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free advertisement space in the *JNMT*, and to express my personal opinion of his apparent effort to ease the unemployment crisis in the field of x-ray technology.

To answer Mr. Aldridge's question where have we gone—we, the professional nuclear medicine technologists, have gone from the dark ages when we were merely extensions of other groups to a fully recognized technical specialty that requires an education, not "training," to practice wisely and well.

To touch upon a few of the other points in his letter, I first question where that \$4,000 was spent? Certainly not in either of our Society journals. Was it used to phone the nuclear medicine school at Mr. Aldridge's own institution? Perhaps a billboard for a month, on the outskirts of town . . . ?

What kind of a patient load does his institution have to justify such hours? Is the department at full staff all of this time? This sounds strange to me, when I know of several institutions with more than 800 beds that can operate with a normal staff during normal hours, complete the workload, and have people on call for emergencies.

I could go on for pages, but I will simply say that the whole idea of NMAs as explained by Mr. Aldridge is ridiculous. I don't suppose that it has occurred to him that he would need one CNMT for every CNMA he hired to provide the constant and *direct supervision* necessary when a "trained" button pusher is entrusted with a human life.

The only good point is that such an idea would provide some people with an easy income training other people who want a quickie "education."

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### Reply

I read with interest and great concern the letter detailing the plight of a nuclear medicine supervisor in Kansas. As administrator of a medium-sized nuclear medicine department, as well as a large school of nuclear medicine technology, I can fully empathize with the concerns expressed by Mr. Aldridge.

Even with our on-site NMT program we have experienced difficulties of late in filling on-call and part-time positions. We believe that this is due to the preponderance of full-time day positions available in nuclear medicine for qualified technologists, in relation to the apparent short supply. I don't feel that it is an unreasonable request to ask technologists to work weekends or evening

shifts. After all, many other allied health professionals do. The medical field is unique in that its services must be available around the clock on an "as needed" basis.

Over the last few years, I have received letters and telephone calls from around the country indicating a great deal of difficulty has been encountered in obtaining graduate nuclear medicine technologists to fill existing and planned openings. Although no recent manpower assessments have been made, it is apparent to anyone involved in the field that the demand and supply equation has become heavily unbalanced toward the demand end. This is not to say that there are an insufficient number of CAHEA-approved training programs. Indeed, there are over 200. However, a cursory examination finds that many of these programs, our own included, are not running at capacity and are experiencing difficulties in recruiting qualified individuals to enter the field of nuclear medicine technology. It is a point of great frustration to know that we have more than enough job openings at the end of an NMT's education, more than enough clinical facilities to complete that education, and yet we are still forced to operate at only 70 or 80% of our capacity. I might add that we spend nearly \$18,000 a year in advertising and have a full-time clinical coordinator who makes it a point to visit all of the two- and four-year college campuses and x-ray schools in the region for recruiting purposes.

Some people suggest that we may be reaping the fallout of Three Mile Island and a general negative public perception towards anything "nuclear."

I believe that the professional nuclear medicine societies have not done an adequate enough job in educating the public regarding the opportunities that exist in this field both for the technologist as well as the physician. This is a dire need that should receive prompt and considerable attention from the Technologist Section. It is apparent to most of us that the problem is national in nature and would therefore be best addressed by a national organization.

Regarding Mr. Aldridge's suggestion of a certified nuclear medicine assistant, I feel that this is certainly a matter worthy of discussion within our professional associations. However, I would personally prefer to see our needs filled with fully qualified certified NMTs especially since the capacity to produce these individuals exists.

It is only a matter of putting sufficient raw materials into the process.

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