

STATEMENT BY DR. DORIS LAUNE ROSS,¹ AMERICAN SOCIETY OF MEDICAL TECHNOLOGISTS

On behalf of the American Society of Medical Technologists, I would like to thank you for the opportunity of presenting our support of H.R. 15757, the Health Manpower Act of 1968.

We appeared in support of passage of the Allied Health Professions Personnel Training Act of 1966. We said then that to meet today's and future needs, educational programs for medical technology require emphasis on sound academic curriculums properly balanced with clinical experience to prepare the graduate for demands being made of him. The quality of any medical laboratory service depends on the quality of personnel. A study in Minnesota² to determine "whether participation in an evaluation study over a period of time would cause improvement in laboratory results", showed that:

1. Laboratories employing well-trained technologists demonstrate a higher level of accuracy and precision than those employing less well-trained laboratorians.

2. Well-trained technologists are capable of significantly improving laboratory performance by participating in evaluation studies, while less-well-trained laboratorians gain little or no benefit from participation."

Recently the Hermann Hospital laboratory installed a new Technicon Instruments, Sequential Multiple Analyzer (SMA 12/60), an instrument which will automatically determine and print out results of 12 different chemical determinations on one sample in 60 seconds. We have not evaluated the skill required to operate this instrument, a medical technologist (ASCP) and a pathologist have been operating it, but it appears now that it will require the services of a highly trained and skilled person.

The basic scientific knowledge and skills needed by the medical technologists can be obtained only through a strong academic and professional program under the best instructors available.

We have recommended before and do again now, the emphasis of the law on quality of education programs for medical technologists—that is programs based in junior colleges, colleges and universities. And we would like to reiterate our belief that bolstering these programs through the basic improvement grants program is the best way to fulfill the intent of the law to improve the quality of education for medical technologists and other allied health professionals.

I must mention that the limited funds allotted for these programs has not made a great enough impact to meet the other intent of the Act—to increase the numbers of personnel. One of the reasons for this is that practically no money has been appropriated for physical facilities.

The shortage of medical technologists may be attributed to several causes such as 1) the increased growth in businesses and other professions which utilize their skills, 2) the unappealing outlook of years of study and clinical experience in preparation, 3) the long road leading at best to a top position of little authority to make changes and institute new programs, 4) a top salary after graduate study or 20 years of experience or as chief medical technologist of less than \$9,000 a year, and 5) a limited number of good educational programs in medical technology. The latter may be alleviated by developing sound education programs under good instruction, and by funding construction of adequate facilities for classrooms and laboratories. The unappealing outlook of years of study and clinical experience in preparation could be brightened by financial support for educational opportunities in medical technology.

In the proposed amendments to the Allied Health Professions Act, included in H.R. 15757, Title III, few changes are recommended. As this section has been in effect for only one and a half years, Congress apparently wishes to extend it

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Dr. Ross has been on the Board of Directors of the American Society of Medical Technologists and appears before this hearing representing the American Society of Medical Technologists. This organization was created in 1932 to promote higher standards in clinical laboratory methods and research. Membership is based on certification by the Board of Registry of Medical Technologists of the American Society of Clinical Pathologists, or academic degrees and experience in an area of medical technology such as biochemistry, microbiology, and hematology.

² Merritt, B. R., *et al.*, A Two-Year Study of Clinical Chemistry Determinations in Minnesota Hospitals, Minnesota Medicine 48: 939-956, (July) 1965.