

Nuclear Medicine Technologist Salaries

To the Editor: As a nuclear medicine technology educator and researcher, I was quite dismayed upon reading the June 1989 article "Nuclear Medicine Technologist Salaries." I do not believe that the information is correct for nuclear medicine technology educators. A total of 298 responded that their title/position was educator, and the response rate for the survey was 48.8%. That implies that there are 611 nuclear medicine technology educator positions. There are, however, only 106 accredited programs and many of these are run by one person or by someone who is a chief technologist as well. Also, many of the people who teach in the programs are not technologists but physicists, pharmacists, or physicians. These numbers would never be reflected in this survey. By the article's implications, there should be approximately six educators per program. I wish that were true. I know I could certainly use them.

In regard to Region six which included Illinois, Missouri, Kansas, and Nebraska, there are only nine programs. (I am Program Director of the one in Nebraska.) And there are certainly not 39 educators in those programs as reported in the article. I believe the information includes educators from other types of programs, probably radiography.

If the educator data is tainted, then there is little proof that the other data is not tainted. I believe the report did not reflect the salaries of practicing nuclear medicine technologists alone but did indeed reflect a cross section of technologists who are certified in nuclear medicine technology and who probably practice radiography. Therefore, the regional salary increases which technologists are experiencing cannot be proved with this faulty report.

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Reply:

The annual NMTCB registration renewal survey form was sent to 10,346 certified nuclear medicine technologists. A total of 5,048 questionnaires were returned by January 1, 1989, a 48.8% response rate for the entire group. The response rate for each title/position was not calculated because each group was not singled out prior to sending the renewal surveys. Projecting only a 48.8% response rate from individuals considering themselves as educators is unrealistic. Considering the motivation level of this group, I would assume a higher percentage of immediate returns than from other groups.

Educators from the 115 accredited programs were not identified prior to sending the renewal survey. The response represents what individuals consider their title/position to be. If educators from other types of programs, such as radiography, ultra sound, or radiation therapy, are certified by the NMTCB in nuclear medicine and maintain their annual registration by the NMTCB, then they would be included in the survey. However, I doubt that very many individuals would fall into this category. Realistically, few certified nuclear medicine technologists would practice radiography in today's job market, with a 3%-13% vacancy rate in nuclear medicine (1). The NMTCB feels that the regional salary increases reported in this survey are, in fact, real. The reported salary ranges are representative of practicing nuclear medicine technologists.

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Reference

1. Nuclear medicine technologists: Current and future supply. *J Nucl Med Technol* 1989;17:101-102.

To the Editor: While working in your nuclear medicine department, how many times has a patient asked the question,

"Are you a physician?" How many times have you heard the answer, "No, I am *only* a tech!?" I have heard this question a number of times and I have heard the "I am only a tech" answer too many times. This situation occurs not only in nuclear medicine but in other fields, and I feel it is time to remind ourselves of who we are.

First, we are a group of professionals who, through hard work as well as through formal education and clinical training, have learned about the profession of nuclear medicine technology. We have been educated to perform a very important diagnostic procedure, which allows a physician to make critical decisions about treatment for a patient. We are part of a team of health care professionals, and that team includes the radiologist, who puts a tremendous amount of faith in technologist work so that he or she can describe the final results of the procedure to the attending physician. We are not physicians and should not even try to do their work. This is very unprofessional, unethical, and legally wrong!

Secondly, we can make the difference not only for the patients' health care but for our own professional identity by continually striving to become better at our profession. We have the opportunity to learn something new with each patient. If we go into the procedure with an attitude of "How can I maximize this information for this case, this situation, and how can I present all of this to the radiologist?," we can only maximize the satisfaction of all involved!!! I feel that this is a healthy professional attitude. If we are involved with a situation that is new to us and we really do not understand the "why" behind the procedure, we owe it to ourselves to find out the answer, so that we will be more proficient the next time.

We have to keep in mind that our education does not stop when we receive a diploma or certification. We, as professionals, should take this knowledge and build on it or we will become stagnant and our performance will