■ Tech Section Launches Marketing Plans

Marketing plans to promote recruitment in nuclear medicine technology and maintain the number of technologists currently working in the field are now being implemented by the Technologist Section. These marketing approaches were developed based upon technologists' responses to the following questions:

- What do you consider to be the three major problems facing nuclear medicine technology today?
- What do you consider to be the best solutions to these problems?

Answers to these questions were varied and informative. Major problems facing technologists included: lack of advancement opportunities, closing of schools, lack of educational programs to teach technologists and physicians about SPECT, competing imaging modalities, increased workloads due to hospital staff reductions and fewer qualified technologists in the field, and salary disparities. Proposed solutions to these problems varied but inevitably emphasized the need for programs to develop recruitment, career advancement, provide more effective continuing education, and improve the overall visibility of nuclear medicine technology. One particularly illuminating response stated that ". . .The SNM acquires an abundance of information through work-load studies, which should be made available to the membership for the purpose of reeducating hospital administration. NMTs are always lumped in the same category as x-ray techs and radiation techs. Responsibilities and thus pay scales are considered to be approximately equal. The work-load study [American Hospital Radiology Administrators Workload Measurement Study] currently being performed is an excellent example of this lumping effect. The procedures are being timed for the period the patient is actually in the department. This is an accurate evaluation period for radiology and CT departments. However, the time the patient is in the nuclear medicine department is only a percentage of the total time necessary to complete a procedure. Time needed to prepare the necessary isotope, perform quality control procedures, or process the computer data is not considered. Nuclear medicine is a unique field with unique responsibilities that surpass those of x-ray and radiation therapy. . ."

As devised by the section, the marketing plan incorporates a list of items designed to achieve specific goals. Of the proposed items on the plan, 80%-85% are currently in development. The plan is funded by monies allocated by the Section and also from the commercial sector (e.g., vendors were solicited for help in establishing scholarships and video programs for recruitment activities). For example, tactics to increase the number of students in nuclear medicine technology include: support of grant/scholarship programs for students; increasing the number of nuclear medicine technology schools; and increasing clinical sites. To this end, the Socio-Economic Committee is establishing guidelines to assist in recruitment. One strategy being employed to maintain the number of people currently working in nuclear medicine technology includes increasing technologist salaries. Plans to achieve this goal include salary surveys to establish salary ranges of technologists and development of mechanisms to improve perceptions of nuclear medicine technology with hospital administrators and physicians and to establish career ladders for technologists. The salary survey should be implemented within two months. The Section is currently working with Du Pont's Technologist Advisory Group to promote progams dealing with the image of nuclear medicine technology.

Updates on these various activities will be featured in future issues of the *Journal*. A chart of the Section's marketing plan may be seen on p. 227.

■ Technologist Section Responds to IOM Study on Allied Health

The Institute of Medicine (IOM), a division of the National Academy of Sciences, recently released an 18-month study on the role of allied health professionals in health care delivery. The study, "Allied Health Service: Avoiding Crises—Report of a Study," is a comprehensive assessment of current and future trends in allied health. The IOM study committee, chaired by William Richardson, PhD and composed of health professionals and educators from around the country, began its investigation by asking the following questions about allied health:

1. What is the current role of the allied health professional in health care delivery and how will this role impact on health care delivery in the next 15 years?
2. What will be the future demand for allied health practitioners?
3. What role should regulation and licensure play in allied health?
4. What steps should educators take to prepare future allied health practioners?

In order to answer these questions and provide recommendations for effective changes, the committee compiled and reviewed extensive data on various allied health fields. By focusing upon 10 specific allied health fields, the committee endeavored "to capture the diversity of allied health occupations and to devise specific yet encompassing recommendations" for allied health policy making. The selected fields had to meet the

Marketing Plan Activities

Objective: **Recruitment (Increase the Number of People Entering Nuclear Medicine Technology)**

Strategy: **Increase awareness of and improve the perception of nuclear medicine technology as a career.**

Tactics:
1. Audiovisuals and brochures for career days for high school and college students.
2. Educate high school and college teachers and guidance counselors.
3. Prepare audiovisual programs and brochures for civic groups.
4. Establish speaker's bureaus to address student and civic groups.
5. Public service announcements (video).
6. News media coverage (e.g., career articles).

Strategy: **Increase the number of students in nuclear medicine technology.**

Tactics:
1. Support scholarship/grant programs for students.
2. Increase enrollment in existing nuclear medicine technology schools.
3. Increase the number of schools.
4. Increase clinical sites.

Objective: **Retention (Keeping People in Nuclear Medicine Technology)**

Strategy: **Increase salaries.**

Tactics:
1. Improve perception of nuclear medicine technology with hospital administration and physicians.
2. Establish career ladders for technologists.
3. Conduct salary surveys.

Strategy: **Increase/improve educational opportunities for technologists.**

Tactics:
1. Establish post-CNMT programs.
2. Establish scholarship/grant programs.
3. Provide educational programs in local areas.
4. Expand continuing education in *JNMT.*
5. Expand publications.

Strategy: **Improve career opportunities for technologists.**

Tactics:
1. Establish career ladders for nuclear medicine technology.
2. Establish a national job bank.
3. Expand information in *JNMT.*
4. Increase educational opportunities.

Strategy: **Improve working conditions.**

Tactics:
1. Educate hospital administration as to the proper level of staffing for nuclear medicine technologists.
2. Develop a newsletter to maintain contact among technologists for ideas.
3. Establish workload measurements.
4. Improve inservice training.

Strategy: **Increase mobility of nuclear medicine technology.**

Tactics:
1. National job bank.
2. Lobby state licensure boards to encourage adoption of NMTCB certification as a standard for licensure.

following criteria: (a) be both large and well known; (b) collectively span the spectrum of autonomy; and (c) collectively work in a variety of health care settings. The selected fields were clinical laboratory technologists and technicians; dental hygenists; dieticians; occupational therapists; medical records administrators and technicians; emergency medical personnel; physical therapists; radiology technologists and technicians; respiratory therapists; and speech-language pathologists and audiologists.

With a preface, summary, eight chapters on various areas of allied health and appendices, the IOM study outlines specific problems in different areas of allied health. For example, in Chapter 5, "The Role of Education Policy in Influencing Supply," the report cites problems endemic to allied health education (i.e., difficulty in recruiting qualified applicants; financing of programs; and maintaining supply of qualified faculty). In its report, the IOM states that "the function of the education sector in determining the size and composition of the workforce is clear. Unless educators, in league with employers and professional associations, are successful at fostering an interest in allied health careers among qualified students, both the programs and the allied health work force will weaken." The IOM's recommendations for handling these problems include:

- Recruitment of students from less traditional applicant pools (e.g., minority students).
- Increase faculty support with development of new programs and research fellowships.
- Continued federal support to maintain current reimbursement levels for clinical education.

Other recommendations by the IOM for allied health include: (1) development of a federal-level task force to collect data relevant to allied health; (2) implementation of plans designed to bolster research capacity within allied health professions; and (3) maintenance of an organized focal group of allied health within the Bureau of Health Professions.

In a September 9, 1988 letter to Dr. Richardson, the Technologist Section demonstrated support of the IOM's finding and offered additional suggestions. In short, the Section concurred with IOM recommendations for more accurate and comprehensive data collection for allied health, increases in faculty support, continued federal maintenance of current reimbursement levels, more creative development of pay incentives, and the IOM's concept of licensure.

The Section, however, expressed concern over data discrepancies in two areas: projected numbers of nuclear medicine technologists in the year 2000 and references to information regarding the over use of nuclear medicine. In its letter, the Section pointed out that data used by the IOM in its study did not coincide with data supplied by the Section from the Section's Human Resource Survey. Section data estimated 11,500 nuclear medicine technologists in 1985. Data used by the IOM lists 9,700 nuclear medicine technologists in 1987. The section felt that discrepancies in these figures will result in inaccurate projections for future trends. Secondly, the Section also felt that trends suggested for radiology technology in general should have been utilized for nuclear medicine as well. Therefore, the Section felt that the 65% increase for radiology technology by the year 2000 also is applicable for nuclear medicine instead of the 24% increase as indicated by the IOM.

In regards to the 26% over use of nuclear medicine reported in the study, the Section found after review of the study and supporting material that these data were derived from a teaching hospital using 117 nuclear medicine procedures out of approximately 8,000. The Section suggested that a more comprehensive study be conducted in different settings, such as community hospitals, before such data are used. The Section also suggested that nuclear medicine procedures be reviewed individually, in keeping with other procedures cited in the study, rather than evaluated as a whole.

Additional comments also address the following items: the limited attention given to nuclear medicine in the Radiology Technology section of the study; impact of public perception of AIDS and fear of radiation in the recruitment of allied health students; and the effect of disability and AIDS on changes in types of procedures in regards to allied health personnel and long term care.

■ Congress Passes Health Professions Education Act

Necessary funding for the development of programs and services to alleviate the manpower crisis in allied health professions is now possible with congressional passage of The Health Professions Act, S.2889. S.2889, passed by both the House and the Senate on October 13, 1988, currently awaits the President's signature. An amalgamation of various health professions bills, including the Health Professions Reauthorization Act of 1988 (Title VII Reauthorization), this legislation provides the allied health community with funding for various allied health programs and a change in definition for schools of allied health.

Allied Health Program Funding

As reported in an earlier article (*J Nucl Med Technol* 1988;16:171–172), The American Society of Allied Health Professions (ASAPH) presented a four-part plan for federal assistance requesting funding for recruitment and training; faculty development; student financial assistance; and a national database on allied health. S.2889 now provides funding in the following areas:

1. Loan Repayment Program for Allied Health Personnel. With $2 million authorized each for fiscal years 1989, 1990, and 1991, a new loan payment program will be created for graduates of allied health programs who agree to serve as an allied health professional meeting specific criteria (e.g., service in a rural health clinic, service in a rural or urban hospital that serves a substantial number of Medicare patients, or service in a private facility with 60% Medicaid patients). Under this bill, the government will pay 30% of the principle and interest of the loan for the first year of service, 30% the second year, and 20% in the third year.
2. Faculty and Curriculum Development. The bill authorizes the Secretary of Health and Human Services to make grants to and enter contracts with any health professions institution or other public or private nonprofit entity for the development and implementation of model projects in faculty and curriculum development and development of new clinical training sites. Grant applications are to be peer-reviewed by groups composed of nonfederal experts. Approximately 75% of the available funding is to be set aside for grants and contracts with health professions and allied health institutions. Grants and contracts also have been authorized for two-year schools of medicine, interdisciplinary training, and curriculum development. Congress has authorized $2.4 million in fiscal year 1989, $4 million in FY 1990, and $4 million in FY 1991.
3. Allied Health Project Grants and Contracts. For fiscal years 1990 and 1991, $2 million each has been authorized for grants and projects to, among other things, improve the effectiveness of allied health administration, program directors, and faculty. More importantly, this funding also will provide a means for recruitment of qualified students into allied health including educational and work experience for recruits at the high school and college levels; recruitment of minority and disadvantaged students by providing

remedial, tutorial, and work-study programs for high school students; recruitment activities directed toward primary school students; and coordination of recruitment efforts among official and voluntary agencies and institutions, including official departments of education at the city, state, or regional levels. Eligible applicants include schools, universities, or other educational entities which provide allied health education and other public or private nonprofit entities capable of carrying out these projects.

4. Traineeships for Advanced Training of Allied Health Personnel. For fiscal years 1990 and 1991, $2 million each has been authorized for projects that plan, develop, expand, and operate doctoral programs for advanced specialty training of allied health personnel who plan to teach and conduct research in allied health training programs. The bill also provides financial assistance for traineeships and fellowships for such doctoral or post-doctoral students. The funding may be limited, however, to allied health professions that (a) experience significant national shortages; (b) have insufficient numbers of faculty in entry-level or advanced programs; and (c) have a significant role in the care and rehabilitation of the elderly.
5. AIDS Program Training. Funding in the form of contracts and grants to institutions such as schools of medicine and allied health for the training of students in caring for AIDS patients has been authorized. Funding will be most readily available to those institutions training health professionals who treat high-risk patients and minority patients and who train minority health and allied health professionals to treat AIDS patients.

Although funding has been authorized for most items under ASAPH's proposed plan, no additional funding was authorized for establishment of a national database for the tracking of trends in allied health. Current legislation does allow, however, for nonprofit institutions to receive grants or contracts for establishing a uniformed allied health professions data reporting system, but such projects must be performed with existing funds.

Change in Definition for Schools of Allied Health

S.2889 also incorporates a topic of particular concern to the Technologist Section—redefinition of schools of allied health. The definition for schools of allied health currently excludes those programs based in hospitals or nonuniversity settings. Furthermore, a program, until recently, had to have a minimum of 20 students to qualify as a school of allied health. The new bill now defines a school of allied health to mean "a public or nonprofit private college, junior college, or university or hospital-based educational entity."

More importantly, the new bill removes the 20 student minimum criteria so that programs with less than 20 students (particularly hospital-based programs that are traditionally smaller than university programs) now will be eligible for grant and loan financial assistance.

■ Section Seeks Members for JRCNMT

The Academic Affairs Committee is seeking applications from Technologist Section Members who would like to represent the Section as a member on the Joint Review Committee on Nuclear Medicine Technology (JRCNMT).

The JRCNMT is composed of technologists and physicians from six professional organizations. It is involved with establishing and maintaining standards of appropriate quality for nuclear medicine technology programs and providing recognition for educational programs that meet or exceed the minimum standards set forth in the *Essentials.*

The Academic Affairs Committee must receive applications by June 1, 1989. The Committee will then recommend applicants they deem most qualified to the Section's Executive Committee. At the Fall 1989 meeting, the Executive Committee will select three applicants from this pool; the President of the Section will then make two appointments, pending approval of the Executive Committee.

The members' terms will begin January 1, 1990. The two appointments will be for two- and four-year terms, respectively. The members duties include attending JRCNMT meetings (spring and fall), submitting a written report to the Section President after each JRCNMT meeting, and submitting summaries to the Section's National Council of Delegates.

Members serve without pay but are reimbursed for expenses incurred for attending official JRCNMT meetings.

Applicants should submit a current *curriculum vitae* using the "Technologist Section Curriculum Vitae Form for Nominees for Elective Office" and a letter which demonstrates knowledge of the philosophy, functions, and duties of the JRCNMT, as well as indicating availability of time, willingness to serve, and availability for necessary travel. Applicants must hold current certification of registration as a nuclear medicine technologist. A statement of any potential conflict of interest must be submitted, but this does not preclude appointment.

Interested applicants should address all submissions to: James K. Langan, CNMT, Nuclear Medicine Division, Johns Hopkins Hospital, 601 N. Broadway, Baltimore, MD 21205.