

H E A L T H

Technologies for Better Quality of Life

DISTANCE ASSISTED TRAINING (DAT) PROGRAMME FOR NUCLEAR MEDICINE TECHNOLOGISTS IN INDIA

Human resource development is a key requirement for adopting/utilizing any new technology. This holds true particularly for nuclear medicine technology since it is still at infancy stage. In fact, it is very crucial for this multidisciplinary specialty, for it encompasses diverse disciplines ranging from nuclear physics, radiation physics, instrumentation, computer hardware/software, chemistry, radiobiology, radiation safety, pharmacy, pharmacology toxicology and experimental medicine. The impact of all of the above is on human health, and that too a patient having compromised (patho) physiology. Should anything fall short it, could affect clinical management either diagnosis and/or therapy. Therefore a proper training and “hands-on” experience is a must.

Distance education programme could prove to be beneficial to those who do not have an opportunity to attend formal programmes. Though, BARC has been conducting a Diploma in Medical Radioisotope Techniques (DMRIT) for technologists, since 1973 but there is still a big gap between supply and demand. On an average 10 students are trained in this course every year and the intake of trainees cannot be increased further with the present infrastructure available at the centre. The recent joint efforts of the Australian Government and the International Atomic Energy Agency (IAEA) have established a **Distance Assisted Training (DAT)** Programme for developing countries. The DAT project has been developed so that the technologists may undertake a comprehensive training course in their normal workplace. The goal is to enhance the capabilities of technologists so that they may improve the quality of nuclear medicine services.

The DAT Programme was initiated as a pilot study by the Australia group as an IAEA sponsored project (RAS/6/022), with involvement of four countries in the RCA (Regional Cooperative Agreement) Region. The Three countries that participated in the study were India (8 students), Sri Lanka (3 students) and Malaysia (2 students). The pilot study was very successful and it helped to test the course materials. The study was concluded in 2001.

New DAT programme was initiated in February 2000 with an intake of 14 students working in various institutes in India.

The minimum qualification for a student joining DAT, is degree of Bachelor of Science with 5 years working experience in nuclear medicine department.

The course material comprises of 14 modules. The candidates are assessed by continuing assessment by assignments, completion of workbook, as well examination of both understanding and practical skills during the course.

The course is well appreciated in the country and the nuclear medicine community has shown deep interest. A new batch of DAT programme will commence shortly.

Successful candidate are awarded a Certificate of Achievement by IAEA and recognition to the course by AERB is under consideration.

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