

The Future of Nuclear Medicine

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As this year comes to a close and we look forward to 2016, we are at a critical crossroads for our field. Going forward, how will we ensure that nuclear medicine physicians and technologists have the in-depth education and training to provide the highest quality of care—care that incorporates hybrid exams and the use of new radionuclides and targeted treatments? How do we continue to encourage and support the innovative research by physicians and scientists across disciplines that is making molecular imaging an ever more valuable tool for diagnosis and treatment?

As you know, following member survey results, the SNMMI Board of Directors voted unanimously to not support the proposals set forth by the joint task force of the American Board of Radiology (ABR) and the American Board of Nuclear Medicine (ABNM). Those proposals would have meant implementing a single combined 2 + 3 nuclear medicine/diagnostic radiology (NM/DR) training program—resulting in a new primary NM/DR certificate by the ABR and dissolving the ABNM.

The main concerns were dissolution of the ABNM (and hence loss of primary specialty status) and the notion of a single training pathway (despite discussion of possible multiple entry pathways that remained otherwise undefined), which prohibited non-imaging specialists from entering nuclear medicine training, and the fact that diagnostic radiology trainees with 4-month training would have still been able to practice the full scope of nuclear medicine, creating 2 parallel but very different pathways for nuclear medicine clinical practice. However, the reasons that brought ABR and ABNM together in the first place still exist. We have challenges that must be addressed, from fewer nuclear medicine training programs and job opportunities to the increasing need for dual certification in diagnostic radiology and nuclear medicine. Recognizing that change is a necessity, SNMMI will form a task force to assess the concerns of all stakeholders early in the new year.

Before coming together around the table, we have to define the mission and objectives of this task force. We will

do this during our Mid-Winter Meeting before reaching out to relevant stakeholders. This is envisioned to be a 2-step process. In the first step, SNMMI will invite various organizations within the nuclear medicine community to brainstorm and come up with solid proposals and/or practical action plans. The invited organizations will include ABNM, American College of Nuclear Medicine (ACNM), SNMMI Young Professionals Committee, ACNM Nuclear Medicine Resident Organization, Nuclear Medicine Program Directors, Residency Review Committee for Nuclear Medicine, and Accreditation Council for Graduate Medical Education. After satisfactory completion of this initial phase and during the second phase, SNMMI will approach the radiology community (e.g., ABR, American College of Radiology, Radiological Society of North America, Society of Chairs of Academic Radiology Departments, Residency Review Committee for Diagnostic Radiology, Association of Program Directors in Radiology) to discuss the collective results of the nuclear medicine community's discussions in order to explore how the consensus proposals may be amenable for closer collaboration between nuclear medicine and diagnostic radiology for the benefit of high-quality clinical nuclear medicine practice.

Many of you have shared your concerns about the ABR/ABNM proposal and the future of nuclear medicine. I rely on your input, so please continue to let me know your thoughts. I look forward to our discussions at the Mid-Winter Meeting. With a clear vision of our goals, we will be well positioned to work collaboratively with all stakeholders to reach a solution that guarantees the comprehensive training of nuclear medicine practitioners, with opportunities for specialists from other disciplines, and ensures that nuclear medicine remains a vital, innovative component of quality care.



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