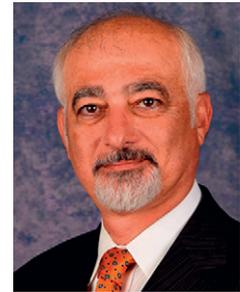


ABNM Announces Decision on Proposed Changes

Hossein Jadvar, MD, PhD, MPH, MBA, SNMMI President



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On November 6 the leadership of the American Board of Nuclear Medicine (ABNM) sent the following letter to its diplomates, with news about previously proposed changes to training pathways and board reorganization with the American Board of Radiology (ABR). The letter is reproduced in its entirety below.

Dear Diplomat:

The ABNM and the ABR have mutually agreed not to move forward with the proposals in the joint ABR–ABNM Task Force Statement to Stakeholders sent July 16, 2015, which included the following principles: 1) That current Nuclear Medicine (NM) and Nuclear Radiology (NR) programs be replaced by a single training pathway that incorporates a DR curriculum with a dedicated NM curriculum, resulting in a new primary certificate in NM/DR; 2) That a new independent discipline of NM/DR be created under the umbrella of the ABR with ultimate dissolution of the ABNM. This new organization would become the re-certifying body for physicians with current ABNM and NR credentials as well as certifying future NM/DR trainees. In the transition from NM and NR certifications to NM/DR, the ABR would have its single NR Trustee replaced by NM/DR dedicated Trustees with ABNM and/or ABR credentials to represent the new Discipline of NM/DR on the ABR’s Board of Trustees, and; 3) To appropriately recognize the training of previously-certified ABR and ABNM diplomates for the performance of hybrid imaging, including diagnostic CT performed in conjunction with hybrid imaging, general nuclear medicine imaging, and radioiodine therapy.

Talks between the two boards leading to this proposal were started in 2013. The goals were to: 1) Improve training in Diagnostic Radiology and Nuclear Medicine for physicians in the era of hybrid imaging, 2) Attract more highly qualified young professionals into the field of Nuclear Medicine and, 3)

Train the future workforce to advance Nuclear Medicine and new molecular imaging technologies. Healthcare reform and economic pressures resulting in fewer employment opportunities for physicians certified only by the ABNM provided more urgency.

The boards formed an 8-member Task Force, whose members had conference calls and met three times to develop the principles that they would take to stakeholders. The American Board of Medical Specialties (ABMS) and the American College of Graduate Medical Education (ACGME) were informed of the proposal in April 2015. Both organizations were supportive of the discussions. The SNMMI and major Radiology organizations were informed at the same time, but were asked to keep the information confidential until individual stakeholders could be informed.

The boards informed the ACGME NM and DR Residency Review Committees in May, followed closely by notification of the NM, NR, and DR residency program directors. Discussions with diplomates were then held at the SNMMI 2015 annual meeting, and two ACNM sponsored conference calls. During these discussions it was emphasized that no decision to move forward would be made without a broad consensus of the major stakeholders and diplomates.

The ABNM–ABR taskforce opened a 60-day comment period on July 21, 2015. Comments were received from 294 individuals (283 through the survey website, and 11 through email or letter). Some individuals did not provide the requested

	Question 1: Creation of a new discipline of Nuclear Medicine within the ABR, with dissolution of the ABNM, and replacement of the ABR subspecialty of Nuclear Radiology		Question 2: Creation of a single training pathway leading to ABR certification in Nuclear Medicine and Diagnostic Radiology, in place of existing Nuclear Medicine and Nuclear Radiology training pathways leading to separate certification by the ABR and the ABNM	
	In favor	Not in favor	In favor	Not in favor
All individuals	112 (45%)	137 (55%)	121 (54%)	104 (46%)
All ABNM	88 (42%)	121 (58%)	101 (54%)	86 (46%)
• ABNM, not ABR	45 (31%)	101 (69%)	63 (49%)	67 (52%)
• ABNM + ABR	43 (68%)	20 (32%)	38 (67%)	19 (33%)
ABR only	16 (94%)	1 (6%)	11 (69%)	5 (31%)

demographic data. Some individuals did not respond to both questions. Some individuals sent comments that were not classifiable as being in favor or not in favor. The following table summarizes the survey data.

Additionally, the ABNM received a petition signed by 80 supporters proposing that the ABNM remain the primary certifying body for Nuclear Medicine in the United States. Letters from two physician groups were also received, with one letter expressing support for the proposal, and one letter opposed.

The ABNM received letters from three professional organizations. The largest organization was the SNMMI, which conducted an independent survey of its membership. The results of this survey showed a majority were against the proposal. The SNMMI reasons for not supporting the proposal were explained in a comprehensive letter sent to the board. The ACNM also surveyed its membership and concluded, "Given a very significant proportion of membership choosing "Do not support in any format", the ACNM does not support the ABR/ABNM Task Force Proposal of June 3, 2015 as written." The Canadian Association of Nuclear Medicine was also opposed.

The most frequently cited reasons for maintaining ABNM as an independent medical specialty board were:

- Maintaining member board status with the American Board of Medical Specialties (ABMS)
- Providing support for current diplomates
- Maintaining the name of the ABNM
- Lack of necessity for ABNM to dissolve in order to promote training pathways leading to dual ABR/ABNM certification

Although the minority, there were many ABNM diplomates in favor of creating a Nuclear Medicine discipline under the ABR. The major reasons cited were:

- Providing a sustainable environment conducive for growth within a larger organization
- Ensuring physicians have the necessary education and training in hybrid imaging
- Having a simplified board structure for physicians certified in Nuclear Medicine and Diagnostic Radiology.

There was broader support for training pathways leading to dual certification in Nuclear Medicine and Diagnostic Radiology, which the majority felt was necessary because of advances in technology and the introduction of new radiopharmaceuticals. It was also felt that being certified only by the ABNM was no longer economically viable.

Although the majority supported dual training, there were some ABNM diplomates who did not support a dual training pathway that made it impractical for physicians certified by other ABMS member boards to train in Nuclear Medicine. Although the number of physicians certified by the ABNM who have also been certified by non-ABR boards has de-

creased to 4% during the last two years, it was felt that the field of Nuclear Medicine has been enriched and advanced by the expertise and contribution of physicians from other medical specialties. Others expressed concern that maintaining the ability of Diagnostic Radiologists with four months of Nuclear Medicine training to practice the full scope of Nuclear Medicine was counterproductive to promoting a new pathway that required longer training in Nuclear Medicine.

Looking to the future, the ABNM realizes that there are many challenges ahead for current and future diplomates. One critical issue is a lack of awareness or interest in Nuclear Medicine training among medical students, residents, and other young professionals that has contributed to a decrease in the number of Nuclear Medicine training programs and residents from 56 programs with 156 residents in 2009-2010 to 43 programs and 93 residents in 2014-2015. Limited employment opportunities for ABNM only certified physicians, especially for recent graduates, remains an important issue.

The ABNM will continue to work on increasing the number of approved dual training programs. The ABNM supports all current training pathways leading to certification by both the ABNM and the ABR, including the 16-month Nuclear Radiology pathway during 4 years of Diagnostic Radiology residency, one-year Nuclear Radiology fellowship programs, and the emerging combined training programs involving a 3-year core in Diagnostic Radiology with 16-24 months in Nuclear Medicine.

Another important issue is the recognition of the qualifications of current ABNM diplomates with appropriate training as being qualified to read diagnostic CT performed with hybrid imaging. The ABNM recognizes the qualifications of ABNM diplomates to perform and interpret CT optimized for diagnosis when performed on a hybrid PET/CT or SPECT/CT camera, for diplomates who trained in an ACGME accredited NM program after July 2011, and for diplomates trained prior to this date who have had residency or post graduate training fulfilling the recommendations of the SNMMI for hybrid imaging and who have been recertified by the ABNM. The ABNM can publish this policy to help current diplomates, and will work with other groups to help diplomates who need to meet the ACR requirements for on the job training in CT. It is anticipated that the issue of diagnostic imaging performed as part of PET/MR hybrid imaging will become a similarly important issue for ABNM diplomates.

Finally, the ABNM is working to make Maintenance of Certification more valuable, less expensive, and easier. These goals are especially important in a future where most or all Nuclear Medicine physicians are going to be dual certified.

The solutions to these related problems will require a joint effort by the boards, training programs, and professional societies. Although the ABNM ABR joint proposal will not go forward, the ABNM and ABR have established solid lines of communication that will be very helpful in meeting the challenges that lie ahead.

Sincerely,
Louise E. J. Thomson, MBChB
ABNM Chair