■ Technologist Section To Participate in Phase II of Radworks Study

The Technologist Section recently contracted with American Hospital Radiology Administrators (AHRA) to have five additional nuclear medicine studies included in Phase II of AHRA's comprehensive Radiology Workload Measurement (Radworks) study. The five nuclear medicine studies are hepatobiliary, cardiac first-pass, cardiac gated, thyroid uptake and scan, inflammatory imaging with gallium or indium labeled white blood cells.

The Radworks study reflects the efforts of the Radiology Workload Measurement Committee to have one standard for workload measurements in radiology. The committee in addition to AHRA is comprised of the following organizations: American College of Radiology, American Society of Radiologic Technologists, Hospital Management Systems Society, Radiologist's Business Managers Association, Society of Diagnostic Medical Sonographers, and the Society of Nuclear Medicine—Technologist Section.

"Under the leadership of the AHRA, this group represented 42,585 health care professionals with the shared mission—to either adopt or develop a workload measurement system that would effectively monitor the consumption of a radiology department's resources, measure its productivity, help contain costs and ensure that it receives an adequate allocation of funding" (*1*).

The Technologist Section has been involved with Radworks since the beginning of the project. The decision to provide the funding needed for the inclusion of additional nuclear medicine procedures in the second phase of the study was made to address the concern indicated by many technologists: the need for standards in nuclear medicine.

Phase I of this study, designed in a two-part format, has been completed.* Part one provides step-by-step procedures for timing exams, background information on the project, methodology use to obtain data, data forms for each procedure, and references. In order to determine which studies would be included, an "80-20" rule was applied. According to this rule, 20% of the procedures performed comprised 80% of the volume. Final decision on which procedures to include was made after the review of the annual volume of procedures submitted by various hospitals. Of the 19 procedures included in Phase I, nuclear medicine is represented by two—bone imaging and thallium cardiac imaging. The hospitals used in this study were selected based on location and bed size. A total of 44 facilities were used, which included pediatric hospitals and hospitals with resident and technology training programs. The following standard variables were studied for each procedure: admission status, mode of transport, age, and precaution(s). Specific variables also were studied as required by the procedure (e.g., thallium imaging variables included analog versus digital camera, number of views, and SPECT). The second part of Phase I lists the average exam times based on data derived from the study. A report on Phase I by Dr. Barbara MacNeil of Harvard's Center for Cost Effective Care has been published in the January 1988 issue of *Radiology*.

Phase II of the study, which utilizes the same test sites as in Phase I, is currently underway. In a recent interview, immediate past-president Marcia Boyd, CNMT, stated that "The study began this spring. Work is currently underway on the nuclear medicine forms, and data should be compiled in eighteen months." In addition to the five nuclear medicine procedures that the Technologist Section contracted, the AHRA includes ventilation and perfusion lung imaging in Phase II.

*Part One of the Radworks Manual is currently available from AHRA. Inquiries should be addressed to: American Healthcare Radiology Administrators, 841 Concord Road, P.O. Box 334, Sudbury, MA 01776 or call (617)443-7591.

Reference

1. Radworks. Subury, MA: American Healthcare Radiology Administrators, 1987:2.

■ Annual Meeting Highlights

Technologists were well represented at the 35th Annual Meeting in San Francisco this past June. Over 7,000 professionals were in attendance, 737 of which were technologists. Included in this year's Technologist Section

educational program were scientific papers, workshops for continuing education, and seminars. Of notable interest, an all-day pediatric workshop was offered, which covered current scintigraphic techniques used in pediatric imaging involving genitourinary, gastrointestinal, bone, cardiovascular, and oncology. Over sixty papers made up nine scientific paper sessions. Highlights included presentations focusing on neurology, radiopharmacy/radiobiology, and instrumentation/imaging. Eight continuing education courses were offered covering such diverse topics as advanced imaging, health care for AIDS patients, a workshop for administrative management skills and a half-day session on radiation safety.

Poster Session Award

Three poster sessions were added to this year's program. Poster submissions were comprised of topics ranging from computers and data analysis to instrumentation, radiation biology, neurology, radiopharmaceuticals, and cardiovascular nuclear medicine.

Award recognition went to Sandra L. Carichner and Conrad E. Nagle, who placed first for their poster "Radionuclide Testicular Scanning: A Study of Techniques and Their Influence on Scan Interpretation." Evelyn C. Schane and Conrad E. Nagle received the second place award for their poster "Emergency Utilization of Pediatric Bone Scintigraphy in a Small Community Hospital."

JNMT Outstanding Paper Award

At the Section's Business Meeting, Elpida S. Curtis and Ann M. Steves were announced as the recipients of the *Journal of Nuclear Medicine Technology* Outstanding Paper for 1987 Award. Their winning paper, "Camera Uniformity and Resolution with Three Radionuclides: Technetium-99m, Thallium-201, and Gallium-67 was chosen from over sixty submitted entries. Papers were judged on their educational utility, innovation, timeliness, and method of publication. As primary author, Ms. Curtis was presented with a plaque inscribed with the author's names and received a $100 honorarium.

New *JNMT* Editor

The Technologist Section's Publications Committee has selected Susan C. Weiss, CNMT as the new *JNMT* editor. The announcement was made at the Technologist Section's business meeting in San Francisco. Editor selection is an involved process. Prospective candidates are considered based upon such criteria as past publishing experience as author and editor; ability to provide the time commitment needed; and future directions for the *Journal.* In a recent interview, Ann M. Steves, CNMT, Technologist Section Publications Chairman stated that "it was a difficult decision. The applicants were very qualified."

Ms. Weiss is the author of 18 published papers and the recipient of the *JNMT* Outstanding Paper Award for 1974. She also has been active in the Section leadership serving as president and chairing various committees. When asked how she hopes to shape the future of the journal, Ms. Weiss expressed that "I will continue the tradition of excellence of *JNMT* by broadening scientific content through exchange with other allied health professions. I also wish to include ancillary topics such as nursing issues etc. that technologists have to deal with." Ms. Weiss will begin her tenure as editor effective with the March 1989 issue of the *Journal.*

Technologist Section To Get More Funding

The Technologist Section will be receiving more funding from Society of Nuclear Medicine activities under a plan proposed by the Section and adopted by the Board of Trustees at the 35th Annual Meeting in San Francisco.

Under the new allocation, the Technologist Section will receive 15 percent of the revenues generated by exhibit space at the Annual Meeting, instead of a flat 50 cents per square foot sold. The old formula provided the Section with less than 3 percent of meeting revenues, according to Marcia Boyd, CNMT, immediate past president of the Section.

The Technologist Section will also be responsible for 15 percent of the expenses incurred for the exhibit space. Approximately, 30 percent of the attendees at the Annual Meetings are technologists.

In addition, the Section will now receive a portion of the proceeds from all mailing list rentals by the Society of Nuclear Medicine. Previously only rentals of Technolgist Section names generated income for the Section.

Taken together, these funding changes are expected to provide the

Section with about $120,000 in additional revenue, compared with about $21,000 received under the old allocation, according to Ms. Boyd. The money will be used to fund projects under the Section's strategic plan, including continuing education, publications, recruitment, and other member service projects. In addition, student members will no longer be charged a registration fee at the Annual Meeting.

In other action, the National Council voted to reinstate Technologist Section membership goal rewards in response to requests from Chapters. Chapters that meet their goals will receive $200, with the prize prorated for those that increase membership but fail to achieve their goal.

A new marketing proposal was approved by the Council that will attempt to address the problem of recruitment and retention of technologists. The Section is also part of the Critical Issues Task Force of the American Society of Allied Health Professions, which is studying the marketing of allied health careers.

Single-photon emission computed tomography (SPECT) quality assurance workshops, modeled after a similar program already developed by the Central Chapter, were also discussed and approved by the National Council.

■ Allied Health Professionals Seek Title VII Reauthorization

In response to the growing crisis in allied health (shortages in qualified allied health professionals and decreases in the number of applicants to schools of allied health), the Technologist Section and other allied health organizations urgently have sought reauthorization of Title VII of the Public Service Act (The Health Professions Education Act—Senate Bill 2229). Reauthorization of the program contains sections on loans and scholarships for health profession students; capitation grants to schools of public health; grants to support training in family medicine, general internal medicine, and pediatrics; area health education centers; support for training in allied health; health administration; and several project grant programs. Passage of this bill would provide necessary funding for the development of programs and services to alleviate this crisis.

In recent testimony before the Senate Committee on Labor and Human Resources, The American Society of Allied Health Professions (ASAHP), representing 20 professional organizations (of which the Technologist Section is a member) and 120 collegiate schools of allied health, presented a comprehensive four-part plan for federal assistance. The proposed plan requests funding for:

1. Recruitment and Training. Federal assistance program to expand recruitment and career development programs at allied health schools.
2. Faculty Development. Federal initiatives to recruit and retain well qualified faculty to teach and conduct research in academic settings, including pre- and postdoctoral traineeships and grants for special projects.
3. National Database on Allied Health. Federal support for creating a comprehensive and uniform national database to track trends in allied health manpower and education and to make projections on future allied health requirements.

■ Nuclear Medicine Week Winners

Colleen A. Sharkey, CNMT of the A.I. duPont Institute in Wilmington, Delaware, and Dee Osargent, CNMT of Scripps Memorial Hospital, La Jolla, California, won the 1987 Nuclear Medicine Week Media Stars contest, sponsored by GE Medical Systems. The winners also received $1,000 awards for their nuclear medicine departments. They are shown above, at the 1988 SNM Annual Meeting, accepting congratulations from outgoing SNM President B. Leonard Holman, MD, GE Nuclear Medicine Marketing Manager Pat Boyle, outgoing Technologist Section President Marcia Boyd, CNMT, and Nuclear Medicine Week Task Force Chairman Art Hall, CNMT.

4. Student Financial Assistance. Students in allied health education should be made eligible for loans that are currently only available to students in other health professions such as medicine, osteopathy, and dentistry. This bill would provide loans to undergraduate students through the Health Education Assistance Loan (HEAL) program. (The Technologist Section has requested that funds (10%) be set aside in the HEAL program to support full- or part-time students enrolled in nuclear medicine technology training programs.)

The Technologist Section has demonstrated support for the ASAPH's four-part plan. In a recent letter to the Section's Legislative Network, members were asked to contact Congressmen and Senators to support S.2229. The Section and the American Society of Clinical Pathologists (ASCP), however, seek two amendments to the Title VII bill that would (1) provide parity for hospital-based training programs for allied health in terms of grant/contract opportunities and equal eligibility for student loan programs for students in hospital-based training programs; and (2) change the minimum number of students needed for an institution to qualify as a school of allied health.

The definition for schools of allied health currently excludes those programs based in hospitals and non-university settings. Of the 2,843 allied health programs accredited by the American Medical Association's Committee on Allied Health Education Accreditation (CAHEA) nationwide, 947 or 34.7% are hospital-based. One system is not necessarily better than another. Hospital-based programs must utilize the same planning criteria for such items as curriculum development and faculty training as do university-based programs. Moreover, CAHEA uses the same accreditation criteria for both university- and hospital-based programs. This issue is of particular concern to technologists. Of the 115 accredited nuclear medicine programs, 43 are hospital-based. Because of the severe economic impact of the Prospective Payment System, the number of accredited schools for nuclear medicine technology has been reduced by almost 20% in a two-year time frame. In the current version of the proposed bill, a program must have a minimum of 20 students to qualify as a school of allied health. Because hospital-based programs are traditionally smaller than university programs, both the Section and the ASCP find this minimum restrictive and believe that it should be eliminated for those programs that are not based in colleges or universities.

In recent Congressional action, S.2229 with the allied health provisions recommended by ASAHP was passed by the Senate Committee on Labor and Human Resources. A companion bill before the House (HR.4983), which contains the two amendments requested by the Section and the ASCP, has been passed by the House Subcommittee on Health and the Environment and awaits further action from the House Committee on Energy and Commerce.