■ SNM-TS Proposed Bylaws Revision

Contributed by
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Bylaws Committee Chair

At the mid-winter meeting of the National Council of the Society of Nuclear Medicine–Technologist Section (SNM–TS), the National Council Delegates (NCDs) will be voting on a revision of the SNM–TS Bylaws. Since the NCDs represent all the members of the Technologist Section, an explanation of the bylaws changes and their development was needed to answer member questions. If the bylaws are approved by the National Council, they will be sent to each member for ratification. Therefore, it is important that all members understand what is before them.

Background

In 1993, the Pittsburgh and New England chapters proposed two resolutions to remove standing committee chairs as voting members of the National Council. These resolutions were put on hold until after the SNM completed restructuring. Upon completion of the SNM–TS strategic planning session in 1994, several important goals were approved, including that the section consider restructuring to respond more efficiently to members and to the changing health care environment. The decision was made to delay action on this goal for one year pending implementation of the society's restructuring. The rationale for these decisions was to evaluate the features that had worked well for the society and to avoid any problems that the society faced.

In fall 1995, an ad hoc committee was formed to evaluate the current SNM–TS organizational structure and make recommendations for changes. The Restructuring Team members included the Executive Committee of the section (at that time), key committee chairs and other members with selected areas of expertise. An important feature of the selection process was that team members represent the diversity of chapters, both geographically and in size.

Before the first meeting of the Restructuring Team in November 1995, surveys were distributed to all National Council members, inviting their input in the process. In an effort to include the membership at large in the process, NCDs also surveyed the grassroots members of their chapters and forwarded their responses to the committee. These suggestions, as well as those identified in the SNM–TS Strategic Plan, formed the basis for the restructuring recommendations and subsequent proposed bylaws changes.

Overview of Desired Restructuring

Several themes common to all responses were identified and provided a focus for the Restructuring Team's recommendations:

- *Respond faster to changes in the environment.* The marketplace is changing rapidly and we do not have the luxury of waiting for national meetings to convene twice a year to make important decisions.
- *Improve communications.* Improve communication pathways up to leadership and the staff, down to the members and across the various committees and work groups to respond in a timely fashion, while lessening the chances of miscommunication or none at all. The SNM–TS also needs to take advantage of new means of communicating by E-mail, Internet, FAX, teleconferencing and video conferencing.
- *Work in a more cost-effective manner.* In an environment where continuing education funds are cut, travel funds are almost nonexistent and institutional support of personnel to pursue professional opportunities is lessening, the section must consider less expensive ways of doing its work. This may mean grassroots programs. Some committee work may be more efficiently conducted outside the usual national meeting times constraints.
- *Accountability of leadership.* To ensure survival in the current marketplace, the leadership of the section is responsible to its members for developing appropriate goals that aggressively direct the profession in the health care environment and making periodic progress reports to the membership.

This information, with recommendations for implementation, was presented to and voted on by the National Council at the mid-winter meeting in January 1996. The vote was in favor of implementation of the recommendations. As a result, the SNM–TS Bylaws had to be revised to accommodate the implementation of the recommendations embraced by the National Council. Since some areas of the bylaws would undergo substantive change, all the bylaws were reviewed for cosmetic changes as well. The changes involving outlining and replacing administrative details in a *Policy and Procedure Manual* do not significantly change the current day-to-day operations of the section.

A draft of the revised bylaws was developed between January and April 1996 and sent to the NCDs before the 1996 annual meeting in Denver. An informational session was held for the National Council to explain all the bylaws changes and to answer any questions before the document came to the floor of the National Council for debate and vote.

At the meeting, the National Council examined the draft bylaws article by article. Changes of any significance were pointed out and explained. In several articles, where significant changes were made, there were also options from which the council could choose. In addition to the options presented, there were occasions when an NCD presented another option. All options were voted on by the National Council.

The current draft of the SNM–TS Bylaws is the result of the request for change by the NCDs and the grassroots members. Construction of some of the major components of the document were developed by the National Council by their choice of options. At the mid-winter 1997 meeting, the National Council will vote on the proposed bylaws revision. If ratified, the document will be sent out for vote by the membership.

Substantive Changes

In describing the proposed substantive changes in the bylaws revision, I refer to section and article numbers that may differ from those in the current bylaws. Each NCD has a copy of the proposed revision.

In Article III, Section 3, there is a change in when dues become delinquent. The change is made for consistency with the new policy of the section whereby dues will be billed according to the member's anniversary date. Unpaid dues would now become delinquent on the member's anniversary date, or 90 days after bills are rendered, whichever is later.

In Article IV, Sections 1 and 2, the office of treasurer has been omitted. The chair of the Finance Committee would also be the treasurer. The title finance chair/treasurer is used throughout the rest of the document.

Section 4 of this article deals with vacancies of office. In Part A, which addresses the vacancy of the office of president-elect, the National Council decided to change the existing bylaws that call for a special election under any circum-

stance. The new wording, chosen by the National Council, states that if the president-elect's office is vacated in the first 6 mo a special election would be held, and if it is vacated in the last 6 mo a special appointment can be made by the Executive Board to fill the vacancy.

In Part C of this same section, the National Council decided to change the existing bylaws regarding the vacancy of the office of president. The current bylaws state that should this office become vacant in the first 6 mo of the president's term, the nominating committee would choose from the past presidents, but could not choose the immediate past president, to complete the term. The procedure for a vacancy in the second 6 mo was not addressed. The new wording chosen by the National Council states that if the office of president becomes vacant prior to the expiration of the current president's term, the president-elect shall serve the remaining term of president and then serve their own term. The new wording is common among organizations.

Article VI addresses the composition of the National Council. The editor of *JNMT* retains a vote. The chair of the Awards Committee is omitted because it was made a subcommittee of the Scientific and Teaching Committee. The chair of the Government Relations Committee was omitted because it has merged with the Socio-Economic Affairs Committee. The chair of the Strategic Planning Committee was added.

In Section 2, Part B of this article, the duties and responsibilities of the National Council that were taken from the restructuring document are listed. It was intended to delineate responsibilities and distinguish the National Council from the Executive Board. Among its duties, the National Council approves the section's budget. Specific reference to names of outside organizations to whom the National Council sends representatives have been removed. This was done to make the bylaws less cumbersome. Before this revision, any change in the names on the list would have required a change in the bylaws.

Section 3, Part A of this article has the provision that mandates there shall be at least one meeting per year of the National Council, but also provides for additional meetings if necessary. The current bylaws mandate two meetings. This change provides for cost-saving measures to be employed, such as eliminating or downsizing the mid-winter meeting and distributing information through means other than meeting in person.

Article VIII replaces the Executive Committee with an Executive Board. The composition of this board includes the positions currently known as the Executive Committee and three members elected from the membership at large. The article further defines the terms of office for the three members elected at large. It is important to note that the entire Executive Board would be elected by the membership at large.

Section 2 of this article outlines the duties and responsibilities of the Executive Board. These responsibilities were taken from the restructuring document that the National Council approved and makes the SNM–TS Executive Board much like the SNM Board of Directors.

Under Article IX, Nominations and Elections, Section 2 addresses how ballots are to be returned. The deadline for ballots will now be the date that the ballot must be received, as opposed to postmarked. This will make the deadline more definite.

Article X, Section 1, Part A lists the standing committees of the National Council. The changes have been mentioned previously under Article VI. The duties and responsibilities of these committees were removed and placed in a *Policy and Procedure Manual*. The duties of the Finance Committee are included because the members of this committee are elected. The Finance Committee will submit their proposed budget to the National Council for approval.

Article XI, Section 4 addresses voting on bylaws amendments by mailed ballots. The ballots will be handled as mentioned in Article IX. In Section 6 of this article, the National Council voted to change the existing wording that required a two-thirds vote in the affirmative of the returned valid ballots for ratification to read that a majority vote is required.

Other changes to the bylaws were cosmetic. Words were sometimes changed for consistency throughout the document.

For the bylaws to be approved, they must be approved in toto. Should the National Council approve the proposed bylaws, they will be sent in a ballot for a vote by the membership at large. If these bylaws are adopted, they shall become effective at the conclusion of the 1997 annual meeting, with a phase-in schedule for implementation.

Conclusion

It is important for everyone to understand the changes that are being presented. The changes reflect the comments and needs voiced by members–comments requesting that the Technologist Section be more efficient and cost effective with better communication. These requests can only be implemented by restructuring the section, which requires changes in the bylaws. If the proposed revision to the bylaws is passed, it will be mailed in a ballot to each of the members for a vote. Ratification must come from the entire membership.

If you have any questions or would like more information, please contact your chapter NCD or any of the section officers. You can find your NCD and chapter president by checking the June and September issues of *JNMT* in the technologist news section under "Chapter Officer Update." If you need further information, contact the SNM–TS headquarters office at 703-798-9000.

■ SPECT Road Show Debuts

Contributed by Lynn Fulk, CNMT

Nuclear medicine has undergone tremendous changes over the last few years. Continuing education is now mandated for many individuals. The SNM-TS introduces the *Emission Tomography for the Working Technologist SPECT Road Show* to provide information and support to the membership at the local level. This dynamic program is now available for group meetings. Any local, state or chapter group wishing to sponsor the program can obtain the complete set of program materials.

The workshop consists of didactic lectures and hands-on laboratory exercises. The program comes complete with an organizational outline for a successful program, a speaker directory and a workbook. The workbook assists the program sponsor with planning and production of the road show. It includes lecture outlines, laboratory exercises and participant handout material. The lectures outlined in the workbook are a suggested model for the material to be covered. Depending upon the length of time available, the lecture material may consist of a minimum half-day program or as long as a full day. The hands-on lab sessions allow participants to acquire, process and evaluate SPECT quality control pro-

cedures. This program is preapproved for up to seven VOICE credits.

The participant handouts are designed to be copied for each program attendee. The handouts can be used in total or in part, depending on the needs of the group. The handouts include the quality control exercises for SPECT procedures as well as procedures for established clinical applications.

The program materials may be purchased for $50 by members, $150 by nonmembers. Financial assistance may be available to aid in presenting the program. The Technologist Section hopes that every local, state and chapter group will use this program to make continuing education available to all technologists. For further information on how to obtain the *SPECT Road Show* for your group, please contact: Virginia Pappas, Associate Executive Director, Society of Nuclear Medicine, 1850 Samuel Morse Dr., Reston, VA 20190; 703-708-9000.

■ ACNP/SNM Government Relations Update

Contributed by David Nichols
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Judge Rules in Favor of FDA in Syncor Case

Judge Emmet G. Sullivan, U.S. District Court, issued his decision on the Syncor International et al. versus Donna E. Shalala et al. case on October 18, 1996. The SNM and the American College of Nuclear Physicians (ACNP) participated on this case in which they questioned the appropriateness of the FDA's applicability of regulations applying to PET radiopharmaceuticals. Syncor et al. contended that the FDA's February 1995 *Federal Register* notice forbidding the on-site compounding of PET radiopharmaceuticals amounted to a new FDA regulation that essentially forbade all compounding, a procedure central to the practice of pharmacy. Alvin J. Lorman, counsel for Syncor et al., argued that the FDA's actions were a major digression from the Food, Drug and Cosmetic Act (FDCA) without congressional approval.

The court ruled that: (a) the FDA's regulation of PET drugs, as published in the *Federal Register*, did not violate the Administrative Procedure Act; (b) the FDA did not exceed its statutory authority under the FDCA in regulating PET drugs; (c) the FDA did not violate the Tenth Amendment to the U.S. Constitution by regulating pharmacies; and (d) the FDA's February 27, 1995 *Federal Register* notice was not an arbitrary and capricious denial of Syncor's May 1992 citizen petition.

Dr. Darrell McIndoe Represents SNM/ACNP at NRC Hearing

Dr. Darrell McIndoe, on behalf of the SNM and ACNP, presented testimony regarding the regulation of the medical program at a Nuclear Regulatory Commission (NRC) strategic assessment hearing on October 24, 1996. During a series of discussions at the hearing, the NRC requested testimony on options for regulating the medical program as outlined in it's strategic assessment document. Representing the views of the SNM and ACNP, Dr. McIndoe outlined the following points in his testimony:

1. The NRC should classify diagnostic nuclear medicine as low risk and exempt it from all but general licensing provisions.
2. The NRC should hold an enhanced participatory workshop to determine the best way to approach regulation of therapeutic nuclear medicine, focusing on performance-based regulations.
3. The NRC should classify nuclear pharmacy together with nuclear medicine procedures, and not in the same class of licensees as manufacturers.

Several states and the Council on Radionuclides and Radiopharmaceuticals also presented similar testimony at the hearing.

The SNM and ACNP testimony pointed out that the NRC's increased involvement in regulating nuclear medicine has increased the regulations and paperwork that, in turn, contribute substantially to the cost of providing these diagnostic and therapeutic nuclear medicine procedures. The SNM/ACNP testimony stated, "In consideration of the national interest in reducing the cost of quality health care, it is imperative that regulatory agencies, such as the NRC, assume fiscal responsibility for their actions."

■ ACNP News

One Year Ends, Another Year Begins

Contributed by Sharon Surrel, CNMT
ACNP Program Manager

The Proficiency Testing Program (PTP) continues to grow as the 1996 program reaches for the 500 sales mark. In September, the ACNP national office continued receiving inquiries and filling orders for the Spring 1996 IM-A Myocardial Perfusion Phantom that was first shipped on April 15, 1996. The response from subscribers is phenomenal.

In this day of managed care and increased pressure to provide quality patient care, it just makes sense to document evidence of quality patient care practice in nuclear medicine. The PTP simulator is critiqued by an independent panel of experts, the Nuclear Medicine Imaging Committee (NMIC), that is dedicated to providing the nuclear medicine community with an educational, quality assurance tool that is confidential and unbiased.

We are pleased to report that results from the participants of the Spring Myocardial Perfusion Exercise were very good. The NMIC has seen marked improvement in subscribers' performance and understanding of SPECT technology. Most nuclear medicine practices prefer SPECT imaging because it improves contrast between the heart and the body background, and it allows the heart to be visualized in multiple cross-sectional views. However, SPECT imaging is susceptible to artifacts that can be generated by nonuniformities or incorrect center-of-rotation adjustments.

An important part of this study was to collect subscriber data on quality control procedures that are designed to detect and, if necessary, correct for these potential problems. For each set of images obtained, participants were asked to identify the location(s) of any defect(s) and to indicate the clinical interpretation that would be most consistent with the defect(s) visualized and the symptoms observed in the hypothetical patient. The 1996 IM-A Myocardial Perfusion Exercise provided data to the NMIC about several important aspects of current SPECT imaging systems, software and subscriber performance, as discussed below.

Flood Field Uniformity

Detection and correction of flood field nonuniformities are essential to maintaining SPECT image quality. Subscribers who reported atypically large values for UFOV integral uniformity (> 4%) were advised to determine the cause of this anomaly. Two potential causes could have been obtaining inappropriately few total counts and/or acquiring the image using an inappropriately large ma-

trix size. In addition, subscribers should take care to record and track the calculated flood field uniformity values to provide early detection of any potential degradation in camera performance.

Center-of-Rotation Determination

Proper center-of-rotation (COR) adjustments are essential in maintaining the quality of SPECT images. Users should be able to evaluate easily and accurately the COR information provided by recent quality control software. Unfortunately, user interpretation is greatly complicated by the lack of standardized reporting of these results across computer system manufacturers, models and even software versions. In the 1996 IM-A study, respondents were often unsure of whether COR results were reported in millimeters or in pixels, and whether they were reported as true-center position values or as offsets from those values (e.g., one quality control software package reports the X and Y offsets on a different basis *from each other*). This diversity of COR result displays forces the user to interpret the system output and to translate the results into standard units of measurement in order to evaluate system performance adequately. The NMIC encourages subscribers who are not able to extract meaningful COR data from their current computer systems to contact their software vendors for assistance.

Use of Filters

While recent studies have highlighted the prominent role that filter selection and image display parameters play in obtaining superior quality images, this exercise revealed that some participants still are unfamiliar with filter protocols. To address this need, the NMIC plans to provide additional material on filter protocols as part of the continuing education materials accompanying a future exercise.

Variation in Processing Acquired Data

Most subscribers identified the same defects, but participants often disagreed on the extent of the region(s) affected. The area of greatest disagreement was in the infero-lateral segment. This may have been due to slight variations in processing the acquired data, such that a small difference in image rotation would cause this segment to appear to be significantly involved. Similarly, processing variations may have partially accounted for the results reported in the anterior and septal regions.

Recognition of Peri-Infarct Ischemia

Most subscribers agreed upon the clinical interpretation of the simulated defects. A majority (53%) reported the expected finding of peri-infarct ischemia in the LAD distribution. While a surprisingly large number of subscribers (15%) did not indicate that ischemia was present despite identifying a stress defect that filled-in at rest, the majority of the interpretation problems were related to variations in the determination of defect presence or absence. In this respect, participants are urged to review their images and confirm that they are able to visualize clearly the change in defect size located in the LAD distribution. For correct clinical results, the ability to resolve this change is especially important.

Since the 1996 IM-A Myocardial Perfusion Phantom is retained by the subscribers, individual facilities may study the parameters employed in this exercise in greater detail. Subscribers who encountered difficulty in obtaining the expected results are encouraged to repeat the exercise after reviewing the material presented in the 1996 IM-A final critique and the monograph provided to continuing medical education subscribers. It is necessary to refine and maintain an acceptable level of performance skills to achieve proficiency in nuclear medicine imaging technique and diagnostic performance.

1997 Proficiency Testing Program

Enthusiasm ran high as subscribers began ordering phantoms for 1997 even before receiving their 1996 fall phantoms. For those of you planning your 1997 budget, the PTP is offering the IM-A Skeletal Study, to be shipped in April 1997, and the IM-B Medium-Energy SPECT Exercise, to be shipped September 1997.

1997 IM-A Skeletal Study

The 1977 IM-A Skeletal Study is designed to test the subscriber's ability to detect, localize and measure simulated skeletal abnormalities. The exercise will also include a patient history, which subscribers will use in determining the clinical significance of the findings.

Imaging of the skeletal phantom may be performed using SPECT and/or planar imaging. Subscribers will evaluate their abilities to identify and quantify defects using alternative acquisition and processing protocols. Subscribers will be provided with detailed information on the use of image reconstruction filters and the quantitative measurement of defects. The imaging simulator will be retained by subscribers for future evaluations of their facility's instrumentation, acquisition protocols, processing protocols and diagnostic abilities.

1997 IM-B Medium-Energy SPECT Exercise

The 1997 IM-B Medium-Energy SPECT Phantom is designed to test the performance characteristics of a subscriber's system when obtaining SPECT images with medium-energy radionuclides such as ^{67}Ga and ^{111}In. Because SPECT imaging with these radionuclides is becoming more frequent, it is important for subscribers to be able to evaluate the performance characteristics of their systems and acquisition protocols using a medium-energy source. Many quality control procedures are currently performed using low-energy, single-photon sources such as ^{57}Co or ^{99m}Tc, however, which may not produce the same system response.

The medium-energy SPECT phantom will allow subscribers to determine the ability of their systems to localize and resolve unknown targets of varying sizes. The exercise will also allow subscribers to test uniformity of spatial resolution and evaluate reconstructed flood field uniformity using medium-energy radionuclides. Subscribers will perform this study using a low-energy, single-photon source for comparison. This phantom is designed for imaging either by SPECT or planar technique. The image simulator will be retained by subscribers for future quality assurance testing.

After the results have been submitted and evaluated for both the spring and fall exercises, subscribers will receive an individual report for each set of results submitted. Subscribers will also receive a critique that summarizes the results obtained by all participating facilities. The critique includes the NMIC's discussion of the exercise and recommendations for future practice.

Consider joining the growing number of nuclear medicine practitioners that reap the benefits of the Proficiency Testing Program. For further information and orders, call Sharon Surrel, CNMT, ACNP Program Manager, at the ACNP national office at 800-447-2267 or 202-857-1135.

■ News Briefs

SNM Home Page

Visit your SNM home page for quick answers to your questions. When's the next chapter meeting? Which staff member should be contacted about membership? What publications, products and services are available? The SNM home page can answer these questions and more. Also, the SNM home page is a great source of basic educational information on nuclear medicine, such as the terminology and history of nuclear medicine. Check out your SNM home page for news briefs. If you have a news item of interest to the nuclear medicine community, please send a brief, 100 words or less, announcement to John Childs, Director of Communication Services, SNM headquarters office at jchilds@snm.org. Come see your society at work at http://www.snm.org.

ADAC Wins Malcolm Baldrige Quality Award

In October, President Clinton and Commerce Secretary Mickey Kantor announced ADAC Laboratories, headquartered in Milpitas, CA, as one of four 1996 winners of the Malcolm Baldrige National Quality Award. ADAC is the first health care manufacturer to be honored by this award that recognizes achievements in quality and business performance. The company received the award in the manufacturing category. The other two award categories are service and small business.

The Baldrige Award is granted by the U.S. Department of Commerce and was initiated by Congress to promote quality awareness, recognize quality achievements and publicize successful quality strategies of U.S. companies. Since the award was established in 1987 through this year's awards, 28 companies have received the honor. Former winners include Cadillac and AT&T. A team of examiners evaluates each applicant company on leadership, information and analysis, strategic planning, human resources development and management, process management, business results, and customer focus and satisfaction.

"The adoption of the Malcolm Baldrige criteria, based on continuous improvement and intense focus on customer satisfaction, has been a key factor in our success over the past four years," said David Lowe, ADAC's chairman and chief executive officer. ADAC is a world market leader in nuclear medicine and a leading supplier of radiology and laboratory information systems in North America.