The Nuclear Medicine Advanced Associate—A Strategic Decision and Future Direction

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This year has already presented numerous opportunities and challenges for SNMMI-TS. During the 2016 SNMMI annual meeting in San Diego, it became evident that SNMMI-TS and its strategic partners were going to have to tackle several issues this year—many of which directly impact technologists. As a result, the executive board passed a resolution mandating a strategy meeting to identify these issues.

The strategy meeting was held in September and identified more than 30 mega issues that SNMMI-TS needs to address in order to move the field forward. Mega issues were defined as “issues of strategic importance, representing choices the society will need to make in defining the ultimate direction of its long-range plan. These issues represent potential impediments to achievement of the envisioned future and form a basis for dialogue about the choices facing the organization.” SNMMI-TS will be working through all the mega issues in the year ahead, but the board agreed that the first and most important mega issue on which to focus was the nuclear medicine advanced associate (NMAA).

An NMAA is an advanced-level nuclear medicine technologist who is an authorized user of radioactive materials and works under the supervision of a licensed physician to enhance patient care in the diagnostic imaging and radiotherapy environments. The NMAA degree was started in 2009 as the first master’s-level degree offered in the field of nuclear medicine technology. The NMAA program was established as the second educational track of the master of imaging science degree (track 1 is the radiologist assistant program), offered as a distance-learning program through the Department of Imaging and Radiation Sciences at the University of Arkansas for Medical Sciences and a consortium that included the University of Missouri at Columbia, Georgia Regents University, and Saint Louis University. The goal was to provide an opportunity for nuclear medicine technologists already working in the field to advance within the clinical arena. However, since the program opened, only 16 individuals have graduated from it and been certified as NMAAs by the NMTCB. Although in some instances these individuals have been granted additional responsibilities within their institution, there has not been a widespread understanding or recognition of the NMAA across the United States and it has become increasingly apparent that if nothing is done, this valuable program may cease to exist.

Understanding the importance of this issue and the need to act quickly, the executive board spent many hours at its strategy meeting discussing a number of relevant key questions:

- What do we know about the needs, wants, and preferences of members and other stakeholders, and what do we wish we knew but do not know?
- What are the current realities and evolving dynamics of our environment?
- What is the capacity and strategic position of our association?
- What are the ethical implications surrounding this issue?

After this strategy meeting, the executive board convened on September 16 to discuss the past, present, and future of the NMAA program. The board agreed that the best course of action to effect a change for mid-level imaging professionals would be to join forces with other organizations in addressing advanced-level education and the future of advanced-practice imaging professionals. The board therefore passed the following resolution:

Be it resolved that the SNMMI-TS Executive Board investigate joint ventures or other alternatives, specific to the Nuclear Medicine Advanced Associate, this will include: (1) hold a leadership strategy meeting with imaging stakeholders to discuss the future of “advanced practice imaging professionals” and (2) hold regular meetings with program directors of [University of Arkansas for Medical Sciences], [Indiana University–Purdue University Indianapolis] and [University of Alabama at Birmingham], etc. to determine the status of advanced practice imaging programs.

During this investigational period, the SNMMI-TS agrees to suspend all legislation action specific to the NMAA, including: (1)
adding the NMAA to bills/regulation and/or (2) opposing proposed legislation that does not include the NMAA.

The SNMMI-TS Leadership and staff will provide a report to the Executive Board during the Mid-Winter Meeting regarding the status of the strategy meetings and meetings with program directors.

What does this mean? The NMAA is a valuable commodity for the nuclear medicine community, but that value has not been maximized in the present environment and the original concept of the NMAA is not working. Numerous factors have made it difficult for the NMAA-certified professional to flourish, including reimbursement issues and the challenges facing nuclear medicine physicians. However, there is a need for a mid-level imaging professional because of the complex, dynamic nature of imaging procedures and the challenges that physicians face in keeping abreast of this arena. In addition, a shortage of about 85,000 physicians is projected in 2020 (1). As reported in a white paper by the graduate stakeholders committee of SNMMI-TS (2), “This health-care provider shortage is projected to affect imaging practice as well as clinical medicine. There are a decreasing number of nuclear medicine residencies, and many of the current nuclear medicine physicians are nearing or at retirement age. The lack of new nuclear medicine physicians plus the age of the current group lead to a projected shortage. Other pressures are emerging as well, such as the expectation that to be efficient, physicians need to see more patients in less time.”

We cannot stop efforts to establish a mid-level provider for nuclear medicine and other imaging modalities, and collaboration with other societies now affords us the best opportunity for success. I am excited about this collaboration and look forward to our upcoming meeting at the Radiological Society of North American to discuss this critical issue. Quality continues to be a concern, and the mid-level imaging provider will be key to ensuring that we provide the highest level of patient care. I will do everything in my power to ensure that an advanced imaging professional, in some form, continues to be a part of the nuclear medicine imaging arena.

REFERENCES