ISSUE: Regional Medical Program Support of Basic Training in Established Health Professions, such as Inhalation Therapy, Nuclear Medicine Technology and Radiation Therapy Technology.

The Division staff offers the following background.

Background

Upon recommendation of the National Advisory Council, the Division identified cytotechnology as an established allied health discipline which would not be eligible for RMP funds according to the criteria adopted by Council regarding support of basic training of established allied health professions.

The Division now suggests that Council consider other established allied health disciplines such as inhalation therapy, nuclear medicine technology and radiation therapy technology.

TRAINING OF INHALATION THERAPY

The Board of Schools of Inhalation Therapy was organized under the Council on Medical Education and Hospitals of the American Medical Association in 1962. Minimal standards for inhalation therapy were established by the American Association of Inhalation Therapy, the American College of Chest Physicians and the American Society of Anesthesiologists. Graduates are certified for practice by the American Registry of Inhalation Therapists. To date, there are 56 approved schools. Approval by the American Medical Association Board of Schools requires a minimum of 18 months or 2 academic years of training.

Other Federal Support

1. The Division of Allied Health, Bureau of Health Manpower and Educational Service, is currently (fiscal year 1969) supporting seven inhalation therapy training programs in five junior and two senior colleges under their Basic Improvement Grants.
2. The U.S. Department of Labor has supported some inhalation therapy training under New Careers and under the Manpower Development and Training Act but it has been minimal, i.e., in fiscal year 1968, Manpower Development and Training Act supported 81 trainee positions in inhalation therapy.
3. The Office of Vocational Education supported three inhalation therapy programs and 38 students in 1966. In 1968, the number of programs increased to approximately 30 and the number of students to 353.
NUCLEAR MEDICINE TECHNOLOGY

Background

A Board of Schools of Nuclear Medicine Technology has just been established, July, 1969, as part of the American Medical Association Council on Medical Education to review all educational programs and to set standards for practice. "Essentials of an Acceptable Educational Program in Nuclear Medicine Technology" specifies admission and minimum training requirements for the nuclear medicine technologist and nuclear medicine technician.

Other Federal Support

1. The Bureau of Radiological Health, Environmental Control Administration, is supporting two programs in Cincinnati to develop protocols for nuclear medicine training, one at the baccalaureate and the other at the associate degree level.

2. The Division of Allied Health, Bureau of Health Professions Education and Manpower Training, is supporting a 4 year program at University
of Iowa under the Division's Developmental Grants for new Allied Health Professions. Nuclear medicine technology does not qualify under Basic Improvement (formula) Grants because it is not listed in the legislation as one of the professions eligible for such support.

3. The Office of Education, Bureau of Research, Division of Comprehensive and Vocational Education Research, is supporting a research project at the Technical Education Research Center, Inc., Waco, Texas entitled Development of Career Opportunities for Technicians in the Nuclear Medical Field.

DRMP Involvement

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<tr>
<th>Funded</th>
<th>August Council</th>
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<tr>
<td>1. Colorado-Wyoming RMP, #7, an associate degree training program for nuclear medicine technicians.</td>
<td>1. Michigan RMP, #24, an associate degree program for nuclear medical technicians.</td>
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<tr>
<td>2. Tennessee-Mid South RMP, #9, postgraduate training in nuclear medicine technology.</td>
<td>2. Arkansas RMP, #19, a postgraduate training program.</td>
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<td>3. Arkansas RMP, #10, a one year training program.</td>
<td>3. Memphis RMP, #22, training program in nuclear medicine technology.</td>
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RADIATION THERAPY TECHNOLOGY

Background

A Board of Schools of Radiation Therapy Technology, American Medical Association Council of Medical Education was established December 1, 1968. Applicants for admission to approved schools must be graduates of approved schools of radiology technology, RNs with a course in radiation physics or such equivalent that is acceptable
to the American Registry of Radiology Technology. Minimum training required is 12 months. There are approximately 6 approved schools with 6 others pending action.

Other Federal Support

The Cancer Control Program, Division of Chronic Diseases, has supported ten training programs in radiation therapy technology for about three years. Beginning in FY 1968, funding authority for these grants was transferred to Comprehensive Health Planning Program of Community Health Service, under the authority of Section 314(3) of the Public Health Service Act. As in the case of cytotechnology training, there will be no allocation of funds for these projects beyond the end of FY 1969.

DRKP Involvement

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<th>Funded</th>
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<tr>
<td>Colorado-Wyoming RMP, #7, 2 year training program in radiation therapy technology</td>
<td>South Carolina, #20, training program radiation therapy technologists</td>
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**Recommendation**

DRMP staff recommends the following criteria be considered by National Advisory Council regarding DRMP support of basic training in established allied health professions. A health profession will be considered established if a Board of Schools, American Medical Association Council on Medical Education, has been set up to approve schools, define standards for admission, curriculum requirements and certification procedures.

- Relevance of the training activity to regional medical programs, i.e. categorical and public health relevance. Training in nuclear medicine technology, radiation therapy technology and inhalation therapy would thus have greater significance for regional medical programs than training of medical records librarians or orthopedic assistants, for example.

- Number of training opportunities available to meet training needs. In the case of cytotechnology training the current number of training programs is believed to be adequate to meet the needs. This is not so in some areas of the country for inhalation therapy and in most areas of the country for nuclear medicine and radiation therapy technology training.

The above criteria are to be used in addition to, not as a substitute for, those outlined by the National Advisory Council for basic training of Allied Health professions. (See NID, May 13, 1969, p.4)

Also, as stated previously, regions are encouraged to use professional staff assistance and support of special planning studies to provide new educational and training opportunities in new and established allied health professions when needed.
General Background Information Regarding Other Federal Support

a. The Allied Health Professions Personnel Training Act provides Basic Improvement (formula) Grants for only those professions specifically listed in the legislation. Therefore, nuclear medicine technology and others which were not listed do not qualify for this support. They could qualify under the Act's Developmental Grants but funds are severely limited.

b. In general, State Department of Education funds are awarded only to educational institutions. Vocational education funds, therefore, go to vocational-technical area schools, junior and community colleges, technical institutes and four-year colleges and universities under an approved State plan. The 1968 Amendments to the Vocational Education Act of 1963 expands the activities and increases the authorization for State grant programs. States are now required to spend at least 15% of their basic allotment for the disadvantaged. The amendments also stress that no less than 15% of funds available for State vocational educational programs shall be used for post secondary vocational education.

The House of Representatives, U.S. Congress has now voted to increase Federal appropriations to the States to look at their educational needs and to supply the training to meet those needs. Further increases in the number of allied health training programs should, logically, follow if local areas make their needs known to the State Departments of Education.

c. The Occupational Training Programs, Manpower Development and Training Act is co-administered by the Department of Labor and HEW and emphasizes training programs for the unemployed and underemployed. State plans should provide for 2/3 of MDTA basic program enrollees to be disadvantaged individuals.

During fiscal year 1970, the Manpower Administration will encourage programs that include training for new occupations to relieve more highly skilled personnel of routine duties, upgrading existing personnel such as nurses aides to LPNs, training in connection with development of career ladders and training which may assist in reducing turnover.

d. There now exists throughout the country Cooperative Area Manpower Planning Systems Committees in each area. CAMPS is an interagency effort with representatives from the Departments of Labor; Health, Education, and Welfare; Office of Economic Opportunity; Agriculture; Commerce; Housing and Urban Development; Interior and Civil Service Commission to identify manpower problems in an area, delineate resources and develop linkages between programs.

Division staff recommends that regions be given information concerning CAMPS so that manpower programs can be coordinated with them. Upon request, the Department of Labor has agreed to
compile a list of the Chairmen of all of the CAMPS committees throughout the country which will be made available to the Division.