

INCREASE IN RADIOLOGIC SCIENCE STUDENTS, SURVEY SHOWS

There finally is a rare bright spot among all the bleak news about the shortage of radiologic technologists. According to the results of a recent survey by the American Society of Radiologic Technologists (ASRT), the number of people entering radiologic science programs has increased during the past 3 years.

The survey asked directors of every accredited radiologic science program in the United States—590 radiography programs, 110 nuclear medicine programs, and 86 radiation therapy programs—to report student enrollment figures for their freshman classes during each of the past 3 years. Response rate varied by program type, with 75% of radiography program directors, 62% of nuclear medicine program directors, and 60% of radiation therapy program directors responding. The enrollment figures reported by respondents were extrapolated to estimate the entire population of students entering radiologic science programs in 1999, 2000, and 2001.

“The results give us a good snapshot of the supply side of the supply-demand balance in radiologic technology,” said Sal Martino, ASRT executive vice president and chief academic officer.

Survey results showed that enrollments increased for all 3 types of programs. The number of freshman radiography students was estimated at 12,529 in 2001, up 12.3% from an estimated 11,160 in 2000, and up from 10,582 in 1999. The number of students entering U.S. nuclear medicine programs increased 29.1% in 2001 to an estimated 1,252, up from 970 in 2000, and 922 in 1999. An estimated 860 students entered radiation therapy programs in 2001, a 22% increase from 701 students in 2000, and up from 556 students in 1999.

“This is good news for the profession and for its patients,” said ASRT President Allen Terrell, MS, RT(R)(MR). “I hope this growth correlates with recent efforts by the ASRT and the Summit on Radiologic Sciences and Sonography

to interest students in careers in radiologic technology and to help schools recruit more people into their programs.” The ASRT has conducted an extensive media campaign to inform the public about job opportunities in the field, and the Summit recently produced a videotape about careers in radiologic technology.

Many health professions are experiencing shortages, including nurses and laboratory technologists. However, recent reports indicate that shortages are deepest among pharmacists and radiologic technologists. The Bureau of Labor Statistics predicts that the country will need 55,000 more radiographers, 4,000 more nuclear medicine technologists, and 4,000 more radiation therapists by 2008. Based on those figures, Mr. Terrell warned that the profession is not out of the woods yet. “To avoid a severe personnel crisis, we must continue promoting the field to young people and keep these enrollment figures up,” he said.

The ASRT survey also questioned program directors about their plans for future program growth. Only 1.3% of respondents said they planned to decrease enrollments, while 64.3% planned to stay at about the same enrollment level, and 34.4% said they plan to increase enrollments. “About 50% of the programs indicated that they are not at full enrollment, so there is room for continued expansion,” said Dr. Martino.

In addition, 93.6% of the program directors who responded to the survey said that their programs “will definitely continue to operate” during the next few years, while 5.2% reported that there is a possibility of their program closing and 1.3% said that they will close or have already closed.

Radiography programs had the highest student attrition rate, according to the survey. Directors reported that during the past few years, 21.7% of students enrolled in radiography programs dropped out before graduating. The attrition rate for radiation therapy programs was 18.1% and the rate for nuclear medicine programs was 11.8%.

“Attrition continues to be a problem,” said Dr. Martino, who suggested that programs become more flexible to meet the needs of their students. “Of-

fering night and weekend classes or distance-learning programs may be one way to stem the loss of students,” he said.

The enrollment trends survey is available at the ASRT Web site, www.asrt.org.

PUBLIC AFFAIRS UPDATE

10 CFR Part 35 Goes to Congress

On February 11, The Nuclear Regulatory Commission (NRC) sent the revised Title 10 Code of Federal Regulations (CFR) Part 35 to the House and Senate Committees on Appropriations, despite what NRC Chair Richard Meserve termed “substantial concerns related to the perceived burden of the guidance and inspection programs” that will affect nuclear medicine. Congress had previously directed the NRC not to implement certain parts of Part 35 relating to diagnostic nuclear medicine until the commission could explain why or how the additional reductions in the regulatory burden would adversely affect public health and safety. The SNM and the American College of Nuclear Physicians (ACNP) have worked for almost a year to increase legislative awareness of the adverse effects the proposed regulations would have on nuclear medicine.

The NRC’s response to the requirement to submit a report is included in the transmittal letter to Congress and includes the unusual provision of a 30-day delay in publication of Part 35 in the Federal Register. (Copies of the report and of the final revised rule will be available through the NRC’s Electronic Reading Room at www.nrc.gov as an Agencywide Document Access and Management System document.)

On February 12, after the NRC had already sent Part 35 to Congress, the officers of the SNM and ACNP received a letter from Meserve apprising them of the transmittal. He noted that the NRC agreed with the position of the nuclear medicine community “that the licensing and inspection guidance need to be improved and that the license reviewers and inspectors will need to be trained to implement the revised rule

effectively and efficiently.” During the 6-month interim between publication of Part 35 in the Federal Register and the effective date, the NRC plans to “finalize the implementing guidance with input from stakeholders.” Comments will be solicited on the proposed guidance, and public workshops will be offered on licensing and inspection. In an attachment, the NRC responded to the specific questions that the SNM and ACNP had made about the applicability of Part 35.

The SNM and ACNP responded to Meserve and to the transmittal of Part 35 with a letter on February 21. In the letter, the officers of the SNM and ACNP expressed their “distress” at the decision to publish Part 35 as a final rule before revisions: “Since your letter concedes that revisions to the licensing and inspection guidance are necessary, and the regulatory guidance is an integral part of compliance with the rule, we believe that the Commission should not implement the new Part 35 until the necessary changes are made.” The letter’s authors added that a task force of SNM, ACNP and other members of the nuclear medicine community would be appointed to continue working with NRC staff to further refine Part 35 and on the new guidance documents separating diagnostic and therapeutic nuclear medicine. “We are pleased that the NRC has finally conceded that the licensing, inspection, and regulatory guidance for diagnostic nuclear medicine under the new Part 35 must be changed,” says Maurer. “We are disappointed that the NRC will publish the final Part 35 before they make these changes.”

At the Advisory Committee on Medical Uses of Isotopes meeting on February 19 and 20, the Commissioners and staff committed to getting revised guidance documents into the hands of users by July 1. They have scheduled working sessions with stakeholders on April 23 and 30 and will hold the first of several training sessions for inspectors and license reviewers in May. The Commissioners also committed to an expedited rule making to correct problems in the new process for recognizing

certification boards for the nonphysician professions.

According to the timetable laid out in the NRC statements to Congress, the rule would become effective in mid-September.

Higher Rate Set for PET Reimbursement

Health and Human Services Secretary Tommy Thompson has personally intervened in the problem with PET reimbursement under APCs for 2002. The Secretary has set the rate for Solitary Pulmonary Nodule at \$875 and all other FDG PET at \$1375. In addition, the FDG will be reimbursed as a pass-through at a published rate of \$475, which will be discounted by the fiscal intermediary prior to payment. These new rates became effective when the 2002 rates were implemented.

TS President-Elect Keech Urges Passing of CARE Act

The Consumer Assurance of Radiologic Excellence (CARE) Act has not yet been introduced in the Senate. TS President-elect Frances Keech participated in the American Society of Radiologic Technologists’ “RT in DC” program March 10–12 and visited members of the Massachusetts delegation to urge passage of the bill.

—William Uffelman, SNM Director of Public Affairs and General Counsel

VOICE BOX

SNM Welcomes New CE Manager

The SNM is pleased to announce that Jannine Jordan was appointed to the position of Continuing Education Manager effective March 13, 2002. Ms. Jordan brings 12 years of experience in professional associations—6 of them serving as the CME Manager for the American Medical Women’s Association in Alexandria, VA. She has a wealth of experience in education project planning, events planning and management, and management and maintenance

of continuing medical education activities. Jannine can be reached at jjordan@snm.org or (703) 708-9000, ext. 1210.

Having Problems Passing the Dec 01 JNMT CE Test?

Due to a significant number of inquiries, SNM took a closer look at the continuing education article and questions in the December 2001 issue of JNMT entitled “Federal Regulation and Reimbursement for PET.” Upon review it was determined that although the article is well written, a few questions were almost impossible to answer correctly. We have revised our internal grading system, and we are encouraging individuals who have taken the exam but have not received a passing score to **try again**.

Please contact our CE Manager, Jannine Jordan if you:

- Re-take the exam, are not able to pass, and believe your choice of answers to be correct.
- Previously took the exam off-line, mailed in your answer sheet, and did not receive a passing score.
- Took the exam online, and still have your computer-generated printout.

We apologize for any inconvenience this has caused and have taken measures to eliminate this type of problem in the future.

—Brenda Johnson, SNM Director of Education

SNM’S NEW EXECUTIVE DIRECTOR

The SNM announced on March 1 that the Board of Directors has named Virginia M. Pappas, CAE, as SNM’s Executive Director effective immediately. Ms. Pappas, who has most recently been Deputy Executive Director of SNM, will also serve as an ex-officio member of the Society’s Board of Directors. She brings more than 24 years of executive experience in the association and nonprofit sector to her new position.