

To manage through these difficult market conditions, most companies can be expected to cut costs in any way they can—whether by eliminating unprofitable activities or reducing their staffs. Of course, these steps, even if successful, will have only a one-time impact. The real future of the nuclear medicine industry lies not in cost reductions, but in market growth from innovative products that produce higher sales and margins.

Naturally, this is easier said than done. With all the pressure to reduce costs and improve profits, radiopharmaceutical companies are finding it nearly impossible to maintain efficient R & D programs. Medical device manufacturers are in the same boat—often choosing cost containment over the productivity-enhancing potential of new technologies. But if both indus-

tries step up their research efforts, they'll be more profitable in the long run. The reason? Hospital purchasers will eventually begin to recognize that nuclear medicine technologies actually contain costs by providing more accurate diagnoses and preventing unnecessary surgeries such as biopsies. This realization should happily improve the outlook of nuclear medicine in the U.S.

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Next Month: Part 2—Strategies for Survival

WINTER SUMMIT TO DISCUSS CURRENT CRISIS IN NUCLEAR MEDICINE

Fact: More than one-third of nuclear medicine residencies go unfilled, and the profession is graying at a rapid rate.

Fact: Increasing numbers of physicians from other specialties use NRC licenses to practice nuclear medicine.

Fact: The field of nuclear medicine lags far behind other professions in developing practice guidelines and performance standards via outcome studies.

Option A: Do little and allow the field to continue to exist on less.

Option B: Implement a renewal that will restore, regenerate and rebuild the specialty.

THE FIELD OF NUCLEAR MEDICINE IS at a crossroads, and members of the Society of Nuclear Medicine (SNM) must either choose option A or option B. The choice depends on their commitment to change, says SNM President James J. Conway, MD. He is getting the message out that a major overhaul is vital for a healthy survival.

The evidence is in the statistics: the number of nuclear medicine procedures is declining every year and being replaced by other competitive technologies. Fewer and fewer nuclear medicine physicians, technologists and scientists are entering the field and the clinical applications of PET are being discontinued in major research centers.

These concerns and the facts above prompted Conway to establish a Task Force, chaired by Robert E. Sonnemaker, MD, to prepare a plan for implementing changes. The plan will be discussed at a forum that will convene at the Summit meeting in San Diego this coming February 12 and 13 immediately following the Board of Trustees Mid-

Winter meeting. Titled "Nuclear Medicine in Crisis: Survival or Renewal," the forum will focus on these three issues:

- The practice of nuclear medicine (Why should a physician choose nuclear medicine? What is SNM's commitment to research and development?)
- The limitations of current training (Who are we training—practitioners or academicians? Is nuclear medicine a viable, independent specialty?)
- Unification within SNM and with other medical organizations (Does unification mean consolidation?)

The purpose of this critical Winter Summit is to allow participants to hear and weigh comments from research and policy leaders and to initiate a program that will counter the forces threatening nuclear medicine's survival. The day-and-a-half meeting will begin with a plenary session introduced by a presentation on "Developing the Clinical Practice." Two leadership forums featuring four guest speakers will follow and will focus on defining the changes needed and how they could be implemented. These discussions will frame the work of the second day, in which delegates will meet in focus groups to develop a plan of action. Focus group leaders will then present the four plans for consensus discussion and approval.

During its October 1994 meeting, the SNM Executive Committee made this forum a matter of high priority emphasizing that it could prove vital to the future of nuclear medicine. Since nuclear medicine's survival depends on the profession's ability to communicate its role as a distinct medical imaging modality to targeted audiences, the upcoming Summit meeting aims to

examine this goal by tackling the issues on all fronts. Here's the planned agenda:

ISSUE ONE: Will nuclear medicine be the sole medical specialty without practice guidelines?

The development of practice guidelines is proceeding at a steady pace. Nine procedural and clinical guidelines are currently in various stages of review. The approval review is long and arduous and includes developing a draft of guidelines; submitting the guidelines for up to four review cycles alternating between the Guidelines Development Subcommittee and the Task Force; review by all members of the Commission on health care Policy (CHCP); and approval by the Board of Trustees.

Among the guidelines in development are those for individual procedures such as bone scintigraphy, thyroid uptake measurement, thyroid scintigraphy, whole body scintigraphy for thyroid cancer, hepatobiliary scintigraphy, renal scintigraphy, radionuclide ventriculography, infection imaging and brain imaging. A guideline for imaging with radiopharmaceuticals and a therapy guideline also are in development. The CHCP expects to submit two guidelines to the Board of Trustees in February 1995. The CHCP has developed a network of SNM members to monitor state-level legislative guidelines and to review SNM practice/procedure guidelines. Information is distributed to network members in a monthly bulletin.

ISSUE TWO: Will limited scope of practice prevail?

The discipline of nuclear medicine is experiencing fragmentation manifested by the increasing numbers of practitioners in other specialties involved in the "limited practice" of nuclear medicine. Unfortunately, this does not mean they're qualified to provide high-quality, state-of-the-art nuclear medicine, said Conway. And there's no formal way to test and certify these physicians' skills. Although other medical specialties are experiencing this problem, nuclear medicine is the only specialty that's so highly regulated that it requires a license to practice from a government agency.

A number of pathways currently exist to obtain an NRC radiomaterials human use license, including certification by the American Board of Nuclear Medicine (ABNM). The NRC also offers its own licensing requirements which include classroom and laboratory training in basic radioisotope handling techniques (200 hours), supervised work experience (500 hours) and supervised clinical



Courtesy of San Diego Convention & Visitors Bureau

San Diego and its bay will provide the backdrop for the SNM Mid-Winter Meeting.

experience (500 hours), for a total of 1200 hours. Since these requirements are often fairly easy to obtain, many physicians get licensed and then mistakenly think they are competent to practice some or all of nuclear medicine, said Conway.

He recently established a Task Force (comprised of Drs. Carretta, Fletcher, Kirchner, McCartney, Reba and Sonnemaker) to review these issues, network with appropriate agencies and recommend appropriate strategies to solve the problem. A potential solution would be a certification process accredited by the Accreditation Council for Graduate Medical Education (ACGME) that included a core curriculum and practice skills; a method to assess the quality of the training program; and a method to provide evidence of qualification to practice that would involve existing American Board of Medical Specialties (ABMS) member boards and a certifying examination.

The core curriculum has been developed and can be fine-tuned to meet the objectives of the strategy. However, trying to establish a qualification that ABMS will recognize has its drawbacks: A formal subspecialty requires certification via a residency program and several additional years of training. Certificates of added qualifications (CAQ) and certificates of special qualifications (CSQ) have rigid definitions and requirements that often penalize technologically oriented specialties. For example, the board probably would deny a request to approve a CSQ in PET because under present rules it can't ordain a technology—only a body of knowledge. Regulations accompanying

the ACGME accreditation of training programs also are weighted against developing technologies or subspecialty interests that are small in number, such as pediatric nuclear medicine.

Where does this leave the nuclear medicine profession? In August, the Task Force for Nuclear Medicine Training Guidelines met with ABMS Executive Director J. Lee Dockery, MD, and identified the following strategies for the profession. These will be discussed during the Summit meeting:

- Define competencies in nuclear medicine
- Review special requirements for training in specific but likely “limited practice” scenarios (i.e. cardiovascular disease and medical oncology)
- Focus on goals and desired outcomes regarding “limited practice” of nuclear medicine
- Consider the American Board of Obstetrics and Gynecology’s model in which it “approves” but does not accredit training programs (that are ACGME accredited) in ob-gyn subspecialty areas. ABNM could consider the “approval” of one-year postdoctoral nuclear medicine subspecialty training programs in areas such as cardiovascular nuclear medicine and pediatric nuclear medicine.
- Establish a conjoint examination and testing board; determine who would be qualified to enter these ABNM-approved nuclear medicine subspecialty training programs.
- Establish a relationship with the Joint Commission on Accreditation of Healthcare Organizations and provide them with a summary of educational requirements, competencies and qualifications necessary to practice nuclear medicine. Establish a relationship with the American Hospital Association to identify the credentials needed for privileges in nuclear medicine. These relationships would enforce nuclear medicine standards for training and qualifications for practice.

ISSUE THREE: Will the FDA gain control of PET radiopharmaceuticals?

The nuclear medicine community strongly believes that the proposal by the FDA to regulate the use of PET radiopharmaceuticals through its New Drug Approval approach is inappropriate. To address this concern, the Task Force on PET Radiopharmaceuticals was established in June 1994. It will attempt to create a unified approach to issues relating to radiopharmaceuticals with the active participation and support of all nuclear medicine imaging organizations and industries.

The need to define and seek government acceptance of an alternative regulatory mechanism, to the one FDA is proposing, is urgent. In Septem-

ber 1994, the PET Task Force endorsed a three-part action plan: first, they will formally submit the PET Drug Review Committee’s alternative regulatory approach to the FDA in the form of a citizen’s petition. They will then seek more extensive legal assistance to review ways to enjoin the FDA to create an acceptable alternative regulation for PET radiopharmaceuticals. Finally, they will maintain pressure on the health care Financing Administration to provide appropriate reimbursement of PET studies.

ISSUE FOUR: SNM and ACNP—Is it time for a merger?

Last August, the officers of the Society and of the American College of Nuclear Physicians (ACNP) started discussions to explore the benefits of integrating programs, activities, functions and meetings. Conway and others on the Executive Committee envision “Project Integration” as an opportunity for enhancing the survival of nuclear medicine as a discipline and to better position the Society and ACNP in the changing health care environment.

Integration would occur among nuclear medicine organizations such as SNM, ACNP, the Institute for Clinical PET and the American Society of Nuclear Cardiology. It could also broaden to include networking among outside organizations that are affected by nuclear medicine but not entrenched in it (i.e., the American College of Radiology, the American College of Cardiology and the American College of Internal Medicine). The executive directors of the SNM and ACNP will present a cooperative report at the SNM Mid-Winter Meeting identifying which committees and activities could be integrated.

ISSUE FIVE: A call for support

These initiatives are a few among many that the SNM is trying to push forward. Others include those related to the proposed NRC rule on the preparation, transfer for commercial distribution and use of byproduct material for medical use; nuclear medicine manpower; managed care communications; an SNM/ACNP joint government relations program; and communication to membership.

The nuclear medicine profession must awaken and be alert to the soundings and signs in the environment that signal crisis, according to Conway. If the outcome of the crisis is to be a turn for the better, rather than for the worse, Society members must support these initiatives and choose option B—a renewal.

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