

Medical Specialties Face Residency Cutbacks

With a renewed emphasis on primary care, the Federal government is putting the squeeze on specialty residency programs, including those in nuclear medicine. Efforts are underway to ensure that the specialty will not face a shortage of new physicians.

When President Clinton declared that the medical field needs to train more primary physicians and fewer specialists, a broad spectrum of individuals—from managed care executives to Congressmen—nodded their heads in agreement. Since then, several government initiatives have been taking aim at reducing residency programs throughout the country. Case in point: Federal health regulators announced in February that they will begin paying New York teaching hospitals to train 25% fewer specialists.

The nuclear medicine specialty is feeling the brunt of the residency reductions. With cost-containment pressures from managed care companies, some hospitals have eliminated nuclear medicine residency programs and have folded nuclear medicine departments back into radiology. Many are also giving preference to those residents who are board-certified in radiology (which requires one additional year of training) rather than those who wish to train only in nuclear medicine (which requires an additional two years of training). “Nuclear medicine residency programs are being squeezed from both ends,” said Eva Dubovsky, MD, PhD, director of nuclear medicine at the University of Alabama Hospital in Birmingham.

Dubovsky interviewed all 81 nuclear medicine residency training directors for a status report that she presented at the American Board of Nuclear Medicine’s (ABNM) annual meeting in December 1996. She found that the 191.5 funded residency positions for 1996-1997 will decrease to 179.5 for 1997-1998. Furthermore, the Veterans Health Administration (VA) plans to eliminate its 33 nuclear medicine residency programs entirely by 2001.

Several factors are behind the current decline in the number of nuclear medicine residency programs and positions in the U.S. “Many training directors indicated to me that they did not want to train physicians who would not be able to find jobs in nuclear medicine,” Dubovsky said. “At this point, there are no full-time nuclear medicine jobs available in this country. And many positions are being eliminated.”

In an effort to counter the threatened cutbacks to residency programs, leaders from the Society of

Nuclear Medicine (SNM) and other nuclear medicine organizations have been communicating with health care officials and Congressmen to get them to recognize the need for adequately trained nuclear physicians. They are attempting to roll back some recent government initiatives that will force hospitals to reduce their nuclear medicine residency programs. Here are some obstacles they face.

Reductions in Residency Funds

Responding to a mandate from Congress to limit Medicare’s payouts for graduate medical education, the Health Care Financing Administration (HCFA) issued a proposed rule last May that would reduce funding for residents who wish to become board-certified in two specialties. In essence, the rule states that any hospital that hires a resident who has already completed the requirements for board certification in his or her primary specialty would receive funding for only half an employee.

For example, the University of Alabama Hospital would only receive \$35,000 (instead of \$70,000) for a radiologist who wishes to take an additional one-year fellowship in nuclear medicine, according to Dubovsky. Unless hospitals are willing to fund these residents themselves, they will drastically slash salaries or eliminate these fellowships altogether.

In a letter to HCFA concerning the proposed rule, the SNM and American College of Nuclear Physicians (ACNP) warned that the rule would create “insufficient funding for training the majority of nuclear medicine specialists.” The letter went on to say, “If this legislation had existed in prior years, more than half of the present number of nuclear medicine specialists would not exist.”

If the wording of the final rule (which has yet to be published) remains unchanged, the ACNP/SNM Government Relations Office has indicated that it will probably approach Congress to get an exemption for nuclear medicine, according to David Nichols, associate director of the office. If the rule takes effect for nuclear medicine, residents who wish to train only in nuclear medicine may find themselves at an advantage. At a time when teach-

“At this point, there are no full-time nuclear medicine jobs available in this country. And many positions are being eliminated.”

“In recent years, we have had more radiologists applying for one-year nuclear medicine fellowships to make themselves more marketable.”

ing hospitals are turning down the applications of those residents who wish to specialize only in nuclear medicine (via the 1+2 years of training route), the hospitals may start encouraging such applicants in the future in order to receive full residency funds.

Nuclear medicine residency directors, however, do not view this rebound effect as beneficial to nuclear medicine. “In recent years, we have had more radiologists applying for one-year nuclear medicine fellowships to make themselves more marketable,” said Stanley J. Goldsmith, MD, director of nuclear medicine at New York Hospital-Cornell Medical Center in New York and editor-in-chief of *The Journal of Nuclear Medicine*. “As a result, we have seen an increase in the quality of our applicants.”

Goldsmith said he prefers to accept radiologist applicants because they have more training experience and a broader knowledge of imaging. The new HCFA rule could reverse this trend. “The market—not government—should be the controlling force,” Goldsmith said. “We’re entering a dark age of anti-intellectualism where medical training is being accelerated and complex specialties will be handled by primary care doctors.”

Elimination of VA Residents

The VA issued a draft plan last year to reshape its residency program with an emphasis on primary care and those specialties that meet veterans’ “unique needs.” Nuclear medicine, unfortunately, does not fall into either category, which means its residency programs will be phased out over the next few years. In 1996, the number of VA nuclear medicine residents at the 33 participating hospitals numbered 47. For 1997, the total number of residents will decrease to 35 and will continue to decrease by 25% a year until the program is eliminated in 2001.

“As a specialist and educator in nuclear medicine, I am obviously disappointed with this plan,” said Milton D. Gross, MD, director and chief of the nuclear medicine service at the VA Medical Center in Ann Arbor, MI, “but the VA feels it must be responsive to the government’s mandate to reduce subspecialty trainees and increase the emphasis on primary care.” He stressed that the number of nuclear scans performed on patients will not decrease without residents but that the time previously devoted to research and education would be sharply curtailed.

“Nuclear medicine is not being singled out. We’re in very good company,” Gross said. Among the 21 residency programs to be eliminated: radiology, cardiology, anesthesiology and oncology. In all, 250 residency positions will be eliminated with an additional 750 positions to be reallocated from medical and surgical specialties to primary care. “We hope that once the requirement for primary care is

met in the future, local discretion would be allowed to apportion funds to subspecialty training that would include nuclear medicine,” Gross added.

The U.S. armed forces has also implemented cutbacks of its nuclear medicine residency programs. According to Dubovsky’s report to the ABNM, the Army will fill two residency positions in 1998 down from eight positions in 1997. Another telling change was a recent decision by the Air Force to train only nuclear medicine residents who are board-certified in radiology, according to Nichols. The Air Force has also decided to hire only nuclear radiologists for their nuclear medicine department. “The Army and Navy are also considering such a change but are resisting it for now,” said Nichols.

Paying Hospitals Not to Hire Residents

One of the most dire threats to specialty residency programs surfaced two months ago when a front page *New York Times* article announced that the Federal government would begin paying New York hospitals not to train residents. The 41 teaching hospitals will be paid \$400 million to send fewer new specialists into the workforce. If the plan works in New York, it could be implemented in other states such as California.

Under the voluntary agreement, each hospital agrees to cut the number of residents by 25% over 6 years, or by 20% while improving primary care training. During the first year, hospitals would get as much money as if they were training the same number of residents as they are now. During the second year, they would receive 95% of that amount and then 85%, continuing to drop to zero in the seventh year when hospitals would be paid only for the residents they train.

While some hospitals such as Memorial-Sloan Kettering in New York have opted not to participate in the plan, most hospitals are eager to accept the cash infusion. New York Hospital-Cornell Medical Center, for instance, will enter into the agreement starting with programs that begin in July 1998. The radiology department (which includes nuclear medicine) has already been informed that the number of residents will be reduced by 30% after 1997. Since there are only two nuclear medicine residents, the department will cut one resident in 1998 and most likely have two residents on alternating years, according to Goldsmith. “This has definitely made an impact, but we’re not clear yet on the extent of the impact,” said Goldsmith.

Potential Solutions

Fearing that cutbacks to residency programs could cause a shortage of qualified nuclear physicians, nuclear medicine organizations have been planning ways to sidestep the government initia-

(Continued on page 18N)

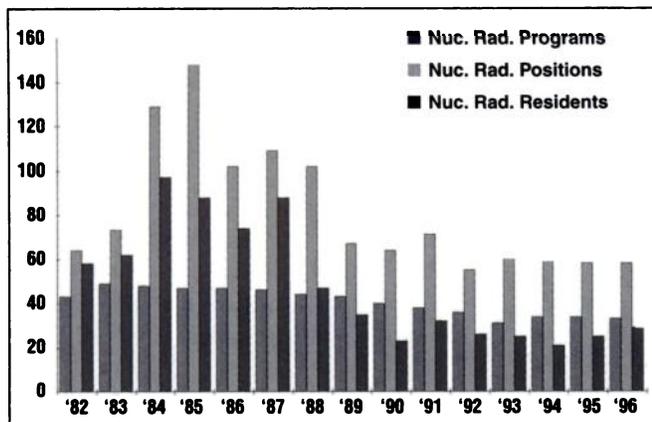


Figure 2. Summary of nuclear radiology programs, positions and residents from 1982-1996.

the mid-1980s and has slackened in recent years to approximately 25 per year (Fig. 2).

Future Indications

Essentially, there have been minor changes in the numbers of nuclear medicine programs and residents although there have been more marked fluctuations in the relative number of U.S./Canadian versus IMG medical school graduates and changes in the types of postgraduate training that residents had prior to their nuclear medicine residency. However, there has been no systematic analysis as to what produced these changes.

What is uncertain is to what extent ongoing changes in health care will affect the numbers and kinds of residents receiving nuclear medicine training. Recent analyses by the Manpower

Committee of the SNM suggest that the total number of full-time equivalent practitioners required to perform the expected number of isotopic procedures in the U.S. by the year 2000 would increase or at least remain the same. If the number of radiologists who are being trained in the U.S. also diminishes due to federally mandated reductions in the number of specialists and to a perceived oversupply of radiologists, the outcome does not bode well for nuclear medicine programs since radiology residents are increasing relative to other specialists in nuclear medicine training programs. Similarly, the resurrection of proposals to restrict the number of foreign postgraduate students (IMGs) might also adversely affect the supply of residents seeking training in nuclear medicine. Here is the conundrum: How do we insure that the manpower demands are satisfied by those who would best meet the health care needs of the 21st century, given current trends in nuclear medicine residency training?

Many SNM members would argue that it is the fully trained nuclear medicine specialist who possesses the resources for optimizing patient care, i.e., providing the best value for the health care dollar. While we have long recognized the importance of marketing our procedures, we must now also market ourselves. This means becoming more proactive as advocates for our current and future residents in the job market, deriving ways to reveal the value of the fully trained nuclear specialist, seeking out the best and the brightest residency candidates and having the SNM and program directors work synergistically to insure the future of nuclear medicine.

—James L. Littlefield, MD, is the director of the clinical imaging unit, nuclear medicine service at the VA Hospital, St. Louis, MO

Residency Cutbacks

(Continued from page 14N)

tives. The ABNM has renewed its efforts to create a joint training program with the American Board of Internal Medicine (ABIM).

With discussions still in the early stages, several rough plans are being considered. One plan could be to interweave a year of nuclear medicine training into, say, cardiology training. The dual four-year program would enable residents to take both board exams at the same time, according to James M. Woolfenden, MD, chairman of the ABNM and director of the division of nuclear medicine at Arizona Health Sciences Center in Tucson. "We have had preliminary discussions with representatives from the ABIM and plan to meet with them in the near future," he said.

The SNM is also attempting to work around the Federal government by approaching managed care providers directly to educate them on the need to have trained nuclear physicians interpret nuclear medicine studies for their patients. The Society recently changed its mission statement adding the words "promoting the value of nuclear medicine." To accomplish this mission, the SNM drafted a statement of purpose to identify

strategies for the near future. The hope is that managed care organizations will agree there is a need for more nuclear medicine residents.

Of course, there are those who feel that the worries concerning nuclear medicine residency programs have been somewhat unjustified. James L. Littlefield, MD, the director of the clinical imaging unit at the VA Hospital in St. Louis, MO has been collecting data on nuclear medicine residency programs for the past twenty years. He has found that over the past decade, residency positions have declined by about 10%, a decrease similar to other specialty training programs (see Commentary on page 17N). "We're talking about a slight decrease, not a huge decline," Littlefield said.

Littlefield admits he cannot predict whether the decline will become steeper in the upcoming years as government initiatives begin to take effect. On the whole, however, he does not think the nuclear medicine specialty is immediately threatened. "Let's not say the sky is falling," he said. "Let's find ways to show that board-certified nuclear physicians provide the best value to customers—be they government regulators, providers or patients."

—Deborah Kotz