In this issue of the Journal of Nuclear Medicine, the authors of “Hot Topic Manuscript: Nuclear Medicine Training: What Now?” suggest a path forward for training in Nuclear Medicine that “matches the needs of an evolving clinical specialty,” by “combined, multispecialty training.” The ABNM also endorses combined, multispecialty training that maintains high standards for Nuclear Medicine (NM) education, prepares physicians for practice in a changing environment, and advances the specialty.

The ABNM has actively supported training leading to certification in NM plus certification by the American Board of Radiology (ABR) in Diagnostic Radiology (DR). The ABNM and the Society of Nuclear Medicine and Molecular Imaging (SNMMI) issued a joint policy statement in 2012 supporting all training pathways leading to dual certification (1). These pathways currently include the traditional 12-month Nuclear Radiology (NR) or Nuclear Medicine (NM) fellowship after Diagnostic Radiology (DR) residency, the 16-month NM/NR pathway during four years of DR residency, and the 5-year combined pathway within separately ACGME accredited NM and DR programs. Support for these pathways is not meant to promote the “chaos of multiple training and certification pathways” but rather to facilitate institutions developing practical dual training pathways given local considerations, with robust training and subsequent certification in NM and DR.

Following the joint ABNM and SNMMI statement in 2012, the ABNM took action to promote the development of dual training programs within 4 years of DR residency training. The changes made by the ABNM include:

- Defining 16 months of training in practical terms
- Removing the requirement for a minimum of 6 months of continuous NM training
- Giving training program directors more discretion in allowing elective time
- Permitting contemporaneous NM training with other fellowship training
- Recognizing non-ACGME accredited NM fellowship training in institutions with ACGME-accredited NM residency or NR fellowship programs
- Recognizing NR training when ACGME NM program requirements are met.

The ABNM recognizes the challenge for physicians to become proficient in NM and DR in 16 and 32 months, respectively. Recognizing also that the knowledge and skills required to advance the specialty of NM and Molecular Imaging (MI) might require more than 4 years of training, the ABNM also supports 5-year combined training programs with NM and DR residency programs that are separately accredited by the ACGME. The ABNM gives institutions broad leeway to determine how much NM and DR training is required, so long as the minimum time of NM training is 16 months. The ABNM has already approved combined training programs at several institutions, including three institutions that have a number issued by the National Residency Matching Program that allows applicants to simultaneously apply for the separately accredited NM and DR residency programs (Stanford University, University of California at Davis, and Johns Hopkins).
University). The ACGME will also issue an Accreditation Data System program number, which acknowledges the board-approved combined program with separately accredited components. More details are available in Tracers, the newsletter sent to all ABNM diplomates (2).

The ABNM also makes it possible for radiologists trained outside the United States and Canada to qualify for the ABNM certification examination through the ABR alternate pathway, when it includes at least 16 months of NM training at institutions with ACGME-accredited NM or NR programs.

In June 2017, the ABNM sent a letter to all NM and NR program directors, describing in detail the dual training pathways Diagnostic Radiologists may follow to become ABNM certified. The letter is available on the ABNM website (3).

Recognizing that Maintenance of Certification™ (MOC) is more difficult for physicians certified by more than one American Board of Medical Specialties (ABMS) member board, the ABNM has taken steps to reduce the required time and effort by giving credit for the CME (MOC Part 2) and Improvement in Medical Practice activities (MOC Part 4) recognized by other member boards. The ABNM has also adopted diplomate self-attestation with random audit in place of routinely requiring documentation of these activities (4).

The authors state that the NM and DR communities are the imaging world equivalent of the Dr. Seuss characters called Zax, who “marching straight ahead, came face-to-face and refused to budge, stopping progress for both of them.” This characterization discounts changes both boards have made to promote dual training, continuing to build on a foundation that includes 47% of ABNM diplomates certified between 2001-2016 who are also certified by the ABR.

The challenge for the specialty of nuclear medicine is to attract highly qualified medical students into the field. The number of Nuclear Medicine residency training programs has decreased from 56 in 2007-2008 to 42 in 2017-2018, with 80 residents currently in training. The number of NR programs has decreased from 22 to 18 during the same time period, with 12 trainees this year (5). In 2016, 42 physicians were newly certified by the ABNM, and 2 physicians were certified by the ABR in NR. The SNMMI and the American College of Radiology have recognized the problem, and have started efforts to reach out and educate young professionals about opportunities in the rapidly growing fields of NM and NR.

NM and MI have seen tremendous growth, and have become more complex with the introduction of many new diagnostic and therapeutic techniques in clinical practice. The ABNM believes, therefore, that a training pathway with only 4 months of NM will not advance the specialty. On the other hand, three years of NM residency training leading only to ABNM certification may not provide diplomates with adequate employment opportunities. The ABNM, therefore, supports pathways
leading to certification in NM and DR that provide multiple options for entry, as well as match training with future professional goals.”

The ABNM also recognizes the historical contributions to NM made by physicians in other specialties and plans to maintain practical training pathways that allow these physicians to continue to enrich and expand the specialty. In the past 16 years, 12% (133/1116) of ABNM diplomates have been certified by non-ABR ABMS member boards, but that percentage has fallen to 4% in recent years. Time will tell how important these pathways will continue to be.

The authors state the “need for cross fertilization in highly specialized areas of practice such as nuclear cardiology and radionuclide therapy/theranostics.” They envision a training pathway for combined Radiation Oncology and Nuclear Medicine. Others also recognize the need for combined multispecialty training. In the opening plenary session of the 2017 SNMMI Annual Meeting, Johannes Czernin, M.D., Professor of Molecular and Medical Pharmacology at UCLA, and Editor in Chief of the Journal of Nuclear Medicine, gave a presentation titled “Imaging with a Purpose: The Future of Nuclear Medicine, Molecular Imaging and Therapy.” He stated it was necessary to “Recruit the Best Medical Students and Residents” and called upon the ABNM to recreate a feasible and reasonable pathway for Internal Medicine trainees (joint program). He stated that NM should solidify its independence by keeping equidistant between Medicine, Endocrinology, Oncology, Neurology, Urology, Radiology, and Radiation Oncology. The ABNM is re-evaluating the combined residency training program in Internal Medicine and NM that has been inactive for over a decade. It will also explore other combined multispecialty training pathways that may be needed for the future.

The authors rhetorically ask whether NM physicians will get stuck in their own tracks facing our radiology (and cardiology and radiation oncology) colleagues, refusing to budge while the rest of medicine builds roads around, over, and through us. The policies and actions of the ABNM show that cooperation rather than confrontation is Board policy. As an NM leader, the ABNM will continue to work with all stakeholders, including the SNMMI, the ABR and other ABMS member boards, and the ACGME, to ensure that future physicians will have the education and training needed for NM to thrive for the benefit of patients and physicians.

References:


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