

As I sit to write my final *JNMT* column as president of the Technologist Section of SNM, I think back on the 24 months since my election in 2001. From the very moment I said yes to the nominating committee, I had several goals: to improve the quality of professional life for technologists, to increase the recruitment and retention of technologists, to relieve the critical workforce shortage affecting us all, to develop a standardized education policy on the entry level for practicing nuclear medicine technologists, to create a career ladder with more depth, to get the CARE Act (the national licensure bill) passed by congress, to develop a policy that is durable and practical for the operators of the new hybrid imaging machines, and finally to develop and enrich the publications of the technologist section.

We have managed to accomplish a great deal, but I am not naïve. We still have a long way to go on many of these goals and objectives. We have made improvements in SNMTS publications—submissions to *JNMT* are up and the number of papers published is growing. But (probably) due to a radically changed climate in Washington, the CARE Act is still hovering around the corridors and crevasses of congress.

On the issue of advanced practice, a task force is in the process of researching the issue and developing a position paper to be presented to the board and



national council for discussion and endorsement in June. Lyn Mehlberg has established a 3-pronged approach to address the workforce shortage:

- 1) Data Collection
- 2) Retention
- 3) Recruitment

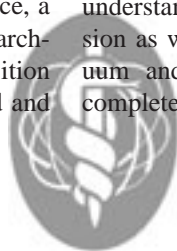
The policy developed for hybrid scanners, which was endorsed by the national council and the executive board, has proven to be difficult for the majority of technologists in the field to comprehend and accept. I do understand these responses and can empathize with the reactions to the consensus statement. It is very difficult to understand if you think of the profession as working and existing in a vacuum and believe the leadership has complete control over everything we

do—unfortunately we do not. The realities of how we interact with other professions have forced some pragmatic decisions on us.

The challenge for everyone is to take up the gauntlet and begin the necessary clinical education. Begin to lobby your local licensure boards to ensure NMT's are written into their licensure bills and that educational requirements are clearly spelled out.

Time has flown by and, in what ever space I have left, I want to issue several thank-yous. The staff at the Society's headquarters has been incredibly diligent in keeping me honest and in tune with all of my responsibilities. My special thanks to the leadership team and directors but also a special mention to Ken Maynard, Heather Haynes, Cynthia Duckett, Ann Coleman, Sandy Fenton, Jannine Jordan, Shawneece Hennighan, and those remarkable chapter meeting organizers who made me so welcome: in the Missouri Valley chapter, Nanci Burchell; the New England Chapter, April Mann; North Western chapter, Milton Bates.

I do look forward to returning to the routine of a normal existence. To be an average mom baking (umm, buying) cookies, repairing kids clothes (oops, I don't sew), chauffeuring the kids (never mind the times I've gotten lost), coaching soccer, and leading the cheer squad (It's not high school, but I finally made cheerleader!).



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