■ CAHEA's Lifespan Is Extended While Allied Health Organizations Debate Proposals for a Post-CAHEA Acccrediting Structure

The American Medical Association's (AMA) Committee on Allied Health Education and Accreditation (CAHEA) was originally slated for dissolution in October 1993. However, this June, the AMA decided to extend the tenure of CAHEA's existence until June 1994 to allow for a more orderly transition to a post-CAHEA accreditation organization (1). The move to a new accrediting body is proving more difficult than originally imagined as the many diverse specialty organizations involved attempt to find a consensus position on the structure and power of a successor organization.

When the AMA decided to dissolve CAHEA, in the fall of 1992, it appointed a CAHEA Task Force to create a proposal for a post-CAHEA organization (see Technologist News, *JNMT,* March 1993, p. 53). This task force, chaired by Marilyn Fay, MA, RT(R), produced two draft proposals. The first proposal was presented in March 1993 to the various allied health organizations for comments and suggestions, and the feedback from these organizations was used to revise the draft and develop a second proposal. This revised document, which was disseminated to the interested allied health and medical specialty organizations in July 1993, proposes the formation of a Commission on Accreditation of Allied Health Education Programs (CAAHEP) to replace CAHEA. After submitting this proposal to CAHEA, the CAHEA Task Force considered its mission to be complete and disbanded.

The reaction to this final proposal has so far been mixed. CAHEA has asked all of the affected parties to respond by December 1, 1993, indicating whether or not they support the formation of CAAHEP. According to John Fauser, PhD, secretary of CAHEA, a number of organizations have already responded: some have indicated that they will support CAAHEP while others have indicated that they do not support CAAHEP and will either support the formation of an alternative accrediting organization or will apply to the U.S. Department of Education for recognition as independent accrediting organizations.

Organizations that have already indicated that they intend to support CAAHEP include the Joint Review Committee (JRC) on Education in Electroneurodiagnostic Technology; the Accreditation Review Committee (ACR) for the Surgical Technologist; the ACR on Education for the Physician Assistant; the ACR for the Anesthesiologist's Assistant; the ACR for Medical Illustrators and the American Association of Medical Illustrators; the Council on Education of the American Health Information Management Association; the Curriculum Review Board of the American Association of Medical Assistants; the American College of Surgeons; the American Academy of Pediatrics; and a handful of other organizations, according to Dr. Fauser.

Three organizations which have already responded in the negative to CAHEA's proposal, the American Society of Radiologic Technologists (ASRT), the American Society for Clinical Laboratory Science (ASCLS), and the American Association for Respiratory Care (AARC), have jointly proposed the creation of an alternative accreditation association. Under their proposal, a group called the Coalition on Accreditation Reform (CAR) would be formed, which would in turn create an organization called the Accreditation Coalition for Health Professions. This body would serve as the agency for the voluntary accreditation of education programs in radiologic sciences (including nuclear medicine), clinical laboratory science, and respiratory care, with subspecialties to be formed under the heading of radiologic sciences as specialty organizations joined the coalition.

ASRT's CAR proposal has encountered opposition from both The Society of Nuclear Medicine-Technologist Section (SNM-TS) and the Society of Diagnostic Medical Sonographers (SDMS). The two organizations released a joint statement in which they objected to the implication that CAR represents the interests of SNM-TS and SDMS. The joint statement noted that "The ASRT is not the official voice of medical sonographers and nuclear medicine technologists."

Two JRCs that have responded to CAHEA's proposal, indicating that they will not be supporting CAAHEP, are the Joint Review Committee on Education in Radiologic Technology (JRCERT) and the Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT). Both JRCs intend to apply to the U.S. Department of Education (DED) for recognition as independent accreditation organizations. According to Michael D. Ward, RT(R), MEd, chair of the JRCERT, the DED has asked all accrediting organizations that intend to ask for such recognition to indicate their intent by December 1, 1993.

Maria Nagel, PhD, CNMT, chair of the JRCNMT, has indicated that the JRCNMT will be asking for this accreditation authorization as a short-term measure. The JRCNMT will continue to explore other options for accreditation long-term; these options could include joining some as yet to be formed allied health care coalition at some point in the future. Dr. Nagel indicated that with no imminent post-CAHEA agency in sight, the JRCNMT felt it was necessary for it to take some action now to make sure that in the near term, nuclear medicine technologist educational programs would be reassured that their accreditation criteria were being set by an orga-

nization that has already demonstrated its knowledge and ability to do this within the specialty of nuclear medicine.

Mr. Ward noted that although the DED would probably not start reviewing JRC applications until mid-1994, the DED has already noted that all accrediting agencies formerly accredited under CAHEA will retain their ability to accredit while the process is under way to establish a successor organization.

Further complicating the establishment of a post-CAHEA organization is the imminent upheaval in health care as President Clinton's health care reform package takes shape. While some allied health organizations would prefer to see a post-CAHEA organization that models CAHEA fairly closely in form and operating structure, other groups feel that the dissolution of CAHEA, at a time when changes in health care are sweeping the country, presents an opportunity to form a new accrediting body which is substantially different from its predecessor.

As the post-CAHEA picture grows murkier, it is by no means clear that there will be only one successor organization to CAHEA. Not only will allied health be affected by President Clinton's American Health Security Act of 1993, but there is an added layer of complication due to passage of the 1992 Higher Education Act (HEA) Amendments. (The HEA was passed in 1965 and was reauthorized with amendments in 1992). The 1992 amendments delegate more power and accountability to the states, charging them with the task of creating State PostSecondary Review Entities (SPREs), according to Elaine Cuklantz, CNMT, executive director of the JRCNMT. This could conceivably lead to 50 separate sets of state regulations, complicating the job of accrediting agencies, as they strive to set criteria that will allow the programs they oversee to graduate students who are able to meet individual state's criteria. Thus, in juggling all the ideas for a comprehensive post-CAHEA accreditation structure, the allied health organizations involved must also factor in the potential for new involvement at the state level and determine how this may affect any new accrediting agency.

The world of post-CAHEA will truly be a brave new world.

Joan Hiam
Managing Editor, JNMT

Reference

1. Weithaus B. Allied health accreditation faces major changes. *JAMA* 1993;270:1094-1096.

■ European Technologists to Propose Formation of a Technologist Committee within the EANM

Nuclear medicine technologists (NMTs) from European countries formed a steering committee in 1992 (1) whose mission has been to enhance the professional reputation of NMTs in Europe. As an important first step in fulfilling this mission, the steering committee has proposed the creation of a Technologist Committee within the European Association of Nuclear Medicine (EANM). The steering committee met in Lisbon, Portugal, in August 1992 and in Maintz, Germany, in March 1993 to discuss the mechanics of creating a pan-European technologist organization. At the EANM Annual Meeting in Lausanne, Switzerland, in October 1993, the steering committee informed EANM members of its intention to shortly submit a proposal to the EANM for the creation of an EANM Technologist Committee.

EANM Supportive

Alice Van Dongen, NMT, a steering committee member from the Netherlands, addressed the EANM General Assembly in Lausanne. She introduced the steering committee to the delegates, outlining the committee's history and mission. EANM President Serge Askienazy, MD, PhD, expressed support for the steering committee's proposal and noted that the EANM will provide some level of funding for the proposed Technologist Committee once it has been formally incorporated as part of the EANM.

The steering committee was encouraged by its reception at the Lausanne meeting and intends to draft bylaws and complete other preparatory work prior to the next steering committee meeting in January 1994. At this meeting, which will take place during the Austrian Society of Nuclear Medicine's Congress in Badgastein, Austria, the steering committee hopes to finalize its proposal and then submit the proposal to Peter Ell, MD, who will be the new EANM president, effective January 1, 1994.

Liz Clarke, NMT, a steering committee member from Great Britain, was pleased with the progress made in Lausanne, noting that "the whole process had suddenly speeded up," which was gratifying to the steering committee after all the work they have invested in this project. She feels that the steering committee's meeting with two representatives from The Society of Nuclear Medicine-Technologist Section (SNM-TS)—Terri Boyce, CNMT, president of the SNM-TS, and Virginia Pappas, CAE, associate executive director of the SNM staff office—was very helpful in apprising the committee of the various issues that it will encounter as it prepares its proposal for the EANM. Ms. Boyce and Ms. Pappas shared information on the history of the SNMT-TS and how it has dealt with diverse problems and evolved over the years since its inception.

Ms. Clarke also noted that Ralph Mcready, DSc, an EANM member who has been the chair of the steering committee since its inception, will be stepping down at the January meeting, at which point a technologist will be elected as chair of the steering committee. Ms. Clarke said that Professor McCready has always been very supportive of the technologists and has encouraged them to seek official recognition within the EANM. She feels he

has been instrumental to the success of the steering committee by providing an informal liaison with physicians in the EANM.

The steering committee will have many substantial problems to overcome in moving from the proposal stage to the reality of a pan-European technologist organization. The steering committee and the leadership of the EANM will need to come to an agreement on what type of liaison the Technologist Committee should have with the EANM. The steering committee favors modeling the relationship on the SNM-TS's relationship to The Society of Nuclear Medicine. Among the various issues to work out is the level of autonomy of the proposed Technologist Committee. José Pires Jorge, a steering committee member from Switzerland, favors a high level of autonomy with the president of the Technologist Committee being a technologist; his sentiments are echoed by other members of the steering committee.

Sibylle Fischer, NMT, a member of the steering committee from Germany, notes that the proposed Technologist Committee would probably consist of only 5-7 people at first, and would thus be substantially smaller than the 17-member steering committee. She said that the steering committee expected that at a later date the Technologist Committee could be expanded to include a representative from each European country.

Once agreement is reached on the structure of a Technologist Committee within the EANM, other problems will have to be addressed. These include different training paths for technologists among the countries, different definitions of what constitutes a nuclear medicine technologist, cultural differences among European countries and regions, and the language barrier.

Mr. Pires Jorge notes that some technologists are trained in radiology and have received no specialized training in nuclear medicine. Others are trained in radiation therapy, while still another group has received substantial training in nuclear medicine. He adds that the different training paths lead to acceptance of different levels of knowledge among technologists who perform nuclear medicine procedures. For instance, in Belgium, nurses and medical assistants are allowed to perform nuclear medicine procedures. Mr. Pires Jorge notes that "the level of competency is very unequal among countries."

Limited Inter-Country Mobility

Ms. Van Dongen says that currently it is extremely difficult for NMTs to move from a job in one country to a job in another country. She explains that only three countries in Europe, Great Britain, Switzerland, and the Netherlands, have an arrangement whereby technologists can transfer freely among the countries. She pointed out that the only reason this is feasible in those three countries is that they have similar training criteria for NMTs. She notes that in some European countries, a NMT only needs one year of training after high school, while others require a four-year degree. France has three different levels of training, while Scandinavia trains its nurses in nuclear medicine. The wide disparity in levels of training and even in defining who will be considered a nuclear medicine technologist make the steering committee's task of defining what constitutes a nuclear medicine technologist very difficult.

One of the steering committee's long-range goals is to address the problem of nonuniformity in technologist training between countries. According to Ms. Van Dongen, the steering committee hopes at some point in the future to set up a pan-European certification, perhaps with different certification levels. Ms. Van Dongen suggests that Level A could be given to an individual who meets basic training requirements, while Level B could be reserved for those who have completed additional training. Such an exam could make it easier for an NMT in one country to be hired in a different country, which has very different training requirements for its NMTs.

Added to the difficulties of different training levels is the language barrier. Even if European NMTs of the future receive more standardized training, movement between countries would be severely limited by the language barrier. Language problems also intrude as the steering committee grapples with what languages to accept when judging submitted technologist papers for future technologist programs at EANM annual meetings. In Lausanne, technologist papers were accepted in French, German, and English. (The EANM physicians have overcome this problem by declaring English the official language.) Communication problems due to language may also arise as the steering committee attempts to liaise with other technologist organizations such as the SNM-TS and the Australian and Japanese technologist groups.

EANM Technologist Committee Would Complement National NMT Organizations

Mr. Pires Jorge notes that the proposed EANM Technologist Committee is not meant to supplant the many fledgling technologist societies that have recently been developed in individual European countries; rather, it is meant to act as an adjunct organization. In fact, he believes that as NMTs become aware of the existence of a pan-European organization, they are more likely to form their own national technologist associations to keep abreast of what is occurring in their own countries.

Ms. Fischer points out that one avenue the steering committee is taking to open communications with NMTs all over Europe is the creation of a steering committee newsletter. The committee has started to accumulate a database of NMTs in each country; some names are gathered through mailing lists from national NMT organizations, while other names are gathered through personal knowledge of NMTs in countries which do not have any organized technologist group.

Ms. Van Dongen adds that Adelheid Maringer, a steering committee member from Austria, has gathered 400-500 names so far and soon will begin distribution of the newsletter; Ms. Van Dongen will serve as editor and production manager. Articles will generally be in English but the newsletter will be open to contributions written in any of the major European languages. It will appear only when there are new developments to report; the steering committee envisions it as a quarterly publication. If the creation of an EANM Technologist Committee is approved by the EANM, the newsletter may become the official organ of the EANM Technologist Committee.

The steering committee sees the creation of a central technologist organization as a much-needed opportunity to standardize the definition of what constitutes an NMT. The committees hope that this standardization will facilitate the movement of nuclear medicine technologists among the European common market countries and enhance the reputation of NMTs as professionals within the European medical community.

Joan Hiam
Managing Editor, JNMT

Reference

1. Countries represented on the steering committee are Austria, Belgium, Great Britian, Finland, France, Germany, Norway, Ireland, Italy, the Netherlands, Portugal, Spain, Sweden, and Switzerland.

■ News Briefs

NRC Withdraws BRC Policy Statements

The U.S. Nuclear Regulatory Commission (NRC) has formally withdrawn its policy statements on radioactive materials that are below regulatory concern (BRC), effective August 24, 1993. This action brings the NRC into compliance with provisions of the Energy Policy Act of 1992 that revoked the NRC's 1986 and 1990 BRC policy statements.

The NRC's 1986 BRC policy statement described the kind of information petitioners should file to allow timely NRC review of petitions for rulemaking to exempt specific radioactive waste streams from disposal in a licensed low-level radioactive waste (LLRW) disposal facility. This policy statement was developed in response to the Low-Level Radioactive Waste Policy Amendments Act of 1985, which directed the NRC to develop criteria and procedures for acting on petitions to exempt specific radioactive waste streams from regulation, if the amount of radioactivity was sufficiently low so as to be BRC.

In 1990, the NRC issued another BRC policy statement in order to establish a consistent risk framework for making regulatory exemption decisions across the broad spectrum of activities regulated by the agency. The 1990 BRC policy statement details situations where radioactive levels of nuclear materials are so low that they do not warrant the same regulatory controls necessary with higher levels of radioactivity to ensure proper protection of the public's health and safety and the environment.

In February 1991, responding to public concern about the 1990 NRC BRC policy statement, the NRC announced the initiation of a consensus-building process to clarify differences and work toward resolution of issues related to implementation of the waste-disposal policy. The NRC also announced that during the consensus-building process, it would defer action on petitions for rulemaking involving requests for BRC waste disposal exemptions. In July 1991, the NRC placed a complete moratorium on implementation of the 1990 BRC policy statement and embarked on a phased consensus-building process, seeking the advice of those with affected interests. The consensus-building process was terminated in December 1991 due to difficulty in obtaining the participation of all affected parties in the process, and the moratorium on the implementation of the policy was extended indefinitely.

Although the Energy Policy Act revoked the 1986 and 1990 BRC policy statements, it did not revoke the NRC's authority under the Atomic Energy Act to exempt classes of radioactive materials from licensing. The NRC intends to continue to address individual exemption requests using criteria and guidance materials in existence prior to the 1990 BRC policy statement. It will also continue to use existing general processing procedures when handling petitions for rulemaking related to exemption requests.

NRC Appoints New Director for its Industrial and Medical Nuclear Safety Division

Carl Paperiello, PhD, was appointed director of the U.S. Nuclear Regulatory Commission's (NRC) Industrial and Medical Safety Division, effective July 1, 1993. Dr. Paperiello, formerly the director of NRC's Region 3, will be in charge of all regulation involving the use of byproduct material for industrial and medical purposes. (See Newsline, *JNM*, October 1993, p. 23N)

On June 24, 1993, Dr. Paperiello presented a summary of the findings from an NRC internal review of its Medical Uses Program to the NRC Commissioners. Dr. Paperiello's report highlighted his management plan for the program, including his intent to ensure proper implementation of the medical quality management program. In his report, he stated that 75% of all misadministrations could be prevented if the quality management plan were correctly implemented.

Nuclear Medicine Week Subcommittee Gears Up for 1994

Nuclear Medicine Week (NMW) was celebrated from October 3-9 this year although some nuclear medicine departments may still be planning December celebratory activities. Nanci Burchell, CNMT, 1993-1994 chair of the SNM-TS NMW Subcommittee, notes that people can celebrate NMW at any time of year and adds that ap-

plications for the 1993 Media Stars Contest are due to the subcommittee by January 31, 1994.

Meanwhile, the NMW Subcommittee is busy planning next year's events. Ms. Burchell says that the theme of the 1994 NMW, to be celebrated October 2-8, 1994, will be "the science of nuclear medicine." NMW buttons and stickers will be available for sale at the SNM Annual Meeting in Orlando, Florida, while people will be able to order the posters at the meeting. One of Ms. Burchell's ideas for promoting NMW is a compilation of "50 ideas for under $50." Ms. Burchell encourages anyone with suggestions for the "nifty fifty" to contact her at (816) 234-3214 or (816) 842-7112 (fax).

NRC Reconsiders Fee Exemption for Educational Institutions

The U.S. Nuclear Regulatory Commission (NRC) has decided to reconsider a recent rule change that eliminated the exemption from annual fees for nonprofit educational institutions with research reactors. The NRC granted a petition of reconsideration of the rule change (issued on July 20, 1993), submitted by Cornell University and 11 other universities and colleges that hold nonpower-reactor NRC licenses.The proposed rulemaking will address no other annual fee issues.

The NRC's July rule change came in response to a March 16 ruling by the U.S. Court of Appeals for the District of Columbia circuit. That court ruling cast doubt on the NRC's rationale that the institutions are unable to pass through the costs of the fees to their customers. In reaction to that court ruling, the NRC decided that it could not justify a generic educational exemption for nonpower-reactor or material licensees. The NRC informed the licensees that they would have to pay annual fees beginning in the 1993 fiscal year. Shortly thereafter, it sent out bills of $62,100 per licensee, due on September 30.

The NRC then received the petition from Cornell and the 11 other universities contending that there are a number of benefits that educational-institution research reactors provide to both the nuclear industry and the public at large. Prominent among these benefits is the continued training of nuclear scientists and engineers, but the petitioners also noted that nuclear technology is used in fields as varied as medicine, geology, archeology, food science, and textiles. As a result of the detailed information and arguments developed in the petition, the NRC granted the request for a new rulemaking.

Attention Authors: *JNMT* to Use Structured Abstracts

Starting with the March 1994 issue of *JNMT*, scientific articles will be preceded by a structured abstract, similar to those used in many other biomedical journals. All authors should be sure to submit their manuscripts using this new format. See the Author Guidelines in this issue for details.

Correction to SNM-TS Election Results

In the SNMT-TS Election Results published in the September issue of *JNMT*, Dayton A. Rich, CNMT, Newington, Connecticut, should have been listed as one of those elected to the Nominating Committee, while Carol J. Schutz-Ferino, CNMT, should not have appeared on this list.

1994 World Congress of Nuclear Medicine & Biology Will Provide Technologist Program

The Sixth World Congress of Nuclear Medicine & Biology will take place in Sydney, Australia, on October 23-28, 1994 and will include a dedicated technologist program, chaired by Sue Weiss, CNMT (editor of *JNMT*). Technologists may compete for the Radiopharmacy Case Study Awards, which provide winners with financial assistance that is given to "support and encourage the professional development and participation of technologists in national and international scientific meetings." The Congress will include a technologist dinner, and there will also be a pre-Congress meeting in Cairns on the Great Barrier Reef. For further information on the Congress, including entry details for the Radiopharmacy Case Study Awards, contact Vivienne Bush (the technologist representative) or the Congress Secretariat at: GPO Box 2609, Sydney NSW, 2001, Australia. Phone: (61 2) 241 1478; fax: (61 2) 251 3552.

SSC Project Is Dead

On October, 21, 1993, a U.S. Senate and U.S. House of Representatives conference committee voted to cut all funds for the Superconducting Supercollider (SSC) and to close down the project with as little expense as possible. The partially built SSC, a 54-mile oval tunnel, lined with magnets, located underneath Waxahachie, Texas, would have been used to accelerate subatomic particles, thereby causing the collision of protons, in an attempt to give scientists a deeper understanding of the nature of subatomic matter and energy.

Project proponents claimed that the SSC would lead to medical advances, such as cost and efficiency improvements in magnetic resonance imaging (MRI) through the use of superconducting wire; use of excess protons to deliver proton-beam therapy for cancer patients; and the creation of a medical radioisotope production facility to reduce reliance on foreign suppliers. Opponents of the project argued that the potential for scientific breakthroughs if the atom-smasher were completed were far outweighed by the enormous costs of the project.

The project has provided jobs for some 2000 scientists and support personnel. Thus, Texas politicians have fought hard to keep the project alive. However, the project has been plagued by cost overruns since its inception ten years ago. Congress has already spent $2 billion on the project, but only 20% of the SSC has been completed; and the U.S. Department of Energy estimates it will cost $12 billion to complete the project.