



## MEMBERS

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## Frequently Asked Questions

### **Q: Is the joint statement a proposal or a final decision?**

**A:** No final decision has been made. The joint statement is a proposal developed during the course of exploratory meetings and conference calls of the ABNM and the ABR. After initial internal discussion, the proposal is being presented to the stakeholders.

Central to the proposal is the creation of a new primary discipline of Nuclear Medicine/Diagnostic Radiology (currently referred to as NM/DR, with the official name yet to be decided), under the ABR. This would result in both the dissolution of the ABNM as a member board of the American Board of Medical Specialties (ABMS) as well as the elimination of Nuclear Radiology (NR) as a subspecialty of Diagnostic Radiology. The proposal also anticipates replacement of the current multiple educational pathways leading to certification in NM or subspecialty certification in NR, with a proposed combined educational pathway incorporating diagnostic radiology and nuclear medicine training leading to ABR certification in NM/DR.

### **Q: How is the ABR structured compared to the ABNM?**

**A:** The ABNM is currently made up of 12 Directors on the Board, including an Executive Committee (Chair, Vice-Chair, Secretary-Treasurer, and Past-Chair), an Executive Director, and an Associate Executive Director. As the required administrative burdens of the board have grown, our staff has increased in recent years to include the Associate Executive Director and 4 office staff and administrators.

The ABR Board now consists of 3 officers and 24 Trustees representing the four semi-autonomous disciplines under the ABR umbrella: Diagnostic Radiology (DR), Radiation Oncology (RO), Medical Physics (MP), and the new Interventional Radiology (IR, initially called "IR/DR"). Each discipline operates fairly independently with such day-to-day operations as exam creation. However, each discipline reports to the ABR Board of Trustees, relies on the ABR structure for budget, and can utilize the many resources available in such a large Board.

In the present structure, Nuclear Radiology (NR) is seated within the discipline of DR. However, if this proposal moves forward, the new NM/DR would not be a part of DR, but would be a new fifth discipline equal to DR, RO, MP and IR, and would elect trustees to represent the new Discipline of NM/DR within the ABR Board. The current DR subspecialty of NR would disappear.

### **Q: Why is this proposal being considered?**

**A:** This proposal is suggested as a way to advance the field of NM and ultimately improve nuclear medicine patient care. The number of residents in NM training has been declining, and several NM training programs have closed due to decreasing numbers of qualified applicants. A major concern is the lack of employment opportunities for NM physicians without DR certification. Current residents have a variable experience learning CT, and it has not been possible to expand CT training in some institutions. In addition, expanded NM resident training in a wider variety of imaging techniques, such as MRI, could serve as a key foundation as new technologies, such as non-radioisotopic molecular imaging and hybrid imaging techniques, evolve.

The number of NR training programs has also declined slightly during the last 13 years. In the 2013-2014 academic year, there were 47 NM programs and 107 trainees, and 20 NR programs and 15 trainees. Considering there were over 1000 graduating DR residents that year, the interest in NR has remained low. Unless we find a way to work together, this trend may lead to further deterioration of the practice of nuclear medicine as a whole.

The ABR recognizes that NM is unique and deserves to remain a discipline under the ABR umbrella, like Radiation Oncology, Medical Physics, and Interventional Radiology, rather than being absorbed into Diagnostic Radiology as a subspecialty area.

**Q: Who are the stakeholders?**

**A:** The stakeholders include: American Board of Medical Specialties (ABMS) of which the ABR and ABNM are both among the founding 24 member boards; Accreditation Council for Graduate Medical Education (ACGME) including the Nuclear Medicine Review Committee (NM RC) and the Diagnostic Radiology Review Committee (DR RC), which decide residency training program requirements and monitor residencies; Nuclear Medicine, Nuclear Radiology, and Diagnostic Radiology residency program directors; professional societies, such as the SNMMI, ACNM, ACR, and RSNA, and their members; individual diplomates certified by the ABNM and/or ABR; and current residents and fellows in training in NM or NR programs. Their comments are important for us to understand their perceptions of any potential unintended consequences.

**Q: How important is stakeholder support of the proposal? How important are the comments being requested during the comment period?**

**A:** Stakeholder support of the proposal is vital for the success of the proposed plan. The ABNM and the ABR hope there will be a broad consensus in support of the proposal to combine the strengths of both specialties in NM/DR. The boards would not be able to proceed successfully without a broad consensus. The ABNM is only a small component of the nuclear medicine community structure, primarily responsible for certifying and recertifying physicians. In order for any plan to move forward, other groups would have to agree to participate. For example, because the plan would involve changes to residency programs, the Accreditation Council of Graduate Education (ACGME), which oversees graduate medical education through the accreditation of residency programs, and the Review Committees (RCs) for DR and NM, which establish training program requirements and render accreditation decisions, would need to develop the new programs, also with stakeholder input. For this reason, the ABNM seeks to hear from those involved directly in residency training, as much of the proposal impacts future training. In addition, the boards are charged with ensuring that the rights of current diplomates are protected, along with the public, and must work closely with the members of key professional societies.

Stakeholder comments are necessary to develop the many details that will need to be addressed if the proposal receives final approval by the ABNM and the ABR. Comments regarding all elements of the proposal will be accepted and considered. Constructive ideas will be the most useful for decision-making and future planning.

**Q: What is the timeframe for implementation?**

**A:** Our target date for reaching a decision on whether to move forward with this proposal is October 2015. If the proposal is approved, it would take at least one year or longer for organizational restructuring of the boards. Changes in existing training pathways are likely to take several years for an orderly transition to a single pathway.

**Q: Who will be in charge of the new NM/DR discipline?**

**A:** While details on the new NM/DR trustees have not been decided, consideration for leadership would be open to all ABNM and NR certified physicians, including NM physicians with or without DR certification.

**Q: What will happen to the current certificates held by ABNM diplomates?**

**A:** All ABNM certificates will retain their validity. Details regarding future certificates have not been determined. ABNM diplomates with time-limited certificates would likely receive a new ABR certificate (in NM only) at the time of recertification, determined by the date on current certificates. ABNM diplomates with lifetime certificates would likely keep their current ABNM certificate, which would remain valid for life. In addition, the process will guarantee that Maintenance of Certification (MOC) will remain available to any non-radiologist ABNM diplomate and will be overseen by the NM/DR trustees, not by other ABR disciplines.

**Q: What advantage does the proposed dual-training pathway offer compared to similar existing pathways?**

**A:** There are currently three educational pathways leading to certification in both DR and NM and/or NR. The first, most established pathway is 4 years of DR training, followed by one year of NM or NR training, which allows DR residents to choose NM or NR towards the end of their residency training, as is commonly done with other radiology subspecialty training. The second pathway consists of 16-months of NR/NM training during 4 years of DR training, approved by the ABR in 2010. The third, newest pathway is an integrated pathway, in which trainees receive 2 years of NM training and 3 years of

DR training at one institution. An institution with an integrated program may request an ACGME Accreditation Data System (ADS) number, and register the program with the Electronic Residency Application Service (ERAS®) of the American Association of Medical Colleges (AAMC), and the National Resident Matching Program (NRMP).

These three pathways provide individual and institutional flexibility. However, despite the support of the ABNM and ABR, the integrated programs have been slow to grow and can be difficult to implement. While several institutions have been successful, it is difficult for others to deal with complexities of these integrated programs. Further, it may be difficult to attract residents into non-standard or non-ACGME accredited programs. Adding to the complexity, residents in these programs must be under the supervision of the DR program director (PD) and DR RC rather than the NM PD and NM RC for 4 of their 4 or 5 years. This potentially limits involvement of the NM RC and might make it difficult to ensure that NM programs remain vibrant.

Currently, most residents wishing to complete NM and DR still continue to obtain an NM fellowship or residency after a DR residency or look for a DR residency spot after NM residency.

Under the current ABNM-ABR proposal, a single defined combined pathway has been envisioned, which could have multiple entry points, under a single RC. Some current internal discussions have centered on a possible path involving an internship, 2 years of nuclear medicine and 3 years of DR. This would meet core radiology requirements, while expanded time in NM and molecular imaging could be used for greater training in areas such as MR, PET-MR, molecular imaging and future hybrid procedures. Such a combined program could increase NM and molecular imaging training, ensure core radiology training for NM/DR trainees, and could establish nationwide consistency in program requirements and curricula. These assurances would hopefully prove attractive to those wishing to pursue such a career. Stakeholder input as to the structure of this pathway is welcome.

**Q: What is the impact on specialists from other boards seeking training and certification in nuclear medicine?**

**A:** The proposed pathway would lengthen NM training for physicians certified by other ABMS boards (i.e., not ABR) from 2 years to 5 years, and likely discourage entry from other medical specialties. Of note, the number of recent ABNM diplomates holding certifications other than DR is quite small, consisting of only 4% (6/146) of those taking the ABNM certifying examination in the last two years. The proposed combined pathway will ensure that all newly certified NM/DR diplomates would have the same level of training in NM and DR. It would be difficult to create a pathway with shorter exposure to either DR or NM for trainees coming in with training from non-imaging fields.

**Q: What will be the employment prospects of current ABNM diplomates if future NM physicians are all certified by ABR in NM/DR?**

**A:** Employment prospects depend on many factors, including local need and local credentialing. Many non-ABR certified nuclear medicine physicians continue to find it difficult to obtain authorization to read diagnostic CT, despite participating in the SNMMI 500-case courses. Although such credentialing is the purview of department chairs and hospital credentialing bodies, a process endorsed by the ABR could carry weight. An important part of the proposal is to improve recognition of the qualifications of currently certified ABNM physicians for the non-NM component of hybrid imaging, including diagnostic CT performed with PET and SPECT. The details have not been determined, but one possibility is a voluntary process through Maintenance of Certification (MOC) that could result in an appropriate credential. It is recognized, however, that current ABNM-only certified physicians will likely continue to be disadvantaged competing for jobs with NM/DR dual-trained physicians.

**Q: What is the impact of this proposal on radiologists who do Nuclear Medicine?**

**A:** One goal of the ABR/ABNM discussions has been to increase the quality of nuclear medicine practiced in this country. Some NM stakeholders have called for restrictions to be placed on DR trained physicians practicing nuclear medicine imaging and therapy, just as some in DR physicians want to require NM only physicians to read PET/CT with the aid of DR trained radiologists. However, it is not possible or advisable to disenfranchise physicians, and in order to move forward, both boards should recognize the respective appropriate qualifications of each other's existing diplomates. Radiologists without subspecialty training in NM will still be recognized as able to perform imaging and radioiodine therapy just as appropriately trained, non-ABR certified NM physicians will be recognized as able to continue performing nuclear medicine, including PET/CT or SPECT/CT. Credentialing remains largely up to local institutions and their policies, and work can continue to establish improved training and practice standards.

Details regarding re-certification of radiologists with subspecialty training in Nuclear Radiology (NR) have not been determined, but it is likely they would receive a new certificate in NM/DR at the time of re-certification.

**Q: Why does the ABNM need to dissolve?**

**A:** The ABNM became a member board of the ABMS in 1971. The ABNM has certified over 5,000 diplomates, and has more than 4,000 currently active diplomates. The ABNM is financially strong, and operationally robust. Thus, the ABNM is not at risk of dissolving for internal reasons. The rationale for the voluntary dissolution of the ABNM is to support the formation of a new discipline in NM/DR under the ABR in order to advance NM by establishing a single training pathway that promotes high educational standards of broad imaging expertise while preserving rigorous NM and MI training, resulting in high-quality patient care. Prior attempts to accomplish these goals as separate boards have met with limited success.

**Q: What implications will the dissolution of the ABNM have on the ABMS?**

**A:** The proposal would result in the ABNM ceasing to exist as an independent specialty board to become a new, separate discipline under the specialty of Radiology, equal to Diagnostic Radiology, Radiation Oncology, Interventional Radiology, and Medical Physics. If the proposal moves forward, the ABNM would give up its seat on the ABMS. The interests of the new discipline of NM/DR would be represented through the ABR's representatives, as are those of the other ABR disciplines.

**Q: How do I get answers if I have more questions?**

**A:** Please submit your questions to the ABNM by writing to [abnm@abnm.org](mailto:abnm@abnm.org) and/or to the ABR by writing to [vjackson@theabr.org](mailto:vjackson@theabr.org).