also question the performance of certain tasks by noncertified individuals.

The trend toward multiskilled technicians also offers an advantage to educational institutions that are seeing reduced numbers of qualified candidates for accredited programs, or that have not earned accreditation in certain areas. The School of Technical Careers at Southern Illinois University, for example, now offers a program in which students learn medical laboratory skills, radiography, and respiratory therapy. The program, however, is not accredited in all of these areas (*5*). Another new program at the University of Alabama awards graduates with a Multiple Competency Clinical Technician (MCCT) degree. The program is accredited in medical assisting, but it also includes some nursing, laboratory, radiographic, and emergency medicine procedures (*6*).

Allied health professionals in general, and nuclear medicine technologists in particular, have evolved through the years from being trained on the job to graduating from formal educational programs which are accredited by the Committee on Allied Health Education and Accreditation (CAHEA), and recognized by certifying bodies such as the Nuclear Medicine Technology Certification Board. This development has provided employers—whether they are physicians or hospital administrators—with reliable measures of competency for technologists. In addition, state licensure gives the public assurance that these individuals are competent.

According to the Human Resource Survey taken by The Society of Nuclear Medicine (SNM) Technologist Section, 45% of all nuclear medicine technologists in the United States are also radiographers, and 22.5% work in both nuclear medicine and radiography (*7*). With a work force of approximately 12,000, the number of technologists multicompetent in these two disciplines alone is about 2,700. The truly multicompetent nuclear medicine technologist, who may also be certified in radiography and/or ultrasound, can serve a valuable role in the health care system. There is also a need for multicompetent technologists who acquire training in other modalities for which there is no certification exam, such as computerized tomography, nuclear magnetic resonance, and electrocardiography. The medical community needs to look carefully, however, at this issue and distinguish the multicompetent from the multiskilled members of the allied health professions.

Maria V. Nagel, CNMT
University of Nebraska Medical Center
Past President, SNM Technologist Section, 1984-1985

References

1. Dunlap WS: Wanted: Health technicians, *VOCED* 57:35-36, 1982
2. Blayney KD: Cross-training among the allied health professions. *Prof Med Assist* Vol. 18 No. 6:22-23, Nov/Dec 1985
3. Keenan JE: The multiple competency clinical technician project: A model approach for the development of an allied health generalist. University of Alabama at Birmingham, 1985
4. National Commission on Health Certifying Agencies: Report on functional certification, 1985
5. Bamberg R, Blayney KD: Multicompetent allied health professionals: Current approaches and suggestions for baccalaureate-level programs. *J Allied Health* 13:299-305, 1984
6. *Opcit* Keenan JE
7. Cianci ML, McKeown JA, Exten RE, Price DD, et al: Human resource survey of nuclear medicine technologists—1984. *J Nucl Med Technol* 13:187-199, 1985

Physician Removed from NRC License for Failure to Report Misadministrations

The Nuclear Regulatory Commission (NRC) has issued an order to Bloomington Hospital in Indiana prohibiting the hospital's designated radiation safety officer, one of nine physicians authorized by that insititution's NRC license to use radiopharmaceuticals, from performing or supervising the use of NRC-licensed radiopharmaceuticals at the hospital.

The problem arose from a 1984 NRC inspection after an allegation that five radiopharmaceutical administrations were not done correctly. Four were not reported to the NRC as required, and the fifth was reported during the inspection.

During the NRC's subsequent investigation between October 1985 and January 1986, the agency determined that "the physician had provided false and misleading information to the NRC inspectors," and that there is no longer reasonable assurance that [the physician] can be relied upon to comply with Commission requirements in the performance or supervision of licensed activities," stated the NRC.

Jillian E. Frohman