

Letters to the Editor

Proposed Federal Regulations Affecting Nuclear Medicine Technologists

On July 11, 1980, I received a 24-page copy of a proposed rule in the *Federal Register*, vol. 45, no. 12, Friday, June 20, 1980, pages 41794-41818. The proposed rule is for the Department of Health and Human Services, 42 CFR parts 405, 481, and 482, Medicare and Medicaid Programs Conditions of Participation; Hospitals Agency; Health Care Financing Administration.

The proposed rule states that "the proposed amendments would simplify the regulatory requirement which hospitals must meet to be certified for participation in Medicare and Medicaid." For reimbursement purposes, "The amendments are intended to hold down cost while maintaining an acceptable level of patient care. The amendments establish minimum requirement and are not intended to limit hospitals from establishing higher requirements." Comment period ended Aug. 19, 1980. These rules represent a totally new set of requirements for nuclear medicine service, no. 482.3 and 482.43.

Page 41804 states that a "nuclear medicine technologist" is an individual who:

1. is eligible to take the examination for registration as a nuclear medicine technologist by the American Registry of Radiologic Technologists and has one year of experience as a nuclear medicine technologist within the last three years; or
2. is a registered nurse, registered medical technologist, or a college graduate who has a bachelor of science degree with a major in biologic or natural science and has successfully completed a 1-year educational program in nuclear medicine technology accredited by the Committee on Allied Health Education and Accreditation (CAHEA) of the American Medical Association in cooperation with the Joint Review Committee on Education in Radiologic Technology; or
3. prior to Jan. 1, 1976, met the requirements of this section for radiographer, or is a registered nurse or medical technologist and has successfully completed two years of on-the-job training in nuclear medicine technology under the supervision of a physician who meets the requirements for certification in nuclear medicine radiology by the American Board of Pathology, the American Board of Internal Medicine, the American Osteopathic Board of Nuclear Medicine, or the American Board of Nuclear Medicine.

If implemented, these rules would

1. save hospitals a lot of dollars in salaries because

nuclear medicine technologists would *again* be allied with x-ray technologists;

2. void persons certified only by the NMTCB examination; and
3. not accept an equivalent for certification examinations because it is not in the regulations.

The proposed rule uses the word "eligible," which to me implies that someone is eligible but has not passed the ARRT certification examination. Apparently, these people could be classified as "technologists" and not technicians. As for medical technologists, there is no requirement to take the ASCP nuclear medicine examination—one year of on-the-job training is all that is required.

I am concerned about two things. The first is that even after George Alexander's April 3, 1980 testimony to Senator Jennings Randolph's Subcommittee on S. 500, nuclear medicine technology is still being allied with x-ray technology (now called radiographers) and not being recognized as a separate medical specialty. Secondly, I found out about these proposed rules, *not* the Society of Nuclear Medicine and the American College of Nuclear Physicians.

CARTER W. TALIAFERRO
Washington Hospital Center
Washington, D.C.

Reply

While we at the National Office receive the *Federal Register*, we frequently experience postal service delays. In any event, we often receive multiple calls from other groups and individuals who subscribe to the *Register* and identify specific areas for Society action. While sometimes redundant, this process is helpful because we are virtually assured of not overlooking anything.

Upon being made aware of the filing in the *Federal Register* of June 20, 1980, I contacted Michael L. Cianci. I was planning to be in the Baltimore area in August, so Mike and I arranged to meet with Janet Harryman, Director of the Division of Hospital Services, Office of Standards and Certification, Health Standards and Quality Bureau. Ms. Harryman and her key staff people are involved with definitions of nuclear medicine director, nuclear medicine technologist, and nuclear medicine service. Our comments and input were very well received that day. Upon my return to the National Office, our comments were put in writing and forwarded to the Health Care Financing Administration in a timely fashion.

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In addition, this might be an appropriate time to report that the Society of Nuclear Medicine has executed a contract between SNM and ACNP for the joint support of Washington representation through the Washington Council on Medicine and Health. Representatives of this firm worked in support of George W. Alexander's most recent testimony on the Javits bill (H.R. 6057) dealing with federal standards for x-ray technologists. I hope this information is helpful to the *JNMT* readers.

In the future if anyone spots a filing in the *Federal Register* or any other publication that might be of interest to the Society, particularly if it appears in some obscure section of the *Register*, we would certainly appreciate a call.

HENRY L. ERNSTHAL
Executive Director
Society of Nuclear Medicine

Nuclear Medicine Technologists—Where Have They Gone?

Where have all the nuclear medicine technologists gone?

I have spent over \$4,000 in my institution advertising for certified nuclear medicine technologists and I have not received one application.

Now I will have to look for noncertified persons to hire for the open positions that I cannot fill, thus compromising my belief in using only certified personnel to perform the discipline of nuclear medicine technology. Is the demand that great for certified nuclear medicine technologists, or is it that my department is open 16 hours a day and 8 hours on weekends and holidays, plus call back?

Have we developed a society of 8:00 to 5:00 five-days-a-week technologists who will not work second shifts and weekends?

In Dallas in 1976 I sat and heard how much we needed our own certification board and gave it my 100% support. Now, as a supervisor of over 20 persons, I feel it is time to look at and get opinions of subspecialties in nuclear medicine and develop certification boards for nuclear medicine assistants who may only perform their tasks under the supervision of a certified nuclear medicine technologist.

We have physician assistants, pharmacy technicians, medical laboratory technicians, and administrative assistants, so why not nuclear medicine assistants (NMAs) whose pay will be 25% less than that of a certified nuclear medicine technologist?

The NMAs should come from the x-ray field, be registered by the ARRT and have six months of training to be eligible for certification as a nuclear medicine assistant (CNMA).

I sincerely hope that all the certified technologists of the Technologist Section read and give me feedback regarding their opinions of the ideas expressed in this letter.

ROY E. ALDRIDGE, CNMT
Wesley Medical Center
Wichita, Kansas

Reply

Having the similar responsibility of maintaining a staff for a nuclear medicine department, I empathize with Mr. Aldridge's frustration and anxieties in recruiting nuclear medicine technologists. However, not knowing all the particulars relating to his department's staffing problems, I would like to comment on several points.

In order for a hospital or department to maintain a full staff, it must provide adequate incentives, either financial, educational, environmental, etc., and it must be competitive within that geographical area. Assuming that the institution is competitive in the marketplace and the staff vacancies still exist, then perhaps we should rephrase Mr. Aldridge's question and ask: "Where have the nuclear medicine students gone?"

Nationwide enrollment in nuclear medicine technology educational programs is down. A declining enrollment has occurred in most allied health programs, especially at the associate and baccalaureate levels. Educators attribute this decline to the state of the economy and a decrease in the college age population (the end of the baby boom).

In addition, the rapid growth of nuclear medicine has increased the demand for nuclear medicine technologists.

We, as nuclear medicine educators and as a professional society, must increase our efforts to promote and inform the public regarding nuclear medicine programs. We should concern ourselves with increasing the numbers of graduates from accredited nuclear medicine programs, rather than creating a new training structure for persons with lesser qualifications.

Nuclear medicine technologists have suffered from an identity crisis in the past because of the diverse backgrounds of individuals who entered the profession during its formative years. We are now a profession with a highly respected certification board and accrediting body for our training programs. To create, develop, and implement an educational program for an individual whose duties and responsibilities would be at best nebulous is in my opinion a step backward for the profession.

MICHAEL L. CIANCI
President
Technologist Section, SNM

Reply

Thank you for this opportunity to respond to Mr. Aldridge, to congratulate him on his method for obtaining

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