

Risk of Ionizing Radiation in Medicine

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In the field as broad as nuclear and radiation medicine, clinicians come with a diverse history of training and education in both diagnostic and therapeutic procedures. Training requirements are set by many social and professional institutions, including specialty associations, hospitals, and state licensing boards. Similarly and array of various institutions may set requirements for nurses, technicians, and other health professionals who provide services in the area of radiation medicine. Further education/training diversity is engendered when differences among particular health care facilities. Local traditions, market conditions, and other factors cause similar health care duties to be performed by different types of practitioners.

Patients undergoing diagnostic and therapeutic procedures must be protected against additional risks associated with practitioner inexperience and lack of expertise, and toward this end, diversity of education/training requirements should be reduced. In fact, non-NRC education /training deals with issues relating to both radiation safety and biology as well as clinical competence. The non-NRC mechanisms include specialty and subspecialty board certification, the Accreditation Council on Graduate Medical Education, residency review committees, and specialty society standards. However, if professional organizations and the individual states ultimately replace the NRC's licensure authority, the need for a more uniform system of education and training cannot be allowed to lead to a monopoly of any one group of professional constituents. In addition, any system of education/training also must extend beyond hospitals and into the community, encompassing freestanding clinics, physician offices, and other smaller institutions.

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