

# NMTCB Report

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Government regulation of the quality of education and practice in the radiation health care professions was initiated with the passage of the Consumer-Patient Radiation Health Safety Act of 1981. Provisions for state licensure were now in place and encouraged. Several states already have imposed regulation and licensure for NMTs and many more are submitting proposed legislation. A clearer understanding of terminology, some of the issues involved, and the NMTCB's response to this change may be necessary for the nuclear medicine community.

According to the National Clearinghouse of Licensure, Enforcement, and Regulation (CLEAR), nine states and one U.S. possession currently regulate NMTs, and seven states have passed enabling legislation but are not regulating the profession at this time. Within the past year, several more states are promulgating the necessary rules for licensure.

The terminology used by individual state credentialing agencies or boards may differ. The following are definitions used by CLEAR in its *Special Study Report on State Compliance*:

*Accreditation* is the process by which an agency evaluates or recognizes an educational institution or a program of study as meeting certain predetermined qualifications regarding education or service. All nuclear medicine educational training programs are accredited by the Joint Review Committee in Nuclear Medicine Technology in cooperation with the Committee on Allied Health, Education, and Accreditation.

*Certification* is the process by which a nongovernmental agency grants recognition to an individual who has met certain predetermined qualifications specified by that agency. Therefore, certification is a voluntary nongovernmental process and is an effective means of regulating the competency of practicing technologists when standards are rigorously developed and closely related to actual knowledge and skills necessary

for job performance. Employers within the nuclear medicine community have accepted certification as indicative of preparedness to practice. Certification by voluntary organizations such as the NMTCB has become the cornerstone of credentialing in the health care profession.

*Licensure* is the process by which a governmental agency authorizes an individual to practice a given occupation and to use a specific title. Licensure restricts practice to those persons actually licensed and penalizes individuals for practicing without a license.

The concept of state licensure of nuclear medicine technologists raises several issues, including its effect on competence and quality of care, cost of services, and availability of manpower. Certification by the NMTCB ensures entry-level preparedness to practice and is a minimum requirement. Through a rigorous process of identifying the skills and knowledge necessary for appropriate job performance, the NMTCB established an examination process which seeks to identify technologists who are adequately prepared to practice and possess a minimum level of knowledge. Job success and development are not guaranteed with either certification or licensure. An integrated program of continuing education, updating and continued assessment of performance standards and objectives set up by the employer are necessary for individual development. The employer can ensure high standards in the quality of patient care by having the flexibility in selecting and maintaining personnel.

Many people believe that licensure will contribute to manpower shortages in nuclear medicine and increase patient care costs. The American Society of Allied Health Professions recently stated that the shortage of allied health professionals will be greater than the nursing shortage. Since manpower shortages in nuclear medicine have been documented, licensure, by definition, may limit the entry of individuals available

to practice. Practice is restricted to only those individuals who hold a current license. This restriction may limit the size of the qualified personnel pool from which employers have to draw. Also, such limitations have a tendency to increase the cost of manpower and hence patient care.

Most state agencies possess neither the time, expertise, nor the finances to develop and validate a task-related criterion-referenced licensure examination. Therefore, it is necessary for these agencies to rely upon professionally developed certification organizations to provide them with an appropriate examination. The NMTCB has prepared a handbook that details the services the NMTCB will provide to state agencies involved with licensure of nuclear medicine technologists. This handbook, *Examination Services for State Licensing Agencies*, outlines the history of the NMTCB and our mission statement, examination development, administration and scoring, and the mechanics of an NMTCB-State agreement. Following an agreement set up with any state, the NMTCB will admit state-approved examinees for state licensing to any NMTCB examination with the understanding that the exam results are to be used by the state for the purpose of state licensing. These results do not qualify any state examinee for NMTCB certification, and state examinees may not use the letters CNMT after their name. Many states already grant individuals holding NMTCB certification a state license in lieu of successful completion of the state's licensing examination. All state examination candidates will apply directly to the state for licensing and examination, pay fees to the state, and receive licensing results from the state.

By developing this type of program, the NMTCB is prepared to offer state licensing agencies the best and most up to date validated task-related, criterion-referenced nuclear medicine technology examination that is available in this field for use as a licensure examination.