

Long-Range Planning: Past, Present, and Future

Have you ever considered that as nuclear medicine technologists, you belong in two separate work areas?

The first is your nuclear medicine department and the second your professional society—the Technologist Section, Society of Nuclear Medicine. As mutual as the requirements, interests, and aims of these two entities may be, they do diverge on one important point. When we join the Section we become volunteers and as such, the mission of our professional society is what motivates us most. And when the mission of our Section becomes unclear or diffuse, we ourselves are the ones best suited to clarify the goals of the Section and plan how to achieve them.

With this in mind, elected officers, national council delegates, committee chairmen, members, and other interested parties met in Louisville, KY, on Feb. 5, 1980, to conduct the Section's first long-range planning session—Future Plan.

Future Plan was based on the premise that the future can not only be anticipated but *shaped*. The time was ripe for a future plan for many reasons.

We wanted to:

- identify the opportunities—and threats—facing the Section;
- develop action—and planned inaction—approaches to addressing these opportunities and threats;
- relate the Section Bylaws to a priority matrix and project/activity list for the Section;
- share practical planning skills that participants would be able to use in their nuclear medicine departments;
- provide the leaders of the Section with an opportunity to get to know each other in a task-oriented, “think-tank” setting;
- outline strategies for introducing and resisting change; and
- produce an advisory document for the President to guide the Section in decision making.



The format used during Future Plan was that all participants as one large group identified major topic areas and then selected the four most important of these for intense discussion. The external politics of our organization; practices in the work setting; political activities within the Section; and clinical aspects of nuclear medicine technology were chosen as the four most important topics.

Participants were subdivided groups of 14–16 persons for each area of discussion. Each subgroup was asked to identify influences upon and descriptions of their topic, determine specific action/inaction responses, and then outline a standard forecast, pessimistic forecast, and optimistic forecast for each possibility.

For example, the subgroup that looked at external politics identified licensure as an influence.

As a standard forecast of what would happen in this area during the next few years, they predicted that more legislation would be introduced. For an action response on the part of the Section, they felt paranoia was appropriate; continued confusion was their description of an inaction response.

Pessimistically, they forecast that a licensure bill would be passed that allowed each state to define competence; there would be no reciprocity or mobility. As an action response by the Section, they said that members would be re-examined every year by examination. As an inaction response, the numbers and salaries of NMT's would reach a standstill.

Optimistically, the Federal Trade Commission and others could help to defeat any licensure attempt based on the premise that activity in the private sector accomplished what is needed. As an action response, they suggested that the Section would strive to provide better and better continuing education and to work with the NMTCB to provide evidence of continued competency.

As you can see, one important facet of Future Plan was that it enabled leadership of the Technologist Section to home in on problems, and provided the necessary impetus for *action*.

Influence of External Politics on Nuclear Medicine Technology

As a direct result of Future Plan, your National Council took action. The Technologists Section's position paper on licensure was amended and further reinforced: the most practical approach is *state licensure* through state acceptance and adoption of *national certification*. Thus, national professional standards (*not* federal standards) would be adopted by the states, maintaining uniformity and consistency and facilitating reciprocity and mobility between states. On April 3, 1980, I represented the Society of Nuclear Medicine before the Senate Subcommittee on Labor and Human Resources, chaired by Senator Jennings Randolph, on proposed legislation—S.500 "The Consumer-Patient Radiation Health and Safety Act of 1980." Written and oral testimony was presented (1) and as a direct result, S.500 was amended and now recognizes nuclear medicine technology as a distinct professional entity. It further recognizes that accreditation of nuclear medicine technology educational programs is distinct from accreditation of other educational programs, and that certification standards for NMTs are distinct from other aspects of the "radiologic technologies." On Sept. 5, 1980, I also represented the Society of Nuclear Medicine in testimony before Representative Henry A. Waxman's Subcommittee on Health and the Environment of the Committee on Interstate and Foreign Commerce, regarding H.R. 6057 "The Consumer-Patient Health and Safety Act of 1979," sponsored by Representative Thomas A. Luken. Testimony before this House of Representatives' Subcommittee again stated opposition to H.R. 6057 (proposed federal licensure) as presently written. We specifically noted that it did not recognize the nature and scope of the medical specialty of nuclear medicine technology and that many of the provisions of the proposed legislation were duplications of existing standards and regulations.

The main thrust of our testimony was that if the Subcommittee continued to believe that *federal* minimum standards for licensing were necessary, the program must be implemented through state licensure based upon state acceptance and adoption of *national certification of the individual discipline* (in our case, the NMTCB). To date, the Society of Nuclear Medicine has testified in all Subcommittee hearings as related to federal licensure for nuclear medicine technologists, and has exerted its fullest influence on external politics that may affect nuclear medicine technologists.

Practices in the Work Setting

This group identified the need to use existing practice standards as related to nuclear medicine technologists. Practice standards include job descriptions of nuclear medicine technologists, and task analyses for nuclear medicine technologists as developed by the NMTCB. Both of these documents have been published in their entirety and are available as reprints (2,3). If we use and promote them, we can cement our identity and heighten public relations. If we do *not* promote them, pending legislation could lower our standards.

One immediate need was determined to be the development of standards for continued competency. To that end, I appointed a Task Force on Continued Competency, which had its first meeting on June 20, 1980 in Detroit, MI. In addition to the seven members of the task force there were two observers from the NMTCB. Continued competency then was defined as "...the on-going demonstration of an individual's ability to perform effectively at a defined level of expertise." The group ascertained that there was a definite need for continued competency—it provides public assurance of quality health care. Methodologies to demonstrate continued competency were identified as self-assessment, supervisory-assessment (institutional level), peer-assessment (the Society of Nuclear Medicine), consumer-assessment (patients?), or perhaps the National Committee for Health Certifying Agencies (already working on methodologies). A methodology was assigned to each member of the Task Force, and each is to produce in written form the following: a definition of the methodology, research on the pros and cons, examination of methodologies in other disciplines, proposals on method for development, and research on funding sources.

The next meeting of this Task Force will be in February 1981, at the First Conjoint Winter Meeting of the Section and the Society in New Orleans, LA. The group will be chaired by our President, Michael A. Cianci, CNMT. Another need expressed was to have more participation by the Technologist Section within the Society of Nuclear Medicine. As a result of our first attempt at long-range planning, we now have technologist representation on *each* standing committee of the Society of Nuclear Medicine, except for the Nominating Committee. Further at the June 1980 Board of Trustees' meeting, a resolution was passed that would allow additional members of the Technologist Section to become Board members. These persons will be elected by nuclear medicine technologists, and will be in addition to our present member, the President of the Technologist Section. The bylaws amendment for this change is forthcoming. Ultimately, this means more technologist input into the Society's governing body—the Board of Trustees.

Political Activities within the Section

Internally, communications were identified as our most sensitive area. Communications—defined as listening, understanding, and responding—were viewed as being carried out by leadership of the Technologist Section and the Society of Nuclear Medicine. If we had no communications, there would be no national office and no Technologist Section; thus it is absolutely necessary for national office staff to be aware of total membership needs. But the first way to increase communications is for leadership to increase communications with one another. Without it, we might find that we would become lacking in responding to problems. Or the leadership role could be assumed by the national office. The most important role of leadership should be communicating with the members of the organization. At the present time, a leadership manual exists. It defines the roles of all elected and appointed leaders, including chairmen of committees. Similarly, a national office manual has been prepared identifying all liaison staff persons and the activities for which they are responsible. These steps allow for the transfer of authority from one individual to another and total understanding of roles.

Participants requested that the results of Future Plan be disseminated back to the National Council, and ultimately to the total membership. The key line of communication rests with the National Council Delegate whose chief responsibility is to ascertain the needs of his or her chapter members, bring these needs to the attention of the National Council, and then disseminate results back to the members.

In another area of communications, the Technologist Section and the Society have begun emphasizing good public relations. A new brochure defining nuclear medicine technology has been printed. There has been wide circulation of material on how to

write a press release, how to talk with media, and how to be a local spokesman. The adverse publicity derived from Three Mile Island and anti-nuclear activists has resulted in an absolute need for better public relations—we must let it be known that we are a medical specialty that practices *quality* medical care for patients. Additionally, we now have membership in or have established direct collaboration with many outside organizations such as the National Commission for Health Certifying Agencies (NCHCA), American Society of Allied Health Professions (ASAHP), American Society of Radiologic Technologists (ASRT), and others.

Clinical Aspects of Nuclear Medicine Technology

The fourth subgroup identified the possible fractionation of nuclear medicine technology, by such groups as cardiopulmonary technologists, nuclear medicine nurses, clinical laboratory RIA technologists, etc. They alluded to generalized complaints because of lack of control over new modalities as “off-shoots” of nuclear medicine technology. The standard forecast results in increased paranoia and could result in a total separation of some components of nuclear medicine technology. The pessimistic response would be that we are forced to play catch-up politics, and the optimistic response that we would work together and preserve all specialities under one umbrella—nuclear medicine technology—with our common goal being quality patient care. If we proceed on the present route, i.e., not working together with these various modalities, within five years there will be definite fractionation of nuclear medicine technology. Part of our problem is the inability or lack of interest on the part of NMTs to perform all aspects of our technology, e.g., imaging and radioimmunoassay. This subgroup identified the need to establish and document continued competency and to increase the number of nuclear medicine technologists who are certified (as minimally competent). They predicted that within five years all nuclear medicine technologists will have to have proof by one mechanism or another of continued competency. This would allow for increased job security and unification with upward mobility.

Summary

It should be obvious to all readers that not only was Future Plan successful regarding ideas, but that a vast number of action items followed.

Prior to the Society of Nuclear Medicine 27th Annual Meeting, held in June 1980 in Detroit, MI, each National Council member was contacted in order to pursue what many consider to be the most positive approach to the future of the Technologist Section—long-range planning. Each person was asked to:

1. write a one or two sentence statement that captures the essence of the Technologist Section—its purpose and goals.
2. list all goals that the Technologist Section should pursue in the next 5–10 years, disregarding the fact that some may never be achieved.
3. prioritize these goals
4. jot down ideas that may increase revenue or finance these goals.

Creativity involves at least three elements that are germane to planning: the ability to *change* the approach to a problem, the ability to develop ideas that are both new and relevant; and the ability to translate these ideas into desired actions.

One suggestion for the objectives of the Technologist Section was:

1. To encourage membership in the Technologist Section and Society of Nuclear Medicine by all nuclear medicine technologists, and to promote continued development and improvement of nuclear medicine technology through continuing education, continued competency standards, new scientific technology, and support by regional chapters of the Society.
2. To provide written documentation of the views of nuclear medicine technologists on all matters relating to socioeconomic affairs, pending legislation, scientific publications, educational affairs, and communication systems in order that nuclear

medicine technologists may speak to issues for themselves or through the Society.

The June 1980 Future Plan session yielded 53 goals for the Technologist Section. It was conceded that there were seven *general* areas of these long-range plans. They are: education; certification; sources of revenue; identity; competence; government relations; and leadership.

After one and one-half days of deliberation, 19 most important long-range plans were prioritized, and are as follows.

1. Procure an "in-house" computer at the SNM national office in order to have accurate financial and membership records.
2. Achieve parity between the Technologist Section members and the Society as a whole.
3. Establish a mechanism to ascertain membership needs.
4. Establish training, i.e., grooming process for officers, national council delegates and committee chairmen.
5. Hire an "educational coordinator" for the Technologist Section in the national office.
6. Have all nuclear medicine technologists certified by the NMTCB.
7. Increase revenue for the Section.
8. Develop a written "learning process" document for Section leadership.
9. Identify Section revenue, and how it is dispersed to the Society and the Section.
10. Have the national office staff develop a sensitivity toward Section members' needs.
11. Determine the benefits that the Section membership derives.
12. Develop a "resolution" book, which will categorically list all resolutions of the National Council.
13. Develop a book that contains pertinent data (functions, goals, resolutions, and research) to be passed out to each committee member.
14. Pursue politically what we believe.
15. Establish a procedure in order to conduct Section business in a timely fashion.
16. Develop national fee workshops and other continuing education needs for nuclear medicine technologists.
17. Have all nuclear medicine technologists become members of the Section.
18. Have the NMTCB be the *only* certifying board for nuclear medicine technologists.
19. Be financially independent of the Society of Nuclear Medicine or at least establish a fair fiscal basis on fact rather than assumption.

The remaining 34 goals, in priority order, may be obtained from the national office upon request.

From the aforementioned there should be no doubt of the value of long-range planning. It provides the members with a mechanism for attaining their goals and innovative ideas. It also tells leadership what you as a member desire. I can assure you that the present leadership of the Technologist Section will use this long-range planning to accomplish your ideas. I suggest that you read, analyze, scrutinize, digest, react to, get upset about, and handle these comments in any way that is consistent with our critical need to decide where we are going and specifically how we are going to get there.

GEORGE W. ALEXANDER, Jr.
Immediate Past President
Technologist Section, SNM

References

1. SNM testimony on S. 500. *J Nucl Med Technol* 1980; 8: 71-78.
2. Position description: Nuclear medicine technologist. *J Nucl Med Technol* 1979; 7: 178-81.
3. NMTCB task analysis of nuclear medicine technology. *J Nucl Med Technol* 1979; 7: 102-07.