
Letter from the Editor

Salaries and Advancement—Or Lack Thereof

Based on unsolicited letters to the Editor in this and previous issues of the *JNMT*, it seems that some of the most important concerns of nuclear medicine technologists today are salary and advancement.

Technologists are leaving nuclear medicine at a regular rate now because they are dissatisfied with either or both of these two areas, not because they dislike the field.

The Technologist Section membership should decide whether or not to support the advancement of individuals within the discipline, in addition to its traditional role of supporting the advancement of the discipline itself. Should we promote the progression of technologists into positions beyond chief technologist, such as administrative officer of the nuclear medicine department or radiation safety officer? People need goals and technologists are no exception. If advanced positions with salaries to match are not available, many will continue to leave nuclear medicine technology for industry, sales, or completely different careers.

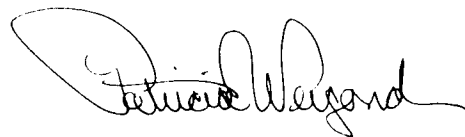
The salary structure must be addressed immediately. Limiting the field via licensure could increase salaries; we should pursue this vigorously to make this possibility a certainty. In any event, we must convince our employers (the full members of this Society) that qualified, motivated technologists will cease to be available at the current, average national salary. (Hard data to support this is forthcoming—the results of your responses to the needs assessment questionnaire, which appeared in the last issue.)

One way to address the problem is through our recently increased membership on the Society's Board of Trustees. A strong lobbying effort must be made in this forum to bring our concerns regarding salary, advancement, retention, and recruitment to the forefront. At the very least, we should request that an SNM task force be charged to investigate the situation. The Board, of course, will have mixed feelings; since although they each want a qualified technical staff, they would probably rather not increase their overhead.

Some physicians may not in fact realize that a problem exists. It is our job to educate them in this area while maintaining good public relations and open lines of communication.

I urge you, as individual members, to write or call your National Council Delegate (see the listing on the next page) with your opinions. Request that these issues of concern be addressed at the National Council Meeting in Baltimore in January.

A fairy godmother will not suddenly appear to present us with our just deserts; we must decide what we want, and then do it . . . *NOW*.



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