SNM Board Supports Four-Month Training for NRC Licensure of Cardiologists

The Society of Nuclear Medicine's Board of Trustees adopted a resolution stating its support for a petition before the Nuclear Regulatory Commission which requests that cardiologists be licensed to use radioisotopes after four months of training. The resolution also called for a six-month training period for licensure of other specialists who use a wider range of nuclear medicine techniques.

This topic was the main item on the agenda at the Board meeting on January 26 during the Society's 4th Conjoint Winter Meeting in Las Vegas.

Following a sometimes emotional debate that took over three hours, the Board voted in favor of the following motion: "Be it resolved that The Society of Nuclear Medicine accepts four months of training as appropriate for NRC licensure in cardiovascular nuclear medicine, whereas six months would be required for those wishing to use radionuclides in multiple organ systems, and be it further resolved that The Society of Nuclear Medicine adopt a position statement proposed by the Competence and Certification Committee on clinical competence, and be it further resolved that The Society of Nuclear Medicine develop a detailed descriptive statement of adequate clinical training."

Following the Board meeting, Society President Michael J. Welch, PhD, said that he was appointing a committee to develop the language of the clinical training statement. This committee will report to the Executive Committee at its next meeting on April 20.

The issue, which caused some division among Society members, was precipitated when the American College of Cardiology (ACC) filed a petition with the NRC in January of 1984, requesting a revision of training and experience requirements for cardiologists (see Newsline, Nov. 1984, pp. 1, 4-5). The American College of Radiology's (ACR) position was that licensure requirements should be consistent for all specialties; therefore, the ACR would urge a change in the requirements from six to four months for all practices of nuclear medicine if the NRC approved the ACC petition. Many members of the nuclear medicine community felt that six months was already a compromise, and wanted to fight against a shorter requirement.

To iron out these differences, the ACR called a meeting last June, inviting representatives of the SNM, the ACC, the American College of Nuclear Physicians, the American Heart Association, and observers from the NRC. They agreed to take a proposal calling for a four-month training requirement back to their organization.

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Technologist Section Takes Stand Against On-the-Job Training

The Technologist Section of The Society of Nuclear Medicine adopted a resolution calling for "the elimination of on-the-job training (OJT) as a criterion for access" to board certification. The resolution recommended formal academic training through CAHEA-accredited programs as "the only route of eligibility for taking the Nuclear Medicine Technology Certification Board (NMTCB) examination."

After a 30-minute debate, the resolution passed by a vote of 19 to three at the National Council Meeting in Las Vegas on January 24. Maria V. Nagel, CMNT, president of the Technologist Section, said that the resolution is a significant step towards recognition of nuclear medicine technologists as true professionals.

"The technology has become so sophisticated that a formal training program is important," explained Ms. Nagel, of the nuclear medicine department at the University of Nebraska Medical Center. "Technologists who are told that they can start on-the-job training right out of high school may be 'led down the garden path' because many of them are not going to pass the exam after six years of training," she added.

Most of the National Council delegates based their votes on test results that showed dramatic differences between OJT candidates and graduates of programs approved by CAHEA (the AMA's Committee on Allied Health Education and Accreditation). In 1983, 70 percent of the 723 CAHEA students passed the board exam, as opposed to a 28 percent pass rate for the 210 OJT candidates. Figures for the previous year were similar.

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tions, although there was considerable disagreement later as to whether that proposal applied only to technologists or to all physicians using radioisotopes. At another meeting in October, this group "agreed to disagree" on the issue.

At the Las Vegas meeting, Dr. Welch invited two speakers to address the Board: James H. Christie, MD, a member of the ACR's Commission on Nuclear Medicine, to present the ACR's position; and Schuyler V. Hilts, MD, president of the ACNP, to present his group's position. Both men are also SNM members. For further background information, Board members had received, prior to the meeting, copies of the somewhat heated correspondence generated by the controversy over the past year.

Dr. Christie reiterated the ACR's position that minimum standards for safety should be equally applicable to all users, and that the ACR never would have called the negotiating meeting last summer for the purpose of setting lesser standards for technologists. Dr. Hilts said that the SNM and ACNP would lose credibility if they "reneged" on the proposed four-month agreement, warning that if the nuclear medicine groups took a hard line on six months, the cardiologists might feel free to renew their request for training standards shorter than four months.

William H. Blahd, MD, chief of the nuclear medicine/ultrasound service at the Wadsworth VAH in Los Angeles, and an SNM past president, made the first motion, stating: "I move that The Society of Nuclear Medicine reaffirm its position of 1980 regarding minimum NRC licensing requirements, and that The Society of Nuclear Medicine recommend to the NRC that the NRC continue its requirement that a minimum of six months of training and experience in the safe use of radionuclides in medical practice be required for licensure to use radionuclides in human subjects."

Dr. Blahd stated in support of his motion that the SNM Board of Trustees had officially adopted in June, 1980, the position that six months of training and experience were appropriate requirements for NRC licensure. Dr. Blahd noted that this position was taken despite cardiologists' opposition, and that nothing has changed since 1980 to justify the revocation of the June 1980 position. Noting that if the NRC reduces training requirements for cardiologists, the ACR would petition for a reduced level of training for radiologists, he said, "The logical outcome of these actions will result in a reduction of training and experience requirements for all applicants for NRC licensure. In view of the Society's vigorous support of the six-month training requirement in 1980, these likely events will have the effect of impuning the credibility of the Society and its policies and degrading our discipline."

Speaking in support of the motion, Henry N. Wagner, Jr., MD, director

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ilar, with a 69 percent pass rate for 705 CAHEA examinees, compared to 24 percent for the 246 OJT test-takers.

A few council members voiced objections to the resolution. Sally A. Zabawa, CNMT, Central Chapter delegate, said that although she does not support OJT, she felt that the Society would be acting inconsistently to require certification for entry into the field when it's not required for membership in the Society. Danny L. Jergenson, CNMT, Pacific Northwest Chapter delegate, noted that if OJT candidates were barred from the exam, the NMTCB would lose 23 percent of its revenue, estimated at $12,000 to $14,000.

On the other hand, Miriam K. Miller, CNMT, of the Academic Affairs Committee, said that OJT does an injustice to a person entering the field since so many OJT technologists fail the board exam. Donald R. Bernier, CNMT, a past president of the Technologist Section, said it appears that most of the OJT examinees are repeaters, failing the test for the second, third, or even fourth time.

The discussion ended when James K. Langan, CNMT, also a past president, said that he was concerned about patients who come into contact with OJT technologists because there are no safeguards in place. "After three to five years of dealing with patients, 70 percent of OJT nuclear medicine technologists who take the NMTCB exam fail it," he added.

The Past President's Council, which proposed the resolution, gave three reasons for eliminating OJT: (a) nuclear medicine technology has evolved into a discipline that can no longer be taught in the hospital setting, and that requires formal education; (b) the number of CAHEA-approved programs is adequate to provide enough graduates for the field; and (c) job opportunities, particularly in larger cities, appear to be scarce.

The resolution was later introduced to the Board of Trustees on January 26, where it also received approval. The Society will send a letter stating its official position on on-the-job training to the NMTCB, which last year requested guidance on this issue from the Technologist Section. ■