a task analysis, the basis for the examination matrix, is developed. This task analysis is a listing of tasks or jobs a nuclear medicine technologist performs at entry level and must continually be updated to reflect changes occurring in the field. The last task analysis validation survey was in 1983. The results of this survey, published in the December 1984 issue of *JNMT,* were incorporated into the examination matrix (*1*) in September 1985. The entire process of performing the survey, analyzing the data, publishing the information, and incorporating it into the examination matrix requires 2 to 3 years.

In 1986, the NMTCB felt that changes, based upon information received from the nuclear medicine community, were occurring more rapidly in the field than had been anticipated. The 1983 Validation Survey was reevaluated in an effort to reflect these changes until the next validation survey could be performed. These results were published in the December 1986 issue of *JNMT* and were incorporated into the examination matrix beginning September 1987 (*2*).

The primary changes occurring in the September 1987 exam were greater emphasis on instrumentation, a decrease in the weight of tasks related to patient care, and a decrease in the weight of radioimmunoassay (RIA). Nonimaging represents 41 questions or 20.5% of the entire exam. Furthermore, nonimaging includes all nonimaging in vivo studies, such as thyroid uptakes, Schillings tests and blood volumes, as well as in vitro assays. Of this 20.5% nonimaging criteria, the maximum percentage of RIA that could appear on the exam would be 9%.

The most recent validation survey of a revised task analysis was conducted in 1987. Analysis of the survey will take place at the March 1988 NMTCB Board meeting and the results will be incorporated hopefully into the examination matrix by September 1989.

During 1987, a total of 617 candidates sat for the NMTCB certification examination. The exam was offerred in June and September at a total of approximately 70 sites in the United States and Puerto Rico. Data regarding the two examinations during 1987 are as follows:

	June 1987	September 1987*	Total
Pass	156	291	447
Fail	67	103	170
Total	223	394	617

*September 1987 exam reflects a new matrix.

A proposal by the National Council of the SNM Technologist Section requested that the NMTCB offer the examination for self-assessment to certificants starting in 1985. The purpose of this program was to assist individuals in assessing their level of preparedness to practice. However, eight certificants (in 1985), seven certificants (in 1986), and no certificants (in 1987) took advantage of this program. At the October 1987 meeting, the NMTCB Board of Directors decided to discontinue offering the NMTCB exam as a means of self-assessment to certificants due to their lack of participation.

In 10 short years, the NMTCB has enjoyed phenomenal success and has assumed a leading role in the certification of nuclear medicine technologists and the establishment of certification standards. In an effort to meet the founding goals established by the Technologist Section in 1976, many dedicated and hard working nuclear medicine technologists voluntarily made the NMTCB a reality. To date over 10,000 nuclear medicine technologists have been certified by the NMTCB. This quality of the NMTCB certification program must continue into its second decade by remaining dedicated to the idea of "certification of nuclear medicine technologists by nuclear medicine technologists."

REFERENCES

1. Nuclear Medicine Technology Certification Board, NMTCB critical task validation study: Identification of entry level domain. *J Nucl Med Technol* 1984:12:192-200.

2. Reexamination of NMTCB Critical Task Survey: A response to changing entry level practice. *J Nucl Med Technol* 1986;14:228-234.