

National Council Representative

The SNM annual meeting in San Diego was a total success from attendance to the scientific and commercial content. At the National Council of Representatives we were honored with presentations from the leadership of the SNM and SNMSTS, the NMTCB, ARRT, JRCNMT, ERF and PDEF. The SNM leadership introduced the council to the re-branding of the Society. In January the Society leadership hired a consultant to look at the SNM brand and see if changes were needed. The consultants report talked of using the "SNM" as the catchy "new" name rather than Society of Nuclear Medicine. The leadership also looked at impact of Molecular Imaging and how to embrace that entire community under the SNM banner. Along those lines the SNM and ERF launched the Molecular Imaging Capital Campaign. The goal of this campaign is to raise \$5 million over 5 years to be used of the development of its work in the area of Molecular Imaging. The leadership so far has pledges of \$1 million from General Electric Corporation and \$500,000 from BMS and Siemens and over \$50,000 from members attending the meeting.

In the area of Advocacy and Government Relations the SNM is still working with our consultants and lobbyists to reinstate the Department of Energy funding for radioisotope research and development. The Federal licensure bill for Nuclear Medicine Technologists now has more sponsors than ever before but is still languishing waiting for someone to attach it to some bill or other. On the state level we have just been given word that the state of New York has finally passed legislating licensure for NMTs. This is a tremendous coup for the technologists of New York who were originally left out of the initial radiologic technologists bill passed over 20 years ago. This situation presented enormous problems for NMTs when PET/CT devices appeared.

The SNMSTS is continuing to move forward with its policy of Bachelors as the entry level degree for NMTs by 2015. They are working with the educators and technologists to develop appropriate education models, working on the curriculum, the pre-professional and professional courses and content areas. Another policy initiative of the SNMSTS is to develop a new middle level provider, the Nuclear Medicine Practitioner, for the practice of nuclear medicine. These practitioners will be masters educated nuclear medicine technologists who will be used in department as the assistant to the radiologist, cardiologist or nuclear medicine physician similar to the role of the Radiologist Assistant in radiology and Physician Assistant in the general and specialty practices.

Membership committee successfully brought two resolutions to the Council and Executive Committee. The first allows for all active duty military personnel to be given a 50% discount on membership dues but with all rights and privileges of full membership. They will receive the JNM and JNMT on-line so there will be minimal costs involved. Marc Cote will be our military liaison to implement this plan. The second gives a \$5 cost saving for technologist dues to those members that sign up for an automatic renewal credit card billing system.

The CEO of the SNM Virginia Pappas announced the reorganization of the leadership department and the appointment of a new employee Mike Nelson as the SNM's Chief Operating Officer and the technologist sections direct liaison at head quarters. The SNM office is working hard to meet the needs of its members and I urge anyone in the New England chapter to contact if that effort is not translating into getting tasks completed or member satisfaction.

The SNM is still active as it moves towards another fiscal year with many exciting projects keeping everyone in leadership busy. Speaking of leadership in the latest election for officers the New England was honored with one of our members being elected to the position of president-elect, David Gilmore. Congratulations to David and to all other winners Secretary Mary Beth Farrell and Finance Committee chair Mark "Wally" Wallenmeyer.

SNM President (Peter Conti)

Welcome to Southern California. I will give my report later but at this time I want to give y'all an opportunity to address me. We need to refocus and rebrand the SNM and I don't want to say it again. We want to focus on Molecular Imaging and be careful about acronyms. Molecular imaging has been part of our tag line for so long but we need to start introducing this concept to the membership and it is our duty to be aggressive now. It is a time to act! We have a really big packet of information outlining the strategic plan of action. Industry has already stopped saying NM but has started calling it Molecular imaging so we are behind the times. It has been 5 years so we paid \$\$\$ for a survey to rebrand the SNM. There is a lot of information about jargon and what it means to "rebrand" the organization. Key findings are outlined on p.76. The SNM has a strong brand equity internationally and it is on target w/its program focus. There is confusion in the future and it needs to define its future direction and molecular imaging needs to play a greater role in the SNM. We have an opportunity to enhance communication w/ the mb and key audiences to articulate the SNM and MI. We need to know our core purpose which is to advance molecular imaging and therapy. We need to be the member's resource for education, knowledge, research, training and networking. We will advance patient care and maintain the highest standards in the world. Industry wants the SNM to step up to the plate and play hardball and we need to launch this campaign here at this meeting and thanks for industry representatives like GE who pledged \$ 1M to make it happen. BMS and Siemens have pledged \$500K each so we currently have \$ 2 M. My personal goal is to get \$3M by the end of this meeting. We do not have the resources ourselves as the SNM and we need sponsorships to make things happen and so we need to centralize and consolidate some of our operations b/c they have been too scattered through the years. We have a leadership and administration structure in place already and we have an advisory molecular imaging board. The brochure has been distributed to every member called "bench to bedside". We need the mbs to participate 100% and industry will join as they see the CNMTs joining in. I will be addressing the SNM membership later on next week at the HOD and the CNMTs plenary session. We need to aggressively recruit the laboratory technicians who are conducting research b/c they have no professional organization that represents them. We need to expand our membership categories to include them. We are still aggressively after the DOE funding issues. I will be all over them trust me. I will be attending the academy of scientists later on in the year in Washington, DC.

SNMTS President's report (Val Cronin)

This has been a busy year for me and I attended AHRA (San Antonio), ERF (Chicago), BOD (Reston) and HPN (Louisville). I attended the meetings to learn about leadership skills and balancing the budget and knowledge based governance. We brainstormed together as a group to review the current and future trends facing Nuclear Medicine. We met w/ Allied health organizations to see where we are. I was able to travel to several chapters like the Eastern Great lakes, EANM (Istanbul) and Pittsburgh Chapter meetings where I partnered up w/ Scott Holbrook to present several talks on CT and the CNMT. We had an educational summit in Reston to discuss entry level requirements and advanced practice issues. We identified 4 major areas like program transition from 2 year to 4 year NMT programs at the college or university. The core curriculum of NM, U/S, MRI, PET and CT needs to be standardized throughout the USA. That way, we can develop national standards of education and certification. We also determined that SNM is not alone as a stakeholder. Industry, schools, students, hospitals and clinics all have a vested interest in the success and outcome of this organization b/c they will cater their focus in education and technology accordingly. We must remember that we are not alone in this field and so we need to do a better job of outreach to our members and the general public to educate them about what it is that we do in Nuclear Medicine. I would like to say a very special thanks to Martha Pickett and Bill Hubble for all their "Never say die" attitude during the past year as difficult as it has been. It has been emotionally draining taking the "dish" from fellow educators, technologists, doctors, regulators and credential bodies during the past several years working on the concept and then developing a curriculum for the entry level requirements and the Advanced practice technologist. I was invited to attend the SNM BOD strategic planning session (Dallas) and the Nuclear Medicine Advisory Board (Portsmouth, VA) where I addressed members from the Army, Navy and Air Force. This is the only school of NM for all military personnel. As the year winds down, we can see that much has been accomplished but there still remains much more to do. We have a goal of establishing entry level requirements in the next decade --- CT inclusion in the NMT training programs (2010) and the B.Sc. minimum (2015). We applied a \$20K grant to jumpstart the CT training in Reston and at centers throughout the US. To help jumpstart the college and university based APNM programs, each school was presented with a \$20K cheque to help get the programs online. We currently have 3 schools offering the APNM program --- Medical College of Georgia (Atlanta), Massachusetts College of Pharmacy (Boston) and University of Arkansas (Norman). Our membership has been very strong during the past year and we are up by about 11% from the same period in 2005. The CARE Act currently has 125 cosponsors in the House and 16 cosponsors in the Senate. Though I hand over the reins over to my successor at the conclusion of this Annual meeting, I will continue to help chair the ERF advisory board and the Nominations Committee and I will continue to work hard to push for CT licensure for CNMT's. I will be attending the Japanese meeting in July 2006 and the WCFNMB in Seoul, Korea where both Scott and I will have certain honours of chairing the meeting and the TS.

SNMTS President-elect (Scott Holbrook)

We have brought PET and CT courses online and we have set up several educational meetings around the country thanks to grants from the \$ 20K from PDEF, Eastern isotopes and \$ 1 M unrestricted educational grant generously donated by GE. Thanks for all the donations w/o which we would not be able to advance CT and PET education. As I've moved up to the duties of President, there were some issues that have loomed in the air unresolved for several sessions which I would like to address once and for all. Peter Conti gave us a charge during the Mid Winter Meeting in Phoenix, AZ about technicians working in research laboratories as part of the university setting performing microCT, microPET, optical imaging and other molecular imaging modalities as research scientists and adopt a plan to recruit them as SNM members. Their situation is bleak in that they are in essence performing the same job as us but they are scientists and not licensed CNMTs. As such, they do not have any professional organization to which they can belong that shares in their interests or affiliated field of expertise. This would give them a forum to learn about affiliated scientific research going on around the world and also give them an avenue where they can exhibit their research and post displays. We need to be proactive instead of always lagging behind and being reactive. This was adopted in committee and by the executive

board. The 2nd major resolution was the question of a discount program for Active Duty Military Personnel who serve the USA at home and abroad at a significantly reduced salary and put their lives in danger's way in such a noble cause. The least that we could offer them is a reduced fee for dues which is 50% of full price and they will receive the JNM and JNMT electronically since it is too difficult to lug around hard copies of the journal when their duty station changes. This resolution was also adopted. Lastly, we wanted some incentive for members to set up an automatic payment plan to renew membership dues. This would help offset the costs of servicing our members which is currently around \$19 per member. Establishing an electronic payment method would decrease SNM operational costs to like stamps to mail out renewal notices, folding papers and processing cheques from members. This year, I decided to divide up the duties of the Secretary / Historian into 2 separate offices because the duties could not possibly be performed by any one person. Mary Beth Farrel will be the elected Secretary of the SNM. I exercised presidential power to appoint Alan Pan as historian which he accepted. David Gilmour vacated his elected position as Finance committee chair to become the elected president-elect. Therefore I invoked presidential power to appoint Karen Martin as the new Finance committee chair which she accepted. This completes all open seats of office to allow me to begin my term of office as president on solid ground.

Membership Committee (Scott Holbrook)

Resolution #1 was SNM expand membership category to include researchers and educators to follow Dr. Conti's directive to aggressively recruit the laboratory technicians and non-traditional members working in affiliated careers. The executive board approved this but this will require a bylaws change from membership. This will be open to everyone MRI, CT, RT and future groups. SNM membership has remained steady b/c we aggressively market to MD groups and we have personally called past members to find out why they lapsed and to get them back. We also want to grow as a society. When we talk about outreach to broaden our technology and physician specialties, we need to work w/ industry to sell more cameras to more different associated fields. There are some negative forces like reimbursement which will limit the growth of NM so we need to attract a broader base of imaging fields.

Resolution #2 was designed to attract Active Duty Military Personnel to give them a 50% discount with all rights and privileges of full membership. They will receive the JNM and JNMT on-line so there will be minimal costs involved. Marc Cote will be our military liaison to implement this plan.

Resolution #3 will give a cost savings of \$5 technologist dues to those members that sign up for an automatic renewal credit card billing system. This is because there may be a lapse b/c of an oversight and this will save in personnel labor costs as well.

Executive Director's Report (Virginia Pappas)

This year's annual meeting in San Diego, CA will be another smashing success with pre-registration way ahead of projections and the vendors are at 99% of budget. We won't know the total numbers until registration opens on Saturday morning but if Tempe, AZ was any indication, we will be bulging at the seams again. Both major events have been opportunities for CNMTs, MDs, scientists and industry people to interact and unveil the latest technologies available. The CT workshops held around the country have been very successful once again. We have increased the education courses to include PET and CT along w/ radiation safety. Once again, there will be a game show ala the "Hollywood squares" theme so please come and have fun. The SNM Inc. annual report detailing the events of 2005 is available and contains the reports from SNM President, SNM CEO, SNMTS President as well as all the business of the SNM as a whole. The activities of the PET COE remains strong and this year we added the Molecular Imaging COE as a world leader in education for MDs, CNMTs and scientists. Thanks to everyone's hard work, the JNM and JNMT remains as the flagship scientific journal of molecular imaging. As reported during the MWM, the SNM learning modules are in place as a resource for MDs to update their education and self-test their skills.

At this time, I would like to introduce some new SNM HQ staff members. Deb Barnes was hired in winter of 2005 just before the MWM in Tempe, AZ and was a big help in the financial department. She has opted to stay aboard with the society and will now be functioning as the CFO for the SNM. I would also like to introduce Dr. Mike Nelson just recently started with the SNM. As you know, we are always experiencing a turnover in personnel as most organizations and companies do and we are very excited b/c he brings many years of experience into this organization. He will be a valuable help to me in administering the operations of the SNM. He will be the assistant to the CEO and will now be officially occupying the position as the SNM's Chief Operations Officer (COO). Even though Mike has been here for only a very short period of time but he sees the dedication of the SNM staff and leadership to excellence. We have a dynamic stream of energy and we have all the building blocks in place. That is the key in building the organization for the future. The SNM has solicited vendor support from commercial industry and GE has pledged \$1M toward education. This is an unrestricted educational grant that is available when putting on an educational meeting. The \$\$\$ will be used to pay for a speaker's honorarium, travel and food costs. This will help chapters that are financially struggling to put together meeting or don't have access to speakers to be on par with all the rest. The SNM CE dep't has a list of speakers and you can choose the speaker that you want to come to your local meeting and then the SNM staff will make all the arrangements for you so it won't cost the chapter any headaches or financial hardships. The SNM is committed to adapting itself to face the changes in the industry in the coming years. However, the SNMTS also needs a strategic plan to rebrand itself in parallel with the direction of the SNM. You will need to plot out your roadmap to achieve your goals and the timeframe to fit under the umbrella of the SNM's focus as a world leader in molecular imaging. The challenge is on the table, now it's up to the SNMTS to sound the charge.

SNMTS Treasurer's Report / Finance Committee (Peggy Squires)

As of 2006, the revenues up 11% and the operational budget of the SNMTS is extremely high. As you can expect, the costs of doing business has also translated into higher expenses too. After the 2nd quarter, we are a little bit behind from 2005 figures b/c we are missing the projected revenue from the distance learning education and the book release which is expected to generate some additional revenues. SNMTS revenues has grown steadily over the years and with the advent of computer DSL and faster ISPs, the revenues from education on-line has been significantly greater than MWM and Annual meeting participation. Don't be alarmed by the high expenses figures b/c there was an allocation of \$\$\$ to support some 2004 projects and a systematic formula of repayment was added to the expense side of the balance sheet. The net

assets have increased over the past 4 years and we have cash reserve is currently 37% of our total operating budget but we would like to get to 50% of \$1.8M just to be safe. The goal of the Finance committee is to establish a balanced budget each year.

SNMTS biggest expense each year is in salaries for administrative staff and meetings. Remember that in 2005, there was a decrease in \$\$ b/c of several key mergers in commercial industry partners resulting in a huge drop in advertising revenues.

Publications Committee (Dave Perry)

Please salute Beth Harkness as the reader of the JNMT for the past 4 yrs. She has done a stellar job along with her group of volunteers Anne Steves and Elpida Crawford. Their efforts have made the journal a world leader in the science of NM. Though she is not here, we offer her our applause anyways. We will be increasing her annual stipend b/c of the amount of work involved.

NMTCB (Lynn Faulk)

The organization was founded in 1977 and shortly afterwards, offered its 1st NM exam in 1978. After it started, Barbara Horton started her long career at the helm of the organization and acted as the administrative director from 1979-1985. It currently has 18,500 active members and by 2005, there were 1200 1st time examinees for NM. The CEUs for members is dependent upon the birthdate so for those whose birth year is an odd year, you are required to obtain 12 CEUs/yr. However, for those whose birth year is an even year, you are required to obtain 24 CEUs/2 yr and it doesn't matter if you spread it out during the 2 year period or if you wait until the last weekend to do an all intensive class. Occasionally, there are random audits of CEUs and the member is required to submit documentation w/in 30 days. The disciplinary branch of the NMTCB will bind the non-compliant member with 6 months of probation initially. If there is no action after 6 months, that person will be suspended. That person can be reinstated but there is a fee and penalty structure. If the person has been inactive < 5yrs, they must pay reactivation fees and back dues for all those years. If the person has been inactive > 5 yrs, there is no recourse but to take exam again. There is an Emeritus category but this is only for non- working CNMTs. If the person were to go back to work, they must follow the directions for re-entry and reactivation of their license. In the area of specialty exams, qualified candidates must demonstrate expertise in Cardiology or PET and maintain active certificates from either the NMTCB, ARRT or CAMRT with over 700 hrs of clinical work experience. Furthermore, they must have completed at least 45 hrs of CEUs in the areas of RP, clinical didactics and instrumentation. The CT specialty requires 2 years of experience and was 1st offered in 2001. The NMP exam is a conjoint effort b/w the ARRT & NMTCB and will be formatted in the style of essay and multiple choice questions. There will be 50/50 revenues split b/w the 2 organizations writing and administering the exam. We are working on a unilateral system of VOICE and CEU automatic tracking b/w the SNM, NMTCB and ARRT.

ARRT Report (Jerry Reid)

The ARRT has completed the NMP certification exam as a joint project b/w the ARRT & NMTCB since the students for the programs have already enrolled in their prospective schools. There are currently 3 schools offering the NMP program. We are committed to staying abreast of the wave b/c of what happened during the RA program. We were unprepared for the graduates coming out of the program and we still did not have the certification exam ready yet. Of course, there was only 1 school in California offering the RA program at the time. We've learned that the ARDMS is also offering an AP for U/S. From last year's figures, the number of 1st time examinees has been making a steady rise each year. We are challenged by the speed at which new technology is entering the market. The educators have also been bombarded with the challenge to provide education to train students and prepare them to operate the new emerging technologies. advancing faster than cert XMs

ASRT wanted ARRT re-exam q.10 yrs. Not true at all. Need ongoing competencies

Regional accreditation spc. To radiology vs. hospital wide and non-radiology.

JRCNMT Report

We are more concerned about an accreditation process that is more geographically global vs. regional b/c that allows us to enforce standards to large numbers of people. This prevents small groups of people from escaping by special exclusions. In order for us to succeed to maintain the highest standards of SOP and SOC, we must be able to set practice guidelines and enforce them. I will be stepping down from my position within the next year but I would like to introduce my replacement Jan Wynn. She has been the director of Radiology services @ the University of Oklahoma and has worked in close association w/ Technologist Section for many years. I will remain as the CFO through 2007 during which time, Jan will be teaching director. I will stay on to work with Jan for about 1 complete year so that she will be fully capable of running the show before I retire completely. We will be having a workshop on Friday @ 1 PM and the FDA will be present as well so please come and address your concerns about your practice at that time.

Professional Development Task Force (Ed Lyons)

This morning we held an NCOR orientation just before the NCOR itself to welcome new friends and leaders coming from each of the chapter Jim Kritzman (Michigan), Paul Reahme (Central), Dave Blea (SWC), Howard Teng (Northern California) and Sug Duggal (PNW). Thanks to all the SNMTS leadership that came to address the newbies and offer them a word of encouragement. I would like to remind everyone that there will be an Emerging leaders seminar on Saturday from 10AM-2PM and we will need a lot of help b/c we currently have exceeded the registration at this event of the past 3 years combined as we currently have 40 people registered. It will take on a more philosophical approach this year different from the years past. If last year was any indication of this year's turnout, we expect to be bombarded this year at the 1st timers brunch on Sunday 10 AM til whenever. Come one come all.

SNM Education and Research Foundation ERF (Frances Keech, Michael Devous)

If anyone has the time, please drop by the booth and pledge. We are rewarding all contributors w/ a ribbon. I am pleased to announce that this past year we have given away grants & awards through the funds amounting to > \$135,000 in 2006 ! We still need your \$\$\$ b/c only 420 SNMTS members contributed to the ERF on their dues statement. That is only a small fraction of the total number of members in the SNMTS. We gave 34 individual \$1000 Paul Cole scholarship to students of NMT. Unfortunately, we only received enough \$\$\$ for 20 such scholarships so we were operating at a deficit. Looking at our membership as a whole, it just takes \$10 per person/yr to keep up with the amount of scholarships and

grants that we can offer. However, if we want to do more, we could make an impact on more people by giving away more scholarships and grants. Trust me, it can make a huge difference in their lives as a student.

Professional Development and Educational Fund (Frances Keech)

This program was started to help fund education efforts in NM with commercial vendors who became our corporate friends. Each "friend" pledged \$10K to be renewed annually and set the foundation of what it is today. There are 3 people here at this year's SNM meeting from St Louis University b/c they were recipients of grant \$\$\$ from the PDEF. Even though they were invited to present their papers and posters, the travel costs were prohibitive but b/c they received PDEF funding, they were able to cover their travel expenses. The PDEF also awarded 2 separate grants of \$10K each to 2 universities to set up NMP programs. We all know that the NMP program will play a prominent role in the field one day and this is \$\$\$ well spent to help meet the needs of the profession. We were able to grant 10 individuals with \$500 travel grants so that they could be present to present their abstracts or posters at the SNM. We also granted 2 separate \$5000 scholarships. We would like to thank our corporate friends who have generously donated \$ 55,000 in 2006 to advance the field of NM through education. We have elected a new advisory board for the PDEF composed of members from the SNM, SNMTS and Industry.

Bylaws Committee (Karen Martin)

There were only 2 issues submitted to this committee by the membership committee and they were both passed w/ 95% vote. As Scott had mentioned already, we adopted the name change to include lab research assistants working on optical imagers, microPET, microCT and other modalities to join the SNM as members in affiliated sciences. We will also permit them to receive the electronic journal instead of the hardcopy saving \$\$\$ and increasing the revenues. A discount program of \$5 will be for those who renew automatically by credit card and a 50% discount from full price will be offered to Active Duty Military personnel as incentive to join the SNM.

Nominating Committee (Nanci Burchell)

As we decided last year, we adopted the electronic ballot system this year thinking that we have a more tech-savvy generation which would increase of ballot returns. We also wanted to save \$\$ and work in tallying up the votes but we received only an 8 % return which was very surprising. However, we were able to elect officers for SNMTS leadership for next year. I would like to thank all the candidates for running and congratulate those that won office. At this time, I would like to introduce the winners: President-elect David Gilmore, Secretary Mary Beth Farrel and Finance Committee chair Mark "Wally" Wallenmeyer. We decided to split the title and duties of the Secretary/historian position into 2 separate positions. The secretary will be the elected position while the historian will be a presidential appointed position. I would like to announce that Alan Pan will be our historian since he is Mr. photo already. During the MWM in Tempe, AZ, we elected a new speaker of the house with > 95% vote and that will take effect during MWM 2007. We had a really hard time maintaining a ballot to elect representatives from industry and other specialty areas. Holding office involves time and financial commitments which are difficult and we do understand why candidates must drop out and abstain. During the SNM National meeting, we will have a large gathering of potential leaders that qualify for office. This will be our last ditch attempt to fill the vacant positions so in order to allow us to hold an election, we are asking the NCOR to temporarily suspend article 10 of the bylaws which states that election notices will be sent 60 days in advance and that election results will be finalized 30 days b/f the SNM National meeting in June. We have elected Kathy Thomas as Executive Board representative Delegate at large from NCOR. The specialty area representatives include Nancy McDonald (Cardiology), Mark Wallenmeyer (Educator), Carol Bonanno (Industry), Lynne Roy (Management) and Christina Cook (Student). We also have a new nominating committee for 2007 composed of Martha Pickett, Debra Gibbs, Lyn Mehlberg and Cindy Luckett.

Advocacy Committee (Lyn Mehlberg)

What we lack is consistent standards b/c only 25 states license CNMTs and only 18 states license RT's. Believe it or not, 9 states have no license at all for X-ray or NMT. This leaves around 23 states w/ some kind of license for RT, NM or RTT. This loose legislation puts the CNMTs in a very difficult position when it comes to the issue of dual modalities. PET/CT was the 1st test but SPECT/CT and MRI/PET will no doubt stretch the CNMT or put him in hot water. In the state of Vermont, PET/CT units can only be operated by individuals holding CT and PET licenses. Finding this individual truly is 1 in a million so it comes as no surprise that there are no PET/CT units in operation in VT. In Kentucky, CT techs need RT training b/f they are eligible to sit for the boards. This pretty much walls off CNMTs from trying. The definition of physician supervision (CMS v. NRC) is different and allows many O/P centers to get away w/o an MD on site. That's OK until something terrible happens. Then watch out. If the law is written such that no IV injx'ns of contrast is permitted w/o an MD on site, this could be problematic for the PET /CT tech. Yes, there is a danger when it comes to injecting IV contrast. Don't try to be a hero and inject w/o an MD present. For which procedures is it necessary to have an MD present. Does an MD need to be pressing on our backs when I comes to compounding an RP using lyophilized kits by a CNMT. Does he need the permission of an MD to mix up MAA, albumin colloid, HDP or MDP? In New Mexico, a sentinel case was cited in which a patient brought up criminal charges against a CNMT who mixed up an RP kit. Where do we draw the line? If JACHAO has it way, they will classify RPs as Rx so it becomes illegal for the CNMT to inject any/all kinds of Rx's or RPs. Many of us probably don't this one but if any of our dep'ts analyze components of blood for glucose, RBC, WBC etc, we must be credentialed by CLIA. Any kind of In vitro testing even something simple like RBC survival requires separate certifications. This means that all PET facilities require CLIA certification b/c we are doing glucose testing prior to injecting FDG. If you are certified, you are a CNMTs working outside the SOPs. How about some examples ... how about the NMT who used to write the impressions of the scans into the patient's medical records. How about the CNMT who was performing pediatric sedation w/o MD on-site? Of how about the NMT administering contrast, glucose or insulin w/o MD present? How about the mammo tech who called about administering miraluma @ o/p clinic? Don't go anywhere b/c there a whole lot more. I've heard about EEG and EKG techs administering RP during the ETT. Of course there are some minor infractions like CNMTs capping IV needles or CNMTs injx'ns for sentinel nodes. But what about the CNMT injex'n morphine, Doby, adeno, persantin, aminophylline, lasix and insulin? It's one thing to inject it when the MD is present but what if he is not? Can we sit idly by while JCHAO regulates us out of the field of NMT? Can we watch the FDA reclassify RP's as Rx's? No I say!!! They want CNMTs to document the storage, compounding, dispensing of all injections. This

means being subject to nursing stds of administration of injectables. But how will we maintain our competencies & documentation? How many people are familiar with USP 797 regulating CGMP and pharmaceutical compounding? If this goes unopposed CNMTs will not be able to draw up IV flushes from an NS bag hanging up on a hook. These must be performed in a fume hood. In future, everything in NM must be in tight storage which means locked down and kept inaccessible even from housekeeping. Will this profession survive if we must adopt nursing standards wrt administration of RPs & NS injex'n, IV placement, and charting of patient status and verbal orders? You might ask what brought this on and that's b/c of several recent sentinel events involving recent deaths in dep'ts. Med Marx report on the dismal nature of NMT dep'ts. Unfortunately, NMT is so obscure, Congress ways & means doesn't know a whole lot about it and that translates into low \$ from CMS. W/o adequate reimbursement, there are no jobs and no way of recruiting the brightest people into the field for the future. PET/CT is a Diagnostic CT procedure and if the CT information is not interpreted, there will be legal liability and malpractice lawsuits. Recently, a patient died on the camera when the machine got hooked up on something and the CNMT didn't know where the e-stop was to stop the camera motions. The camera had been operated by an uncertified technologist. During a recent VQ scan, a patient coded b/c PE which is possible. But, the patient was transported from the outside and the EMTs did not bring the patient to the ER but brought the patient directly to NM dep't. There was another case of a MIBI injx'n infiltration and now the patient is suing for nerve damage. There is another case of a patient claiming Ulnar nerve damage/severed during IV placement b/c no documentation was available. How about the wrongful death of a patient in radiology b/c he was injected w/ cleaning sol'n instead of contrast. The dep't decided to buy bulk syringes and the tech didn't know if it was contrast or saline? There was the mammo tech who falsified QC data to MQSA and consequently, the imaging facility had to re-screen about 1500 cases. We really need to define our practice guidelines, SOP, PPM, SOC & state guidelines. The ASRT & their lobbyists met w/ senate already and after their bill was signed, I received a copy of it. What are we waiting for? The NCOR must address practice issues and work closely with HCPP and develop a roadmap & strategic vision of the profession or else our profession will be taken away from us one piece at a time. Will we sit idly by on the issue of administration of RPs, clinical competencies. Do we even have a NMT/PET job description available? We need desperately to establish an on-line forum to serve as a resource for licensure, regs, certification etc.

Practice issues (Scott Holbrook)

We received a letter from the cardiovascular council asking us for helping in endorsing the creation of a limited license CT tech to operate the CTA and PET/CT for cardiac only. This letter was not endorsed by the executive board. This endorsement would give individuals CT qualifications to operate machines to do CTA and EBCT and function as a limited scope CT or specialty exam permit. Currently, 50% of NM is cardiology and then need some form of certification right now. We need to act right now.

Very few states are doing it now. Let's credential it now. Cardiac council is the biggest in SNM

The last time we didn't respond, ASNC was borne. This would be Cardiac CT only. Would this be a specialty exam? This is a very broad scope of practice. Cardiovascular council drafted the letter w/ SNM permission but they want SNM approval. We need the ASRT, ASNC, ARRT, NMTCB, SNM players meet to form a TF to study this FAST. Executive council will reconvene to discuss this and send a letter to Cardiovascular council. The NCOR recommends that the CV redraft a letter w/ verbiage changes to spell out exactly what this would entail.

SOP Document (Lyn Mehler)

SOP document must be evaluated regularly as the practice and the field evolves. The Health Care Policy and Practice group will be meeting this Saturday so please come on out to listen and find out what is going on. It affects our future. We have been drafting words but we need a directive from the SNM board. Where are we going w/ the PET/CT and NucCard stuff. We need some kind of TF or Exec council.

NCOR needs to initiate a triad consensus conference on standards w/ accreditation and credentialing bodies in SNM of labs and education to establish comms b/w ourselves and allied health agencies. This is a huge job for a TF and I'm not sure it can be done but it's worth a try. Through advocacy, we must define a roadmap and formulate a strategic plan. Then, we need to bring the stakeholders together. This is a job for the outreach TF as well.

Practice issues from the Chapters (Mike Nelson)

I've listened to everyone's feedback about the problems they've experienced regarding VOICE and CEU recording challenges. We've been bombarded by the number of applications for CEUs and we are processing them as fast as we can. We should be caught up in a month. Our current methods of recording CEUs online & at meetings need to be retooled. We do need to investigate some system of shared expenses equipment, computers, software etc. that the chapters can use to facilitate their operations.

Chapter issues (Nanci Burchell)

Chapter representation is the XO, Chapter president, NCD to come for the summit

Speaker's bureau is administered through Lyn Barnes to support chapter level educational programs. GE has supplied \$\$\$\$. All we require is for each chapter to look at a list of speakers available and then we will pay to have the speaker come out and come to your local chapter meeting.

Committee on Chapters (Sandy McEWAN)

Accept minutes.

Review of committee minutes. We need to make changes b/c the committee was ineffective in the past and w/o making any changes, there is no future. A retreat was held in May 2006 and not everyone was able to attend. This committee needs to be chaired by an SNM member for some time. I.e. a retiring chapter president appointed by the president-elect. The chair will take issues to the HOD or Exec board and be an effective link b/w the bodies. This will be a 2 yr term of office to have continuity. Electing the Vice chair is not good b/c it would become a 4 yr commitment. That would be too long. I know there is a problem b/c group members cannot always get to meetings. Every geographical chapter should be represented by the President, President-elect from both MD and TS so there should be a total 4 people. If someone is not able to attend, one can appoint proxy representation. I'm opposed to the idea of the immediate past President b/c he may be an old fart and not conducive to forward thinking. So what are the duties and responsibilities of the chair? We need to define this rather quickly.

Teleconference is probably the fastest and cheapest way of communicating with everyone across the country? How active should this committee and members be? We will have a teleconference in October 2006 to discuss issues further. What are the boundaries of this committee? Advocacy, chartering etc.. I think we definitely need to mentor new leaders. I hope that each time we meet, we solve 1 problem.

We want SNM leadership present to facilitate the discussion to action. I propose that we use the MWM Sunday post-HOD time to have a strategic planning session. In keeping with the new organizational structure for the SNM à nimble.

Following the MWM in Tempe, AZ we now have CFO and COO branches and everything will fall underneath these 2 branches. We need to develop a welcome packet for new chapter leadership i.e. Pres-elect. This needs to be sent out annually to each chapter and then we need to follow-up the mailers w/ a phone call. We need to post the Calendar of events on the SNM website. I think that the SNM should foot the \$\$\$ to bring SNM leadership to the local chapter meetings each year. We need an orientation manual and a policy manual which each chapter can use as a guideline and then customize to suit its particular needs. We have a speaker's bureau that is funded by an unrestricted educational grant from BMS and GE and Cardinal health. What we want each chapter to do after each SNM and chapter meeting is to choose the top 3 or 4 speakers and the abstract of the talk and make it available to the SNM and other chapters. The SNM speaker's bureau grant will pay all expenses for 2 speakers / chapter to come to your local meetings. We may need this committee to work on advocacy issues. No doubt there will be individual differences for each state and chapter but we can certainly share in some information and means. We need this committee to develop local and national leadership which I see that the SNMTS>>SNM. As for the MDs, it is often the same old farts here every year. That has got to change and now is the time.