

Technologist News

The 28th Annual Meeting

Excellent continuing education offerings await technologists at the 28th Annual Meeting of the Society of Nuclear Medicine, June 16-19 at the Las Vegas Convention Center.

The technologist program comprises two major areas: teaching sessions and workshops.

The teaching sessions are designed to be state-of-the-art reviews. They include:

Myocardial Imaging—covering all phases of myocardial imaging, what role each diagnostic procedure plays, and how myocardial imaging can best be used as a diagnostic tool. Speakers and topics are:

Mary Osbakken, MD, "Cardiac Anatomy and Physiology Review."
Ernest G. DePuey, MD, "Alternative Methods of Exercise Testing with Radionuclides."

Merrill C. Johnson, MD, "Thallium Tomography."

Samuel E. Lewis, MD, "Pyrophosphate Imaging in Myocardial Infarction."

Imaging Instrumentation—covering current clinical instrumentation used in imaging. Speakers and topics are:

Allan H. Rowberg, MD, "CT Scanning: Correlation with Nuclear Imaging."

Frank S. Prato, PhD, "Scintillation Camera: Evaluation Prior to Purchase."

John W. Keyes, Jr., MD, "Tomography: The State of the Art."

Gerd Muehllehner, PhD, "A Comparison of Uniformity Computers for Gamma Cameras."

Clinical Update—covering all current clinical procedures including bone, biliary tract, pulmonary, and infection localization. Speakers and topics are:

Lawrence R. Muroff, MD, "Bone Imaging Update."

John R. Sty, MD, "Pediatric Biliary Imaging."

Mel Freundlich, MD, "Technical and Clinical Aspects of Pulmonary Imaging."

David A. Goodwin, MD, "Technical and Clinical Aspects of Inflammatory Imaging."

Educators—will be of interest to anyone applying for the accreditation or reaccreditation of a nuclear medicine technology program through the Joint Review Committee.

Joan A. McKeown, CNMT, will discuss the "Review of the Accreditation Process."

Physician/Technologist Workshops

The workshops will cover:

Gastrointestinal—designed for technologists and physicians interested in the techniques and procedures currently used in gastrointestinal imaging. Speakers and topics are:

Leon S. Malmud, MD, "Gastroesophageal Reflux, Esophageal Scintigraphy, and Gastric Emptying."

Robert S. Fisher, MD, "Gallbladder Studies, Bile Reflux Studies, and Gastrointestinal Bleeding."

John J. Reilley, CNMT, "Technical Aspects of Gastrointestinal Studies."

Cardiac Stress—will introduce techniques for performing exercise radionuclide ventriculograms. Speakers and topics are:

James H. Thrall, MD, "Introduction to Exercise Radionuclide Ventriculography."

Jean M. Clare, CNMT, "Theory and Practical Considerations of Exercise Radionuclide Ventriculography."

Laura Meyers, CNMT, "Computer Considerations and the Workup."

Quality Assurance—will cover all aspects of quality assurance. Speakers and topics are:

Buck A. Rhodes, PhD, "Radio-pharmaceuticals."

Barbara Y. Croft, PhD, "Gas and Aerosol Procedures."

Robert Anger, MS, "Dose Calibrators."

L. David Wells, CNMT, "Technical Procedures."

Charles H. Rose, MS, "Scintillation Cameras."

John J. Erickson, PhD, "Computer Systems."

Computer Applications—designed for physicians and technologists who have some experience in computer applications. Speakers and topics are:

Barbara Croft and Robert Barczak "Bits and Bytes—Nibbling at Computer Programming."

Ronald Price, PhD, John Erickson, and Constant J. Erickson, CNMT, "Quality Control Program for Computers."

Management—this is an intensive 2 ½ day skill development seminar for technologists. The moderator will be Charles Rose.

In addition, the technologist program includes two sessions of scientific papers that will run simultaneously on June 17. Abstracts of the scientific papers are presented in this issue of the Journal beginning on page 111.

And on the social side, be sure to reserve the evening of June 16 for the annual technologists' party. The theme for this year's party is a "Western hoe-down" and there will be a buffet dinner, dancing, and entertainment.

Membership Report

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This year I was appointed chairman of the "Ad Hoc Committee to Encourage Involvement." Through the course of our deliberations, it came to my attention how uninformed the membership is when it comes to what the Technologist Section is doing for the average member. The largest gap appears to be in communication.

In order for the average technologist (those individuals who for whatever reason are unable to attend the national meetings) to be informed of the activities undertaken by the Technologist Section, I have made several recommendations that I hope will be implemented. The first of these is to have all of the local chapters and grassroots societies designate an individual who is active on the national level to attend the local meetings to keep all technologists aware of what is happening on the national level. I feel that if this is done the problems and questions raised by members—including what do I get for my dues—would certainly be addressed. A great deal of time is spent by elected officers and the National Council addressing problems and concerns that affect every technologist practicing nuclear medicine technology today.

One good example of what is being done is the vast amount of work performed by the Government Relations Committee, chaired by Duffy Price. As Duffy stated in her article in the March *JNMT*, the Technologist Section will continue to monitor what is happening in Washington. On March 6, 1981, Senator Jennings Randolph reintroduced "The Consumer Patient Radiation Health and Safety Act of 1981"; this bill (S 646) deals with the adoption of minimum federal standards for the practice of nuclear medicine technology. The Technologist Section will continue to

monitor the progress of this bill and we will address what the bill's impact would be upon our profession.

The second recommendation is to develop and implement an extensive membership drive. The membership committee has set forth a policy that any technologist who recruits ten new members will have his or her dues waived for the Technologist Section. I would like to point out, however, that only the first sponsor will be credited with recruiting the member. What this means is that the name appearing on the top line as sponsor will receive credit for recruiting the new members. As I stated in my last article, if each one of us recruited one new

member, we would double our membership.

My third and final recommendation is to contact you the members to try and get a feeling as to whether your needs and concerns are being addressed. I have decided to try this two ways: the first is this article. If there are any activities or specific concerns facing you as a practicing technologist, take the time to write me and state your feelings. My phone number is included above. One additional way to assess members' needs will be a questionnaire to be printed in the September issue. If there is anything in particular you would like to see included in this questionnaire, please contact me.

The Voice Box

Questions have been raised recently on whether or not CEU credit is actually being received by members attending VOICE-approved programs. The answer is a definite *yes*. In June 1980, the Society's data processing agreement with a computer fulfillment house in New York ended because the Board of Trustees approved acquisition of an in-house computer. The logical priority schedule for data input into the in-house computer is membership, publications, accounts receivable reports, and then VOICE. We hope that the system will be fully operational in June and members will receive an updated transcript sometime thereafter.

In February 1980, the National Council approved a resolution from the Continuing Education Committee that a full-time staff person be hired to coordinate the educa-

tional activities of the Technologist Section. This person has arrived and her name is Theresa Mongrandi. Teri is an educational specialist with wonderful new ideas. For all educational activities, Teri is *your* contact person in the National Office. The lines of communication are now open so let's use them.

At the Las Vegas meeting, self-assessment will be discussed by the Continuing Education Committee. These assessments might be published separately or in the *Journal of Nuclear Medicine Technology*. If you have any ideas or desire input, please come to the Committee meeting on June 13.

Look for a list of audiovisuals that have been approved for CEU credit in a future issue.

Sheila Rosenfeld
Chairman
Continuing Education Committee

Message from the President

MICHAEL L. CIANCI
President
Technologist Section



Is licensure a benefit or a boondoggle? If you were to survey a number of nuclear medicine technologists concerning licensure you would probably elicit responses—both pro and con—similar to a random survey of lay persons asked whether or not they favored outlawing handguns. Obliquely, the arguments are the same; the central issue in each is the “rights of the individual.” I use this comparison because for both issues, it seems to me, powerful lobbyist groups dominate rather than the voice of the people.

We have heard what the positions of various powerful segments of the medical community are regarding licensure. Have we heard what nuclear medicine technologists want? For handgun control, the will of the people could easily be determined by a referendum ballot, but how and when are we as nuclear medicine technologists going to express *our* opinions? Licensure affects *us* most directly; not physicians, not scientists, not administrators. For the past several years our position paper on licensure has sat firmly on the fence, e.g., “. . . if licensure is deemed necessary . . .” I have one question: If we can't deem licensure necessary or unnecessary, who can? Who should?

It is time for the Technologist Section to decide whether or not we support or oppose licensure. Then, we must *act* in accordance to our decision.

The Section's position paper on licensure was promulgated and adopted in 1976, before the exist-

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ence of the Nuclear Medicine Technology Certification Board. Even though the position paper has been reviewed since, several significant events have occurred; I believe another survey of all technologists is now in order. Has our consensus changed?

Certification is a very viable effort to insure that competent individuals are practicing nuclear medicine technology but certification is voluntary and only insures

that at some time the individual was subject to peer review. It cannot insure that only competent individuals will practice nuclear medicine technology.

In the past several Congresses, we have been successful in effecting beneficial changes to proposed federal licensure legislation and to date, no federal licensure bill has been passed into law. But with similar legislation already introduced in the 97th Congress, (S 646), I believe it is time for us to determine how the public's health and safety, as well as that of competent technologists, can be protected from incompetent technologists.

I would like to know your opinion on licensure. Please contact either Dorothy Duffy Price (Chairman, Government Relations Committee) or me (personally or through the National Office).

I have enjoyed working for you this year. I owe a debt of gratitude to the National Office staff and to the countless number of people who chaired committees, served on committees, and gave me their time and input to make this year a success. To all of you, thanks for making me look good.

The Technologist Section is now accepting applications for its year-round “Technologist Referral Service.” Members who use the service to seek employment will be charged a fee of \$5.00; for nonmembers, the fee is \$50.00. Employers who use the service to list positions available will be charged \$50.00 for each position.

After you have applied to the Referral Service, your application will be kept on file for six months. The service will cover the following positions in nuclear medicine technology: staff technologist, chief technologist, administrative technologist, research technologist, and RIA technologist.

Applications and further information will be available at the SNM Annual Meeting Placement Service, Room K-1 in the Las Vegas Convention Center. Or you may use the reader service card contained in this issue by filling out the information requested and circling number 151; mail it today (no postage necessary).

The Board held its most recent meeting in Atlanta, GA, on March 5-8, 1981. At that time the 1981 examination was finalized. The exam contains 225 test items; 30% of these are either revised or new items. Critical to maintaining a current, clinically applicable examination is congruency between examination emphasis and procedures being performed in nuclear medicine technology. Current trends in procedure frequency and types of instrumentation must be reflected with emphasis in the examination subcategories. One of our goals is to continually review the exam to keep up with progress in nuclear medicine technology.

The NMTCB task analysis identifies the skills necessary for job performance. It is the crucial link in the process to assure a job-related, competency-based examination. The task analysis provided the content base upon which the examination was developed. I am happy to report that the task analysis is in the process of being validated and will be completed in the near future. At this time I would like to thank all the technologists who took the time to fill out the occupational inventories sent to them by Board members. Your input is vital; it makes the NMTCB exam more job related and competency based.

The 1981 NMTCB examination will be given on Sept. 12, 1981. The application deadline is June 2, 1981; we encourage prospective applicants to mail their applications as early as possible.

During the process of item development and finalization of the 1981 examination, the Board was joined by the Advisory Council, which had been invited to participate in the exam development. The Advisory Council conducted its meeting under the direction of its Chairman, Mel Freundlich, MD. Dr. Freundlich is the representative of the American College of Nuclear Physicians. Other

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members of the Advisory Council attending the meeting were: Howard Dworkin, MD (Society of Nuclear Medicine); Debbie Gryniewicz (Technologist Section, SNM); Leroy Robbins (American Society of Medical Technologists); and Audrey Wegst (American Association of Physicists in Medicine). The Council re-elected Dr. Freundlich as Council Chairman and he will serve on the NMTCB Board of Directors during his term of office.

To ensure continued success of the NMTCB exam, input from the Technologist Section membership is most important. Arrangements have been

made to provide the Section membership with the opportunity to work and learn with the NMTCB. There will be an item writers workshop at the 28th Annual Meeting of the Society of Nuclear Medicine in Las Vegas on Thursday, June 18, from 1:30-5:00 pm in Room N-2. The workshop is open to anyone interested in learning how to write test items, and most specifically, the methodology used in item development by NMTCB. It will provide an excellent opportunity for educators, chief technologists, staff technologists, and physicians to learn more about the NMTCB certification process. If you are interested contact Barbara Horton at the NMTCB office (404) 923-2250 so that sufficient materials may be prepared. The item writers workshop will be conducted by Cyndie Schmeiser from American College Testing Program.

Nominations for elections of NMTCB Directors are now being sought by the National Council of the Technologist Section. If you are interested contact the delegate within your chapter for additional information. Members must receive nominations by Aug. 31, 1981. This is your opportunity to participate directly in the Board and the certification process.

Finally, I would like to thank all members of the Section for their continued support in making the NMTCB exam such a success: "certification by nuclear medicine technologists for nuclear medicine technologists."

Monitor on Government Relations

Senator Jennings Randolph has introduced S 646, "The Consumer Patient Radiation Health and Safety Act of 1981" in the 97th Congress.

The purpose of this bill (which is essentially the same as the bill Sen. Randolph circulated in the 96th Congress) is to induce states to implement programs that would certify persons who administer radiologic procedures and, as a corollary, would establish standards for the accreditation of educational programs that train individuals to perform radiologic procedures.

The Committee on Labor and Human Resources, which is responsible for the bill's development in the Senate, placed the following comments in the *Congressional Record* on March 6, 1981:

"Since 1967, legislation has been under consideration by the Congress to provide for state licensure of users and operators of medical radiological equipment.

"The general public's exposure to radiation sources in medicine and dentistry is, next to natural background, the largest contributor to the consumer's radiation exposure in the United States. Medical and dental sources of radiation currently account for over 90% of all human exposures to man-made ionizing radiation. By contrast, normal operation of nuclear power plants accounts for less than 1% of the consumer's exposure to ionizing radiation. The attendant benefits from the use of radiation for medical and dental diagnosis and for radiation therapy are well recognized for their essential role. The risks associated with undergoing an efficacious x-ray examination needed for proper medical care are less than the risks which would be incurred without the examination.

"Annually it is estimated that over 5,000,000 individuals are administered radiopharmaceuticals in diag-

nosis and treatment of disease. Approximately 130,000 medical x-ray machines are used to conduct about 186,000,000 x-ray examinations annually, and 172,000 dental x-ray units are employed in 92,000,000 dental examinations each year.

"Radiologic services are ordered by some 350,000 physicians, approximately 18,000 of whom are radiologists [4% of the total physician population] with specialized expertise in the use of radiation for diagnostic and therapeutic purposes. There is no requirement for training of physicians—96% of these physicians—in the medical uses of radiation."

A significant percentage of radiation health workers is not certified. For example:

Category	Certified	Not Certified
NMTs	85%	15%
Radiologic Technologists	50-65%	50-35%
Dental Assistants	28%	62%

Source: *Congressional Record*, March 6, 1981, S 1909.

Because of these and other findings by various committees, S 646 has been reintroduced.

Significant provisions of the bill are:

—That the Secretary of the Dept. of Health and Human Services promulgate minimum standards for accreditation of educational programs to train individuals to perform radiologic procedures.

—That the Secretary of the Dept. of Health and Human Services promulgate minimum standards for certification of persons who administer radiologic procedures.

—That the Secretary of the Dept. of Health and Human Services provide a model state law for radi-

ologic procedure safety.

—That the Secretary of the Dept. of Health and Human Services promulgate guidelines to assist the healing art professions to reduce required radiation exposure, to eliminate the need of retake for diagnostic radiologic procedures, and to eliminate unproductive screening programs.

There is a "carrot and stick" approach to this bill. If a state does not adopt these minimum standards, funds provided to the state from the Public Health Service Act will be reduced 5% the first year, and each subsequent year until the state adopts the minimum standards. A state is allowed to rely upon "private accreditation and certification programs."

In the past, the Society of Nuclear Medicine and the Technologist Sec-

tion have been in opposition to the Randolph bill because it failed to recognize nuclear medicine as a separate and distinct entity. The present bill, S 646, incorporates our previous recommendations. Additional input will be provided to the Committee regarding the need to recognize the Nuclear Medicine Technology Certification Board (NMTCB) as the appropriate certification board for nuclear medicine technologists representing the full scope of practice of nuclear medicine technology.

The Technologist Section favors national standards implemented at the state level. States should imple-

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Monitor on Government Relations

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ment standards based on acceptance and adoption of national certification (this position is consistent with the Society's adopted policy statement as expressed in the Position Paper on Licensure, Option 3).

Strategies for Monitoring Legislation

The Government Relations Committee will continue to work closely with the President of the Technologist Section, the President of the Society of Nuclear Medicine, and the Society's Government Relations Committee to develop appropriate strategies reflecting input from technologists on legislation emanating from the 97th Congress.

Technologist Section President Mike Cianci is scheduled to meet with appropriate staff people from Sen. Randolph's office and will be working closely with other allied health professional groups who share a common interest in this legislation.

The American Society of Radiologic Technologists, the American Dental Assistants Association, and the American Dental Hygienists Association support Sen. Randolph's bill. Our progress influencing S 646 will be provided to you in future articles in the *JNMT* and *Newsline*.

A Pro-Active Approach

At the National Council Meeting in New Orleans on Feb. 4, 1981, the Government Relations Committee requested input from the Council on whether or not the Technologist Section should be prepared to take a pro-active rather than a reactive approach on national standards and certification legislation if introduced to the 97th Congress.

Considerable debate followed. During the discussion the need for nuclear medicine technology practice standards was determined to be critical to any decision regarding a change in our position on the issue.

The Socio-Economic Affairs Committee is currently developing practice standards and will present them to the National Council in June. National Council Delegates informally expressed support of national standards as espoused in the Position Paper, Option 3.

Status of Licensure in the States

The Government Relations Committee recently conducted a survey utilizing the Legislative Network in January 1981; 60% of the Legislative Network responded. We found that:—At the present time, only three states out of 50 regulate the competence of nuclear medicine tech-

"We will continue to monitor legislation from the 97th Congress that might affect technologists."

nologists through credentialing. Those states are California, New Jersey, and Vermont.

—California is the only state that credentials the performance of both in vitro and in vivo procedures under its regulations of nuclear medicine technology.

—Vermont and New Jersey accepted the NMTCB certification in lieu of taking a state-administered examination. It is expected that California will do the same when the regulations are implemented in 1982. The NMTCB is working with New Jersey and California to develop state-credentialing examinations.

Definitions of Interest

Definitions of the following terms, which are frequently used when discussing technologist certification, are provided for your information.

Credentialing: is a general term referring to some formal mode of recognizing professional or technical competence, including both

certification and licensure. The purpose of credentialing is to provide a mechanism for protection of the health services consumer and the public. This mechanism assures competency by requiring that certain educational and professional standards are met; this then translates into quality patient care. In the case of nuclear medicine technology, protection is achieved by reducing nonproductive ionizing radiation exposure.

Licensure: is a process by which a government agency grants permission to an individual to engage in a given profession or occupation. Licensed individuals are assumed to have the minimal degree of competency necessary to ensure that public health, safety, and welfare will be reasonably well protected. Licensure is compulsory in order to practice an occupation; it is a power reserved by governments to protect the health and welfare of their citizens.

Certification: is often used interchangeably with the term "registration." It is a process by which a non-governmental agency or association (usually a professional organization) grants recognition to an individual meeting specified qualifications of competency. Certification is voluntary and conferred upon satisfactory completion of an approved training or educational program, or accomplishment of a given amount of work experience—in addition to acceptable performance on a qualifying examination. One who is certified is then placed on a registry, which is a list of the names of those individuals who have completed these requirements and have passed an examination.

National Standards: are a set of uniform guidelines for health personnel, which will assist states in formulating compatible licensure programs.

Federal Minimum Standards: are model regulations developed by the federal government to assist states interested in developing licensure programs.