

MRVector

Newsletter of the:

American Registry of Magnetic Resonance Imaging Technologists

Phone: 718-347-8690 Fax: 718-347-8691 E-mail: ARMRIT@msn.com Web page: www.armrit.org

Summer 2005

In This Issue:

- **Member Survey Results.**
- **Two-year Renewal for 2006.**
- **Discrimination Continues.**
- **Document Discrimination.**

MEMBER SURVEY RESULTS

The member survey in the winter 2004-2005 edition of MRVector yielded responses from 162 readers, although not everyone responded to every question. The information gathered can be summarized as follows:

1. ARMRIT Renewal is currently annual (1 year), should the renewal be:

1 Year 2 Years 3 Years

Result: Most members (53%) would rather renew their membership every two years. About a third prefers annual renewal and a small minority (14%) would like to renew every 3 years.

2. The Continuing Medical Education (CME) credits required each year is six (6). Should the ARMRIT CME credit requirement be:

6 credits annually 12 credits/2 years
 12 credits annually 24 credits/2 years

Result: An overwhelming majority of members (88%) favor a 6 credit CME requirement. Approximately 40% would like to have the 6 credits earned annually and 48% would prefer 12 credits earned every two years.

3. Should the ARMRIT require its members to re-certify by examination?

YES NO

If Yes, how many years?

3 years 5 years
 7 years 10 years

Result: On the question of re-certification by examination, a resounding 91% of the respondents say "No", preferring instead to maintain re-certification by CME credits.

4. What is your level of experience in the field of MRI Technology?

New MRI Graduate less than 1 year
If more than 1 year, how many? _ Years.

Result: Turning to the characteristics of the respondents themselves, we find that the data fall nicely into quarters. About 25% are recent graduates or have less than one year of work experience, 25% have between one year and five years of experience, 25% between 6 and 10 years of experience and there are 25% with more than 10 years of experience.

5. What is your position at your MRI facility?

Staff Technologist MRI Supervisor
 MRI Manager MRI Administrator
 MRI Quality Assurance Other

If other, what position: _____

Result: About 70% of the respondents are staff technologists, 13% are MRI supervisors, 4% are managers and the remaining 13% are administrators or in QA or miscellaneous roles.

6. What type of MRI facility do you work for? Hospital Private

Educational Research

Result: Almost two-thirds of the respondents work in private facilities, 34% are in hospitals and less than 3% work in education or research.

7. What is your hourly salary and US geographical region?

Hourly rate: \$_____ US Region: _____

Result: The average hourly rate for the 142 respondents who provided that information is \$28.72. Looking at the earnings figure by region of the country we find that there is very little difference between the Northeast, Southeast, Midwest and West where average hourly rates range from \$29.26 to \$30.78. The figure for the Southwest is \$24.85.

Prepared by Dr. Gerald Rosen,
Consulting Psychologist

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TWO-YEAR ANNUAL RENEWAL

In response to the results of the member survey in the winter 2004-05 issue of the MRVector, the Board of Directors voted to go to a two-year renewal for 2006 and 2007. An overwhelming 53% of respondents chose a two-year renewal in comparison to 33% for the current one-year renewal and 14% for a three-year renewal.

In conjunction with a two-year renewal, the required continuing medical education requirement would remain at six (6) per year, which 88% of respondents selected. Although all credits will be reported by the two-year renewal deadline and will total twelve (12) credits per two-years, the Board of Directors recommends that members perform CME activities within every twelve month period.

As a reminder to all members, the CME credit requirements must be earned in MRI subjects only. Examples are MR physics, pulse sequences, advanced techniques, and the all important MRI patient care and safety. Credits in other modalities will not be accepted.

James F. Coffin, President

DISCRIMINATION CONTINUES

Recently I had an X-Ray tech come in to get her clinical training after completing an MRI training course. She spent three and a half weeks with me and the other MRI techs at my clinic getting practical training.

What came as a very big surprise to me was that on her last day of training, she was told by the MRI school she attended, that all her clinical training was invalid because I was not ARRT.

To me, this is a grave injustice to this tech and puts an air of even more discrimination on any person doing MRI that is not ARRT certified. For one thing, the school she went

to only gave her three and a half weeks of MRI clinical training. This is too short a period of time for anyone to truly grasp the concepts of MRI technology, especially if they are progressing from X-Ray.

The physics of MRI are extremely different from X-Ray. Students have to grasp the fact that now they are going to have to deal with all three body planes, not just AP and LAT.

Unfortunately, this is another prime example of one organization thinking that they are the only ones who are qualified to do a certain job. Although I have been doing MRI for over 16 years in private clinics, each year I find that I am improving my abilities continuously

I have faced discrimination from hospitals and ARRT techs who feel that ARRT is the only certification that qualifies an individual to perform MRI. I have performed X-Rays, CT and Nuclear Medicine along with MRI, all under a doctor's license, which was allowed by the state. I decided that I wanted to specialize in MRI, so I attained ARMRT certification over 5 years ago and haven't looked back since. It has always been a struggle to make people understand that my only interest is MRI and that I only want to be certified in MRI.

I have found that most hospitals in the greater Houston area will only consider you if you have the ARRT certification. With ACR requirements and some insurance company policies deciding what clinics to send their patients to, it is getting harder for non-ARRT people to avoid discrimination.

Frankly, I don't have any interest in dealing with X-Rays, I don't want to have to go back to a school to learn X-ray to perform MRI, a job I have been doing for most of my adult life.

It is extremely unfair that an organization that deals with ionizing radiation should be able to regulate any other modality, (over)

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especially a modality that is non-ionizing radiation such as MRI.

Am I the only one who thinks this way? I don't think so. I know several Ultrasound techs that told me how the ARRT tried to be a governing body over Ultrasound techs and that it took many years for them to get their own registry recognized.

In my opinion, ARMRICT certification is harder to attain. To stay active, continuing medical education (CME) credits specifically in MRI are required each year to constantly keep our standards higher.

I feel the struggle for recognition of our registry is going to be ongoing. It is blatant discrimination that limitations are being applied to ARMRICT members like me. It hinders our ability to expand our career options into new advances in the MRI field.

I also think that if a school is going to offer training courses in MRI, they need to make provisions for adequate clinical hours. The ARMRICT requires at least 1,000 hours of MRI clinical training.

Joseph Joiner, ARMRICT RA #1451
Houston, TX

DOCUMENT DISCRIMINATION – ANTICOMPETITIVE BEHAVIOR

In the January 2005 issue of Association Management, a publication of the American Society of Association Executives, the subject of antitrust laws was addressed by Jonathan T. Howe. The focus of the article (“Why Does Antitrust Matter to Me?”) is anticompetitive behavior.

Howe outlines four federal laws covering the basics of antitrust: the Sherman Act, Clayton Act, Robinson-Patman Act, and Federal Trade Commission Act. According to Howe, “Although all of these are generally aimed at preserving open competition, each is used to prevent or

rectify a different abuse... specifically, the Sherman Act prohibits unreasonable restraint of trade – certain conduct is so patently unreasonable that it is deemed illegal on its face.”

Describing what antitrust laws mean to an association, Howe writes, “These laws allow your members to engage in a wide variety of group activities as long as the purpose or intended effect is to promote your industry or profession – **not to gain a competitive advantage over non-members.**”

Mr. Howe goes on further to explain that “For your association, that means you must not collect or discuss information with an intent to restrict competition. Remember, the antitrust laws are designed to protect competition, not competitors.” “In practice, that means your association should not encourage any activities that could inhibit free and fair trade.”

Many of our members have experienced what can only be described as outright discrimination by MRI employers who are blatantly biased to American Registry of Radiologic Technologists (ARRT) techs. Quoting the American College of Radiology (ACR) accreditation requirements, which are convoluted at best and is described as a “voluntary” process, some MRI employers will turn down or remove a qualified and experienced ARMRICT tech.

In my opinion, an obvious reason for the ACR requirements for MRI techs is that the ACR and ARRT share a board of directors and the American Society of Radiologic Technologists (ASRT) selects the technologists who sit on the ARRT board. To any fair minded individual, the ACR accreditation process could be seen as promoting anticompetitive behavior and to exclude non-members. One example is when insurance company policies which, in some cases, make ACR (over)

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accreditation mandatory for reimbursement.

Although antitrust and discriminatory hiring practices can be hard to prove in a court of law, steps must be taken to fight back. Therefore it is imperative that ARMRIT members document every incidence of obvious discrimination. Whenever you see an advertised MRI position that says ARRT required, ARRT only, must be ARRT, make a copy and send it to the ARMRIT office. When you are interviewed and are offered a position only to have the offer rescinded because all of a sudden the position requires ARRT, document the name of the MRI facility, the person you spoke to, the date of the incident and forward this information to the ARMRIT.

YOUR HELP IS URGENTLY NEEDED!

The NCCA application, upon completion will be submitted shortly. The new practice analysis report has been finalized, yet there are still some outstanding items and information needed. The questions will be re-classified and linked to the new format, new questions will be added in the data bank, administered, and subsequently statistically analyzed.

The Registry continues to experience unforeseen additional expenses related to this particular application and it is again appealing to the membership-at-large for support. Any contribution is neither too small nor too large, and is always appreciated.

As always thank you for your support and generosity.

The form below is for your perusal

ARMRIT Board of Directors

Mail or Fax Entire Page to the ARMRIT

**Mail: ARMRIT
8815 Commonwealth Blvd.
Bellerose, NY 11426**

Name: _____

Registry Number: _____

Check one:

\$50 _____ \$75 _____ \$150 _____ other _____

Payment Options:

Check ____ Money Order ____

Make check or MO payable to: **ARMRIT**

To Pay by Credit Card:

Go to www.armrit.org and click on 'Accreditation Fund' and scroll down to 'Accreditation Fund Contributions' and click on the PayPal box.

Or

(Check one)

MC: __ Visa: __ Amex: __ Discover: __

Print Name on Card:

Expiration Date: _____

Card Number:

Signature:

Date Signed:
