

SNMITS Leadership Update

I'm proud to say that... the SNMITS has become the beacon for information on nuclear medicine technology throughout the world.

In this message, my last contribution to *JNM* as president of the SNMITS, I would like to highlight the achievements of the SNMITS leadership over the past year. It certainly has been a whirlwind year, with the mega-issues raised by PET/CT, the roll-out of a new SNMITS strategic plan, and the proposed SNMITS governance reorganization.

While I have written many times throughout the year on our progress in addressing PET/CT issues, I'd like to summarize now so that you may appreciate the progress made this year. The PET/CT issues for technologists can best be framed in terms of education/training, certification, and licensure.

PET/CT Education and Training

The SNMITS leadership, along with the PET/CT and PET Education Task Forces, has joined forces with the American Society of Radiologic Technologists to develop a PET/CT Curriculum. This curriculum has been distributed via CD ROM to the various radiography, nuclear medicine, and radiation therapy educational programs. The CD will be available at the SNM annual meeting in Philadelphia this month, and you may also order it at no cost from the SNM Web site. With the curriculum in place, selected members from the PET and PET/CT community recently met to begin development of a plan to provide didactic and clinical training in both PET and CT to nuclear medicine technologists (NMTs).

PET/CT Certification

As a result of the PET/CT Consensus Conference in July 2002, the concept of multiple pathways for technologists to demonstrate competence in fusion technologies was created. As you may have read last summer, the American Registry of Radiologic Technologists has announced that, beginning in 2005, NMTs will be eligible to sit for an augmented CT exam. The Nuclear Medicine Technology Certification Board will be offering a PET exam to certified NMTs later this year, and, in 2005, an augmented PET exam will be offered to radiographers (RT[R]s) and radiation therapists (RT[T]s).

Licensure/State Regulations

The rapid adoption of PET/CT has strengthened our interest in a national licensure law for all radiologic technologists (RTs). With 38 states currently requiring licensure for RTs but only 21



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states requiring licensure for NMTs, there is potential for NMTs to be placed at a competitive disadvantage in the 17 states where RTs must be licensed but NMTs need not be. In such states, only RT(R)s are required for a PET/CT procedure. Other states require a dually certified technologist (a rather rare beast) or two technologists, one with RT registration and one with NMT certification/registration, when performing a PET/CT scan.

The Consumer Assurance of Radiologic Excellence, known as the CARE Act (in the House) and RadCARE Act (in the Senate), will require all states to license all radiologic technologists, including NMTs, and will spell out minimum educational and experiential standards for licensure. With very few days left on the Congressional calendar and a host of critical national issues, neither the House version (H 1214) nor the Senate version (S 1197) will make it out of committee this session, but we have made good progress in educating our national leaders about the necessity of this legislation. Currently, more than 100 representatives have signed up as cosponsors of HR 1214, and 13 Senators are cosponsoring S 1197. (You can track federal legislation at <http://Thomas.loc.gov>.)

As one of a number of initiatives for enhancing our government relations strategy this year, a program of grassroots volunteers, the State Health Policy Liaisons (SHPLs), was introduced. So far 37 individuals have volunteered as NMT advocates in their states.

Not the Last Farewell

More than 160 individuals serve on the SNMITS Executive Board, the National Council, committees, and task forces. Many

volunteer leaders of this organization dedicate countless weekends and nights to advancing the profession and ensuring that members of the SNMETS are positioned to thrive in the ever-changing health care environment. I'm proud to say that with support, guidance, dedication, and continuity from the SNM staff, the SNMETS has become the beacon for information on nuclear medicine technology throughout the world.

The successes of this year were fueled by the dedication, passion, leadership, and expertise of many individuals. I appreciate the support, positive feedback, and excitement that the SNMETS Executive Board,

National Council, and committee chairs have provided throughout the year. I have been overwhelmed by the many phone calls and e-mails from and personal conversations with the leadership, staff, and members. Your support has meant the world to me.

I know you will continue to support the incoming president, Nanci Burchell, when she takes the gavel in the last SNMETS session of the SNM annual meeting. In spite of my best efforts to prepare her, she's probably in for a shock at how much time this job takes, but you can expect that she will focus on the goals and objectives of the

SNMETS while bringing her own unique skills and flavor to the role.

There is life after the gavel passes. I already know I will be chairing the Nominating Committee and the new Advocacy Committee next year. This new committee will focus on government relations activities, and with the CARE legislation gathering support, we are preparing for a big push to get it passed in the next legislative cycle. I might as well get started: Any one interested in running for office or serving as a SHPL, give me a call.

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other related issue that we need to address is funding for nuclear medicine residencies. CMS funding is not available for nuclear medicine residents who already are board certified in radiology or internal medicine. Because of this economic disincentive, some nuclear medicine programs discriminate against board-certified candidates. This is hardly the right prescription for attracting the best and the brightest to our field. The simplest short-term solution is to increase the number of combined nuclear medicine/radiology and nuclear medicine/internal medicine residencies that are available. In addition, funding positions for board-certified residents by raising money through

the SNM Education and Research Foundation would be a laudable goal.

The second important area of unfinished business is to move our specialty decisively toward the future. As I have indicated before on these pages, the major advances in imaging will be in the area of imaging molecular and physiological processes. No specialty is better positioned to advance molecular imaging. Oddly, we seem to define ourselves by a single technique (radionuclides and their detection) as opposed to defining ourselves by basic overarching principles (e.g., the tracer principle). Nuclear medicine must morph into a discipline that advances health care by using the best available techniques to exploit our understanding of mo-

lecular and physiological processes. The combined power of functional and anatomic imaging also needs to be recognized.

It has been a great honor to serve as president of the SNM over the past year. The year passed quickly and smoothly, without any major crises. Avoiding crises is due partly to luck, partly to capable leadership, and mostly to the experienced and dedicated staff who provide sage advice on how to avoid trouble. I would like to thank everyone who volunteered their time over this past year to contribute to the continued success of the SNM.

*Henry D. Royal, MD
President, SNM*