

# Diagnostic Radiology and Nuclear Radiology Program Requirements Changes Challenged

In November 2011 and in March 2012, the American Board of Nuclear Medicine (ABNM), SNM, American College of Nuclear Medicine (ACNM), and Nuclear Medicine Residency Review Committee (NM RRC) of the Accreditation Council for Graduate Medical Education (ACGME) challenged a recent change to the diagnostic radiology (DR) residency program requirements and proposed changes to the nuclear radiology fellowship program requirements. The purpose of this article is to outline the basis for these challenges and to describe the ACGME process for mediation.

## Challenge to the Proposed Diagnostic Radiology Program Requirements

In the fall of 2011, the ABNM became aware of an important change to the DR residency program requirements (effective July 1, 2011). The specific change was:

### 2008 Version

Each resident must participate with preceptors in at least three therapies involving oral administration of I-131. Documentation of the resident's participation must include the date, diagnosis, and dose of each I-131 therapy;

### 2011 Version

Each resident must participate with preceptors in at least three therapies involving oral administration of I-131 in quantities less than or equal to 33 millicuries (mCi) and at least three therapies in quantities greater than 33 mCi. Documentation of the resident's participation must include the date, diagnosis, and dose of each I-131 therapy. IV. A.5.a).(3).

The nuclear medicine community was unaware of these changes, because the DR RRC had presented them as a minor revision that was editorial in nature. The usual ACGME vetting process for program modifications was not invoked, because this process applies only to major program changes.

In a letter to the ACGME dated November 14, 2011 ([www.abnm.org/index.cfm?PageID=11640&RPID=5052](http://www.abnm.org/index.cfm?PageID=11640&RPID=5052)), the ABNM stated opposition to this change and expressed concern that the DR RRC had been aware of ABNM's opposition and had used the ACGME minor revision process as a way to prevent stakeholders from commenting on the change. The ABNM, SNM, and ACNM all wrote to the ACGME requesting that this change be rescinded so that it would be subject to the normal ACGME vetting process.

On March 6, 2012, the ACGME responded, and the ABNM received a copy of a letter addressed to Larry Davis, MD (chair, DR RRC), and Christopher Palestro, MD (chair, NM RRC), indicating that this disputed change

to the radiology program requirements had been rescinded and that it would need to be resubmitted and subject to the normal vetting process for a major program change. We expect the DR RRC will be resubmitting this change soon.

## Challenge to the Proposed Nuclear Radiology Fellowship Program Requirements

In January 2012, proposed major changes to the nuclear radiology fellowship program requirements were posted on the ACGME Web site. The comment period ended March 7, 2012. The ABNM, SNM, and NM RRC wrote letters opposing the proposed changes. The ABNM letter ([www.abnm.org/index.cfm?PageID=11640&RPID=5052](http://www.abnm.org/index.cfm?PageID=11640&RPID=5052)) stated that the changes violated a 40-year-old ACGME agreement that defines nuclear radiology as a subset of nuclear medicine, being limited to diagnostic imaging only and not including the full scope of practice of nuclear medicine. The proposed changes would create equivalence between programs administered by 2 separate specialties and result in competition rather than collaboration among programs. It was noted that in the last decade the ABNM has issued 789 NM certificates and the ABR has issued 50 nuclear radiology certificates. Given this disparity in numbers of trainees and the fact that nuclear medicine is a primary specialty with a larger scope of practice, it would be most efficient and appropriate if training programs with nearly identical nuclear medicine program requirements were supervised by the NM RRC.

## How Does ACGME Mediate Disputes?

The ACGME handles conflicts and disagreements in a fair way and tries to get RRC committees to negotiate and resolve their differences to ensure patient care benefits ([http://acgme.org/acWebsite/about/ab\\_ACGMEbylaws.pdf](http://acgme.org/acWebsite/about/ab_ACGMEbylaws.pdf)). Disagreements that cannot be resolved by the appropriate committees may have to be resolved by the board of directors, which can take several months.



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