SOME OBSERVATIONS ON THE TRAINING OF NUCLEAR-MEDICINE TECHNICIANS AND TECHNOLOGISTS

If there is anything that characterizes training programs in nuclear-medicine technology more than their relative scarcity, it is their variety of content. Perhaps their "relative scarcity" is more apparent than real because of the difficulty of obtaining cogent information and listings of the courses of study that do exist. Be that as it may, it is still quite evident that "training programs" vary greatly in length and content.

It is this variety of scope, together with the lack of criteria for evaluation of training programs, that has caused some organizations to be reluctant to issue a listing of "approved schools." The duration of technology training programs varies from two-week "intensive" classroom courses to programs of one year or more. Even in programs of significant duration, the quality level ranges from relatively unsupervised clinical training only to well-designed curricula with balance between didactics and properly supervised clinical involvement.

Even examining and registry groups are strongly oriented along disciplinary lines, particularly with regard to *who* is doing the examining and *who* is being examined. Programs of continuing education for technologists, although becoming more frequent, still vary considerably in content and in professional direction and involvement.

It is probably not an exaggeration therefore that training in nuclear-medicine technology presents a confused—if not chaotic—picture. From this disturbed picture, however, one trend seems to be emerging. Each new statement made regarding minimums seems to call for more instruction than did the last.

It seems appropriate, therefore, to be concerned with *how much more* and *how much better* constitute a reasonable minimum. Perhaps the time has come to seek a broad base of agreement on the essential ingredients of nuclear-medicine-technology training programs. Perhaps it is germane to speak of the desirability of incorporation of technology training into educational programs of broader scope such as associate and baccalaureate curricula. Perhaps it is time to admit that nuclear-medicine technology requires knowledge and skills different from those inherited from disciplinary ancestors.

Your Society has been represented on a task group reporting to the Council on Medical Education of the American Medical Association. This group has produced a working document aimed at obtaining some agreement on the minimal "Essentials of an Acceptable Educational Program in Nuclear Medicine Technology." It speaks of proposed minimal requirements for facilities, faculty, admissions and curricula as well as possible incorporation within more complete educational

programs. You may obtain a draft copy of this document by writing

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The task group is very interested in your comments which you may send to

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Your Society would also be interested to receive your reactions. Please address these to

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If a well-accepted set of standards and criteria for educational programs in nuclear-medicine technology can be developed, possibly something else will follow. Maybe, in time, there can be *one* widely accepted set of standards for evaluation of technician and technologist competence.

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