IN MY OPINION

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Every nuclear medicine department is dependent upon program acreditation for their source of nuclear medicine technologists. Without the 107 accredited nuclear medicine technology programs that graduated 525 graduates in 1989, employers would be unsure of the quality of the individuals working for them.

Accreditation may be perceived as mandatory or voluntary; although, discrimination between the two is often indistinct. Accreditation of nuclear medicine technology programs is voluntary; but this route is the quickest and easiest for an individual to comply with national certification examinations and state licensure requirements.

Nuclear medicine technology is one of 26 professions accredited through CAHEA, the largest consortium for accreditation in the United States. CAHEA views itself as an umbrella with 19 spokes represented by review committees for the various professions. The Joint Review Committee on Educationial Programs in Nuclear Medicine Technology (JRCNMT) is composed of twelve Directors, two from each of the six sponsoring organizations—American Society of Clinical Pathologists; American Society of Radiologic Technologists; American College of Radiology; The Society of Nuclear Medicine; and The Society of Nuclear Medicine—Technologist Section. The Directors review programs requesting accreditation and recommend accreditation status to CAHEA. The sponsoring organizations of the JRCNMT maintain funding for the Directors to attend the twice yearly Directors' meeting.

The only time some members of the Technologist Section are aware of the JRCNMT is when they hear reports at National Council meetings, read editorials in *JNMT,* or are involved in a nuclear medicine technology educational program.

Adoption of New *Essentials*

Another important task before the nuclear medicine community is the adoption of the new *Essentials.* These standards or *Essentials of an Accredited Educational Program for the Nuclear Medicine Technologist,* which provide program direction and structure, require reapproval every five years. The first *Essentials* were adopted in 1970, with revisions accepted in 1976 and 1984. The approval dates do not match the five-year cycle because all six sponsoring organizations and the American Medical Association (AMA) must approve the exact wording, which sometimes involves many drafts before the language is approved. (Note: The "Guidelines" that explain the *Essentials* do not require approval.) The current *Essentials* have been reviewed and revised by the Directors of the JRCNMT, taking into account the state-of-the-art of nuclear medicine and comments from organizations and individuals. A draft of the proposed revisions is ready for approval by all the sponsoring organizations and the AMA's Council on Medical Education.

The largest difference between the current *Essentials* and the proposed revision is the format. A new standard format is being used by CAHEA and the revised *Essentials* must comply with this standard format. For instance, the Description of the Profession that appears now after the Preamble without a section number is Section II in the revision. Other changes besides format include: following the trend of more advanced technologies by stipulating more specific qualifications for the Program Director; recognizing that the Program Director may require assistance through the use of an additional individuial in the program, an Educational Coordinator; reinstating Medical Law and Ethics into the Curriculum from the former *Essentials;* and specifically outlining quality control procedures in radiopharmacy clinical education.

The question asked by many technologists is "what happened to in vitro?" There are individuals supporting both sides of the issue concerning the inclusion or exclusion of radioimmunoassay in the curriculum. In the revised clinical education portion, "performing an adequate number and variety of imaging and non-imaging procedures," has been replaced with "performing clinical competencies." In the Guidelines, there is no longer a time frame

of 160 hours for in-vitro experiences under "Supervised Clinical Education." Now the proposal is to indicate that the type and quantity of the procedures should be appropriate to meet the competencies. However, a specific performance objective for radioimmunoassay has been added under in-vitro procedures. The controversy will not end with these changes, but I feel the *Essentials* are more flexible with these revisions and more correctly reflect the disparity across the country in the availability of radioimmunoassay for student clinical education. The gamut runs from those programs that have an abundance of opportunities for clinical experiences in radioimmunoassay to those that have none. Other proposed changes in the curriculum performance objectives Guidelines are the rearranging of the material under In-Vivo Procedures and In-Vitro Procedures into Imaging Procedures, Non-Imaging In-Vivo Procedures, and In-Vitro Procedures. In addition, Patient Care is a separate heading. I hope that the National Council will agree with the JRCNMT Directors and approve this draft of the revisions in June.

JRCNMT Directors serve without compensation, as do the many site visitors of the programs. These site visitors, physicians and technologists, spend many hours reviewing the written material from the programs, traveling to the programs (often extending travel over a Saturday night, driving their own car, or eating at a MacDonald's to keep costs down for the JRCNMT), and visiting with the programs' staff and students to assess the compliance with the *Essentials*. The money expended for accreditation of each student is worth every cent, and the nuclear medicine technology community is getting its money's worth in terms of technologists graduating and professionals assisting in the accreditation process.