

Summary of Substantive Changes in Revised JRCNMT Standards  
Draft 1 for Public Comment – January 2024

### **A Standards**

US Dept. of Education (USDE) terms ‘regional’ and ‘national’ accrediting agencies have been replaced with ‘institutional accreditor’ so this change was made in the Standards.

Unique military sponsorship category was eliminated. The US military restructured its educational programs so they now qualify for accreditation through the academic sponsor option. (A1.1a)

Due to recent experiences and the fact that several programs have one faculty member serving as both Program Director (PD) and Clinical Coordinator (CC), a requirement was added that all sponsors have a contingency plan for the sudden departure or extended absence of the PD. (A2.2h)

Programs must be a minimum of 12 months in length. (A2.3)

Continuing education for primary faculty must now include nuclear medicine technology and pedagogy (the skill of teaching – refer to definition in glossary). (A2.4)

Several existing standards from sections C, D and E were moved into the A standards. (A3.2, A3.3, A3.4, A3.5d)

Programs are now provided an option regarding the number of required annual visits to clinical affiliates (A3.4d). Two in-person visits may be conducted (as in current standards) or a total of 3 visits may be conducted, one of which must be in-person.

### **B Standards**

No substantive changes

### **C Standards**

Oral communication was renamed clinical communications, which is defined in the glossary. MRI safety was added to the professional content requirements. (C3)

Preparation and QC of radiopharmaceuticals was removed as a clinical (or lab) requirement. (C6) The topics and mathematics associated with them should still be taught in the didactic radiopharmacy course.

Interpreting physician was changed to licensed independent practitioner so student interactions with cardiologists and other healthcare providers are included. This standard now specifies that student interactions with practitioners may occur in the didactic and/or clinical setting. (C6h)

### **D Standards**

Redundancies in assessment standards eliminated.

Existing standards were resequenced and placed within one of the following categories: Assessment of Program-Level SLOs, Assessment of Program Effectiveness, Assessment of Students or Application of Assessment.

Advisory committee standard was moved to section A.

## E Standards

Existing standards were resequenced; this section now begins with general academic policies and moves to program policies specific to nuclear medicine.

Subitems in E1.4 were resequenced into chronological order from admissions to graduation.

Standard on faculty grievances (current E1.5) removed since this issue is evaluated by institutional accreditors.

Standard stating faculty must adhere to published policies on clock to credit hour conversions to ensure students are receiving the documented educational hours and faculty are not routinely adding additional class or clinical time beyond what is approved by the institution. (new E1.5)

Clarification and streamlining of standard E1.7 regarding students completing clinical education outside the program's standard assignment schedule.

Clarification and streamlining of standard E1.8 regarding students working in nuclear medicine while enrolled in a program.

## Glossary

New terms added: administrative support staff, clinical communications, credit for prior learning, licensed independent practitioner and pedagogy.