

## MESSAGE FROM THE P R E S I D E N T

**P**resident Clinton's Health Security Act is old news to most of us. Perhaps not every technologist is aware of other governmental and subsequent forces that may threaten the quality of our practice. "The evolving nature of our health care system will require health professionals with different skills, attitudes, and values." This quote from the Pew Health Professions Commissions (PEW) Report captures the essence of our future.

Members of the U.S. Commission of Allied Health (CAH) are currently being appointed by the U.S. Bureau of Health Professions (BHP). The CAH has a long list of initiatives for allied health reform, some of which echo the PEW report's strategies. These strategies include establishing core curriculums; encouraging continuous validation of competency; improving linkages among allied health workers; developing, testing, and evaluating new ways of utilizing allied health workers; and enacting institutional accreditation.

While nurses have created professional development opportunities through their visibility and consistent contributions to reform process, allied health professionals, who constitute more than 60% of the health care work force, are the last in line to do so. Federal grant appropriations to nurses have exceeded \$60 million for fiscal year 1994, while appropriations for all other allied health professionals have totalled only \$3.6 million. Change is tough, especially if those changes are made without input from experienced professionals. If we act now with other allied health professionals, we will be able to communicate concerns with a strong, unified voice. We must also continue to act independently as an organization in order to assure quality in the practice of nuclear medicine.

SNM-TS committees are busy drafting plans and health care reform position statements, modifying practice standards and licensure positions, and drafting creative reform opportunities for technologists. The Strategic Planning Committee and the National Council will undoubtedly add reform objectives to those developed by the Health Care Reform Task Force this year. The SNM has revised its Office of Health Care Policy to "ensure the access of the public to quality nuclear medicine." Three committees have been defined under the new Commission on Health Care Policy: Technology Assessment and Outcome Research; Practice Guidelines and Communication; and Health Care Reform. Technologist members have been appointed to each committee.

The Coalition of Allied Health (Coalition) is comprised of allied health professionals, educators, and employers. Although the Coalition had a shaky start, a new direction was identified in a January 1994 meeting that was guided by a professional facilitator and funded by PEW and Far West Laboratories, San



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Francisco, California. All member groups of the Coalition agreed that allied health practice is and will continue to be affected by current reform strategies. The Coalition has identified three new goals for its members to pursue: demonstrating the cost-effectiveness of allied health through research; establishing a forum to discuss the definition of the identity and role of allied health professionals; and development of a link with the federal government that can be used to influence federal funding and legislation. The Coalition has scheduled its next meeting for March 1994.

Another strategic group which has redirected its focus toward health care reform is the former Summit on Manpower. Now known as the Summit on Radiologic Sciences and Sonography, the organization has produced a health care reform position statement, and three committees (Education Reform, Cost/Benefits, and Data Base Research and Legislation) are actively working on and monitoring health care reform issues.

Accreditation reform was the focus of an Association of Schools for Allied Health Professions (ASAHP) meeting in September 1993. Streamlining the accreditation process and cost control through consolidated accrediting agency efforts were the main objectives identified by this group, which represents deans, program directors, accrediting groups, and organizations of allied health professionals.

The Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT) has decided to pursue the option of independence for the immediate future in response to unresolved concerns about the structure of the Commission on Accreditation of Allied Health Education Programs (CAAHEP). Participation in an allied health accreditation confederation is the long-term goal of the JRCNMT.

From a more worldwide perspective, SNM Associate Director Virginia Pappas and I received a partly sponsored invitation from the European Association of Nuclear Medicine (EANM) to consult with the European technologists during the EANM Annual Meeting in October 1993. Since this meeting, the EANM technologists have formed a Technologist Committee. Many challenges exist, including the wide variance in technologist education levels and the language barrier. The British Nuclear Medicine Society has also extended a partly sponsored invitation to attend its March 1994 meeting. Each of these contacts is important as nuclear medicine technology evolves worldwide.

I hope each of you is making travel arrangements for the SNM Annual Meeting in Orlando, Florida, June 5-8. The "Land of Disney" is an exciting place to visit, and Jacqueline Bridges and her Scientific and Teaching Committee have organized quite an innovative technologist education program.