

The Seventh Annual Meeting: Future Plan! and National Council Meeting Highlight Successful Technologist Section Gathering in Louisville

Flashes of humor, insight, and new understanding marked the arrival of Future Plan!, a new way of dealing with the old question of "Whither the Technologist Section?"

As 50 technologist leaders from around the country gathered on a snowy, cold morning in Louisville, they were given their first look at the agenda for Future Plan!—an agenda that included such items as "Threats and Opportunities—Large Group Exercise," and "Strategies for Introducing and Resisting Change."

Run by Charles B. MacLean, PhD, Future Plan! turned out to be a carefully wrought exercise in group dynamics and group planning. And as the day progressed, the underpinnings of a genuine future plan for the Technologist Section slowly emerged.

After some introductory remarks and exercises, the group got down to business, identifying threats to nuclear medicine technology and attempting to see in them opportunities for action and positive change.

These, then, were discussed in small groups, with the fruits of the small-group discussions brought before the assembled whole. Among the areas of threat/opportunity discussed were: 1) the external

world—that is, the impact of local and national political action on nuclear medicine technology; 2) problems in the work setting; 3) internal pressure points—that is, the pressures felt by the technologist working within the discipline; and 4) factors affecting clinical practice, such as certification, continued competency, communications, and fragmentation of the field.

Within each category, specific problems were identified and ranked. An overall ranking was also achieved. This priority matrix will serve to guide the Section in the coming months and years.

And so, breaking away from all traditional methods and structures, Future Plan! brought forth a genuine future plan, one that will serve as a stimulus to action for a considerable time to come.

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The National Council of the Technologist Section considered a record number of resolutions during its one and one-half days of deliberations in Louisville, February 6 and 7.

Perhaps most important were the resolutions concerning continuing education, specifically the VOICE program. All the resolutions affecting VOICE were approved by the National Council; see the

"VOICE Box," on page 6 of this issue for a summary of the changes in VOICE.

Other important action items approved by the National Council included:

- Reaching a consensus on current status on licensure and the Section's position towards it. Protocol demands that the Society's Board of Trustees approve this Section document; but once approved, the *JNMT* is considered the most likely vehicle in which to publish this position paper.

- Promoting the Academic Affairs Committee (currently chaired by Maria Nagel) from a Special to a Standing Committee.

- Creating an ad hoc committee to examine the composition of the Section's Executive Committee.

- Furthering liaison with other appropriate professional organizations—the Nuclear Medicine Technology Certification Board (NMTCB), for example.

- Charging the Socio-Economics Affairs Committee (currently chaired by Susan Weiss) with formulating a policy towards some of the disciplines fragmenting nuclear medicine technology.

These are but a few of the issues faced by the National Council; it was by all reports a very productive meeting.

Message from the President

GEORGE W. ALEXANDER, JR.
President
Technologist Section



The newly emerging technology of commercial central radiopharmacies—suppliers located in larger cities throughout the country providing nuclear medicine departments with radiopharmaceuticals even during their off-duty hours should an emergency arise—is becoming increasingly evident.

With the increasing use of the newer short half-lived radionuclides and changes in the most common nuclear medicine procedures, the existence of commercial radiopharmacies becomes even more important.

In this message, I want only to articulate the pros and cons of commercial central radiopharmacies as I see them, not to state a policy for nuclear medicine technology. It is up to you to decide whether or not to use them. But what factors should influence your decision? First and foremost, quality nuclear medicine technology—which involves good technical expertise, short turnaround from the time a nuclear medicine procedure is requested until it is completed, good quality assurance, and the ability to perform quality procedures with the least amount of money.

As a general rule, commercial radiopharmacies will be located much closer to your nuclear medicine department than the pharmaceutical companies who prepare and manufacture radiopharmaceuticals. Commercial radiopharmacies, therefore, can take a more personal, and perhaps, prompt approach to the needs of nuclear medicine technologists—even though pharmaceutical companies have well-qualified representatives calling upon their accounts.

Because the commercial central radiopharmacies have now established an inroad in nuclear medicine, they can order bigger and bigger quantities from pharmaceutical

companies and ultimately they can reduce the price paid for a radiopharmaceutical ordered from them. In a time when both the public and the government urge us to reduce medical costs, this last point is well taken. Another central radiopharmacy claim to consider is that occupational radiation dosage is reduced because the central radiopharmacy draws up a single patient radionuclide syringe dose.

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What factors should influence your decision [to use a commercial central radiopharmacy]? First and foremost, quality nuclear medicine technology.

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Being creatures of habit, we sometimes become very accustomed to using a particular kit or radiopharmaceutical from a certain pharmaceutical company. Yet sometimes there is no question that the commercial central radiopharmacy can provide that kit or radiopharmaceutical in much less time because of shorter shipping distances. For example, consider thallium-201. Most pharmaceutical companies can guarantee delivery of Tl-201 within 24 hours. The commercial central radiopharmacy, however, can deliver this same material in much shorter time. In this case, using a central radiopharmacy could potentially reduce the length and cost of a patient's hospital stay.

Also on the question of costs, there is little difference between services available to small as opposed to large nuclear medicine departments—except that the larger departments, because of volume, can usually receive lower prices from commercial central radiopharmacies.

Some commercial radiopharmacies have even begun to branch out and now provide RIA services (running radioassay procedures), mobile imaging work, and even leasing agreements for nuclear medicine equipment. More evidence of the growth and impact of commercial central radiopharmacies is their increasing presence at local and national nuclear medicine meetings and their advertisements in nuclear medicine journals.

Conversely, some view commercial radiopharmacies with alarm. They point out that commercial radiopharmacies provide radionuclides that are already drawn up in a single syringe dose unit, thereby prohibiting the recipient nuclear medicine department from viewing the original vial.

Radiopharmaceutical compounds requiring kit preparation may be performed in-house at the commercial radiopharmacy. Does this mean that the nuclear medicine technologist will soon lose the expertise needed to prepare the compound and the necessary quality control expertise, too?

If you are now using a commercial radiopharmacy, is it providing you with the necessary quality control documentation? It is vitally necessary that you document the activity as determined by dose calibrator readings as well as quality control procedures. Many radiopharmaceuticals and kits have long shelf-lives; therefore, they do not have to be obtained expeditiously. In fact, you may keep a large quantity of these items in your department, ordered from the pharmaceutical company of your choice.

Another point to consider is that

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On February 6, 1980, at the Seventh Annual Meeting of the Technologist Section, the National Council approved all the resolutions presented by the Continuing Education Committee. The majority of these resolutions directly affect the VOICE system and its participants. Here is a summary of our actions.

In an effort to provide a meaningful continuing education system, both PAR and VUE credits have been eliminated from VOICE. From now on, all programs meeting certain criteria will be worth CEU's. Because the most recent PAR and VUE credits are shown on participants' latest transcripts, additional printouts of these credits will not be made available. If you, however, have earned PAR credits between Dec. 1, 1979, and the Louisville meeting—and these credits are not reflected on your most recently received transcript—write these credits in on your transcript and submit this to a PAR Chapter Credit Coordinator; in this way, they will be validated. PAR Chapter Credit Coordinators will sign these transcripts upon receipt and return them to you as proof of your participation.

The CEU, as defined by the National Council on the Continuing Education Unit, is now the standard unit awarded by VOICE. The minimally acceptable unit for VOICE approval is now 0.1 CEU, which is equivalent to 50 minutes of classroom time or two hours of laboratory/workshop time. The criteria for CEU approval have remained the same; the only exception is a change in the method of evaluation. The National Council on the CEU, which does not require an evaluation of individual participant performance, states that, "attendance and participation as determined by

the planning group or program director may be used as the requirement for satisfactory completion of the activity."

Programs applying for CEU approval that have 0.2 CEU's or less will now be charged a \$10 review fee. A \$20 review fee will be charged to programs having more than 0.2 CEU's. Nuclear medicine organizations who present multiple-track

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***Louisville National
Council decisions:
PAR and VUE
credits are
eliminated
from VOICE.***

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scientific programs at their meetings will pay only one application fee—if all are submitted to VOICE at the same time in the context of one program. New CEU program approval forms reflecting these changes will be available from the SNM national office beginning April 1, 1980. If it is absolutely necessary, current CEU approval forms may be used in the interim.

The Technologist Section National Council also approved a resolution to disband the Continuing Education Review Board (CERB) as of June 1, 1980; CERB's responsibilities will be transferred to the national office, which will be supervised by the Continuing Education Committee. All applications for

CEU approval (containing a check for the appropriate review fee) should now be sent to one person only: Roxane Ramos at the Society of Nuclear Medicine.

Any CEU awarded by another program that complies with the guidelines of the Council on the CEU can be transferred to VOICE. Proof of attendance at other programs not approved for VOICE CEU's, plus a copy of the program, must be forwarded to Roxane Ramos at the national office.

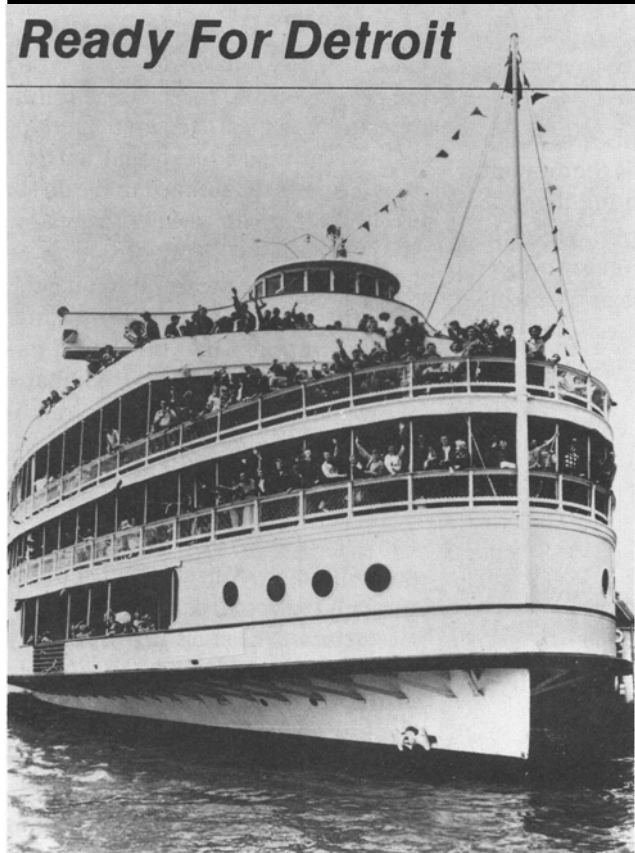
All continuing education credits will now be expressed in terms of hours of participation; this replaces the point recognition system used to date on VOICE transcripts. The transcripts will now be the only complete record of each participant's continuing education activities because VOICE certificates have been eliminated. We will, additionally, no longer require accumulation of a specified number of CEU's per two-year period.

If you are a member qualified to receive a VOICE certificate as indicated on the January 1980 transcript and you have not yet received one, send a copy of your transcript to your PAR Chapter Credit Coordinator postmarked no later than April 15, 1980. A list of those members entitled to a certificate should be forwarded to the national office to permit certificates that were earned to be distributed.

VOICE membership cards will now be issued *only* upon joining the system and a \$2.50 fee will be assessed to replace VOICE cards.

Any questions concerning our new system should be directed to me at the VA Medical Center, John Cochran Division—115JC, St. Louis, MO 63125; phone: (314) 652-4100, ext. 215 or 529.

Ready For Detroit



The 27th Annual Meeting program, containing the details of all phases of the Detroit program will be mailed to all SNM members in early spring. And for up-to-the-minute details on the Technologist Section scientific program, please do not hesitate to contact me at the Albert Einstein Medical Center in Philadelphia/phone (215) 329-0700, ext. 6564.—Elizabeth Joyce, Scientific Program Chairman.

Our preparations are well underway to offer you a stimulating educational experience: the Technologist Section's scientific program for the 27th Annual Meeting of the Society of Nuclear Medicine, June 24-27, 1980, in Detroit.

This internationally attended conference will be held in Cobo Hall Convention Center within Detroit's new and modernistic showplace: the Renaissance Center.

The Technologist Section's scientific program will be constructed primarily of tracks to be completed in one day—featuring continuing education courses encompassing all phases of modern nuclear medicine technology. Information on futuristic yet feasible procedures, interesting and rare cases, and instrumentation for the 1980's will be there for you!

The commercial exhibits hall will display an awesome array of nuclear medicine instrumentation, supplies, and diagnostic radioisotope products, for both in vivo and in vitro use. This is an excellent opportunity to "window shop" to your heart's content—and don't forget that each exhibitor's booth will be staffed with representatives who can teach you the best use of their products.

On the fun side, be sure to reserve Tuesday night June 24 for our annual Technologist Party—a moonlight cruise aboard the Bob-Lo (pictured).

1980-'81 NOMINEES

In Louisville, the Nominating Committee chose the following candidates for the Section's 1980-81 slate of officers.

For President-Elect:

John J. Reilley, Administrative Chief Technologist, Temple University Hospital, Philadelphia, PA

and

Marion J. Allen, Supervisor of Nuclear Medicine, R.K. Davies Medical Center, San Francisco, CA.

For Secretary:

Margaret M. Perry, Supervisor, Dept. of Nuclear Medicine, Radiation Center, Fort Worth, TX

and

Trudy Battison, Chief Technologist, L.D.S. Hospital, Salt Lake City, UT.

For Historian:

Robert A. Bontemps, Technologist-in-Charge, Cardiovascular Nuclear Medicine, Montefiore Hospital and

Medical Center, The Bronx, NY

and

Ann Tatum Thorne, Assistant Supervisor, Radiation Center, Fort Worth, TX.

For Finance Committee Chairman:

Wayne J. Weislo, Chief Technologist, Chicago Osteopathic Hospital, Chicago, IL.

and

Jeffrey W. Kelly, Chief Technologist, St. Ann's Hospital, Fall River, MA.

For Membership Committee:

Patrick Barrett, Chief Technologist, Bronson Methodist Hospital, Kalamazoo, MI

Christie L. North, Chief Technologist, Cottonwood Hospital, Salt Lake City, UT

Charles H. Lazarre, Administrative Director of Nuclear Radiology, Hermann Hospital, Houston, TX.

For Nominating Committee:

Paul E. Christian, Educational Director, School of Nuclear Medicine Technology, University of Utah Medical Center, Salt Lake City, UT

James J. Wirrell, Assistant Professor/Nuclear Medicine Technology Education Director, Butler University, Indianapolis, IN

Raymond Thomas, Technologist in Charge of Cardiology and Computer Studies, University of Iowa Hospitals and Clinics, Iowa City, IA

Rosemarie Chiochio, Staff Technologist, Valley General Hospital, Renton, WA

Robert D. Theroux, Chief Technologist/Administrative Assistant, John E. Fogarty Memorial Hospital, North Smithfield, RI

Mary E. Campbell, Chief Technologist, St. Vincent's Medical Center, Bridgeport, CT.

Membership Report

MICHAEL CIANCI
President-Elect
Technologist Section

As of January 1980, applications for membership to the Society of Nuclear Medicine are being assessed a \$10.00 processing fee. The only exception is for those individuals eligible for the in-training membership category, i.e., students and residents. If the new member is simultaneously applying for membership in both the Society and the Technologist Section, \$5.00 of that processing fee will be allotted to the Section. The Society of Nuclear Medicine's Credentials and Membership Committee felt there was a real cost involved to process applications and, since many people drop their membership and then re-join, the Committee felt the application fee would encourage people keep their membership current.

The Technologist Section has an application processing fee of \$5.00, which has been in effect for several years. With the new Society of Nuclear Medicine application fee the Section had to make a financial decision: to discontinue our existing \$5.00 application processing fee. Because of the Society's stipulation that one-half of the processing fee would be credited to members simultaneously joining the Technologist Section, we will not lose revenue.

Another implication of the Society of Nuclear Medicine processing fee is its exemption for those joining under the in-training status. This exemption is an enticement for individuals to become members while they are students.

The Technologist Section does not have a similar provision. We hope to resolve this at our Annual Meeting.

I am pleased to report that, as a result of the deliberations of our National Council during our Louisville meeting, the Section now has a fee structure that enables student affiliates to join us at a reduced rate.

My concern as Membership Committee chairman is the amount of effort we are directing towards encouraging nuclear medicine technology students to become members of the Society of Nuclear Medicine and the Technologist Section.

I am enlisting the support of the educational directors of nuclear medicine technology training programs to encourage students to become members of the Society and the Section. Students are eligible to join the Society of Nuclear Medicine as technologists in training and student affiliates of the Section. While there are numerous reasons for students to become members, I would like to point out two key ones:

- The Society of Nuclear Medicine, Technologist Section, is *the* professional society representing nuclear medicine technology. It is important that our students identify with this organization; we will meet their professional needs and provide them with an opportunity to participate in shaping the future of the discipline.
- The *Journal of Nuclear Medicine* and the *Journal of Nuclear Medicine Technology* are the best means to stay current with the rapid changes in the field. Student members of the Society of Nuclear Medicine and the Technologist Section receive both journals, *SNM Newslines*, and other mailings of the Society.

Immediately following the Section's Annual Meeting in Louisville, the Membership Committee will mail a packet of applications and instructions to every approved nuclear medicine technology program. I cannot overemphasize my appeal to encourage students to become members. They *are* the future of the Technologist Section!

President's Message

(Continued)

when you use a commercial radiopharmacy you may forfeit the receipt of literature and educational material that is normally supplied to the direct user by the pharmaceutical company. As a nuclear medicine physician or technologist, be prepared to take the initiative and verify to your hospital administration why you should patronize a pharmaceutical company rather than a commercial radiopharmacy—or vice versa.

Use of commercial radiopharmacy by a teaching institution is another consideration. When inspected by the committee on Allied Health Education and Accreditation (CAHEA), the commercial radiopharmacy should be inspected as an affiliate institution. The "Essentials for Nuclear Medicine Technology Training Programs" mandate that students must have formal lectures on radiopharmaceutical production and preparation, as well as "hands-on" experience, in their training. Students who "stand outside the window" watching radiopharmaceuticals being prepared are not meeting this criteria.

Commercial radiopharmacies should also be inspected by the Nuclear Regulatory Commission, as are pharmaceutical companies (at least quarterly each year). Additionally, it is imperative that the users of commercial radiopharmacies, be they physicians or technologists, know what practices and products of their commercial radiopharmacy are questionable at the time of first notification by NRC. It is the physician and the technologist who are ultimately responsible for the radiopharmaceutical they administer and the users of the radiopharmaceuticals *may* have to rely on data supplied them by commercial radiopharmacies.

The innovations of this new modality give us much to consider. Each of us must appraise the situation carefully, for every decision will reflect the health profession of nuclear medicine.

NMTCB Report

James Kellner
Chairman, NMTCB

Weiss, Treasurer; Donald Bernier; James Conway, MD; Louis Izzo; Frances Kontzen; Jack Kozar; Mark Muilenberg; John Reilley; Sheila Rosenfeld; Susan Schlegel; and Stanley Goldsmith, MD, Chairman, Advisory Board.

In the last "Report from the NMTCB," preliminary statistics were presented regarding the 1979 examination. The scores used to provide information about the 1979 examination are raw scores based on 200 items, not scaled scores. The low and high scores were 28 and 180 respectively; the mean was 131. The following shows performance by category:

serving three-year terms in January 1980. Names of the technologist vacancies were submitted to the Chairman, NMTCB, by the National Council of the Technologist Section. The NMTCB prepared a list of nominees of two plus the number of positions to be filled from the names submitted. The National Council voted for three nominees by mail ballot. All ballots were re-

The deadline for 1980 examination application is June 2, 1980. New application forms and information pamphlets are available from NMTCB, PO Box 1034, Stone Mountain, GA 30086.

In light of the costs involved in providing a high quality examination and maintaining the Board's activities and operations, the fee has been increased to \$60.00.

Recognition of previous certification is still open to those certified prior to Dec. 31, 1978 with a deadline of Sept. 15, 1980. Owing to rising costs, the recognition fee in 1980 has been increased to \$30.00.

The NMTCB will meet on March 21-23 in St. Louis to finalize the 1980 exam, which will be a criterion-referenced examination, a stated goal of 1981 that we will reach this year. A criterion-referenced examination compares a candidate's performance with a well-defined body of knowledge required for competency, while a norm-referenced examination is designated to compare the performances of candidates.

The total number of NMTCB certificates as of December 1979 is 4,269. This is an indication of the support being received by the NMTCB from the profession of nuclear medicine technology. As the NMTCB progresses, we need input from all interested nuclear medicine technologists and your continued support for a successful 1980.

	<i>Number of items</i>	<i>Low score</i>	<i>High score</i>	<i>Mean</i>
Nuclear instrumentation	47	4	43	29
Radiation protection	21	4	21	15
Imaging procedures	49	7	47	34
Nonimaging procedures	45	4	41	28
Dose calibration	18	4	18	13
Radiopharmacy	20	3	20	12

Of crucial importance to any examination is its reliability—the dependability by which it measures what it is intended to measure. One universally accepted index of reliability is the Kuder-Richardson 20. The higher the reported KR₂₀ value, the better; a value above 0.90 is regarded as extremely desirable. I am pleased to report that the KR₂₀ value for the 1979 NMTCB examination was 0.93.

We have entered our third examination cycle and during the last four months we have given development of new test items for this year's exam our highest priority.

Four new members have been elected to the board; James Conway, MD, Frances Kontzen, Jack Kozar, and Mark Muilenberg. They began

turned to the President of the Technologist Section, who tabulated the votes. The nominees receiving the largest number of votes were elected as NMTCB Directors; their names were forwarded to the Chairman of the NMTCB.

To elect a physician member of the NMTCB, the President of the Society of Nuclear Medicine submitted a minimum of four physician names to the NMTCB Chairman for consideration. The NMTCB then prepared a list of two nominees for the physician position to be vacated; this list was submitted to the Society of Nuclear Medicine in order for a physician to be elected to the board.

The NMTCB Directors for 1980 are: James J. Kellner, Chairman; Joan Herbst, Secretary; Susan

Attention: Educators

Share your writing expertise by contributing to the Technologist Section's Curriculum Guide for nuclear medicine technology programs!

If you are interested in this project, please contact: Ridgely Conant, Nuclear Medicine Institute, 6780 Mayfield Rd., Cleveland, OH 44124. Mr. Conant is chairman of the Subcommittee on Curriculum Guide, Academic Affairs Committee.