

## EDITORIAL

### PHYSICIAN TRAINING FOR NUCLEAR MEDICINE

Many physicians involved in Nuclear Medicine are convinced that this field should develop into an AMA recognized specialty in the next few years. If these judgements are correct, then considerable time and effort must be spent in developing a consensus of minimum standards for training physicians for the specialty of nuclear medicine. The Society's Board of Trustees at the 14th Annual Meeting chose to initiate such discussions by approving the following statement:

A guideline statement of eligibility and training requirements for physicians in nuclear medicine was developed, based on the assumption that nuclear medicine will eventually qualify as a specialty under AMA recognized rules, as "broadly useful methods of diagnosis and treatment":

1. Prerequisites:
  - a. U. S. Citizenship not required.
  - b. A graduate of AMA approved Medical School.
  - c. Licensed to practice medicine at the training site.
  - d. One year of internship or equivalent.
2. Residency requirements of 3 years training as follows:
  - a. Six months in nuclear medicine basic sciences.
  - b. Thirty months in general clinical nuclear medicine.
  - c. At the discretion of the examining body, up to 12 months of the clinical nuclear medical training requirement may be met by:
    - (1) 12 months spent in investigative nuclear medicine, *OR*
    - (2) 12 months spent in a related clinical specialty (anesthesiology, internal medicine, pathology, pediatrics, radiology and surgical specialties).
3. That initially there be no practice time requirement, before eligibility to take written and/or oral qualifying examination which may be established.

If an AMA approved Board of Nuclear Medicine is established, it will develop the minimum standards for training for the specialty. If such an organization were in existence today, if it concurred in the guideline statement, the stipulation that these minimum standards would apply to those physicians earning the M.D. degree after June 1970 might plausibly be added.

At the present time, the American Board of Radiology recommends 6 months residency time in nuclear medicine. The American Board of Internal Medicine will accept one year of residency in a creditable nuclear medicine program, as applicable to meeting the residency requirements for its board. In addition there are a number of fellowship programs in nuclear medicine. These fellowship pro-

grams take candidates with one year and preferably two or more years training in some other clinical specialty. Fellowship programs in nuclear medicine provide support for up to three years training. It is the consensus of the directors of these Fellowship programs, that two years in the program is the ideal minimum training for a physician planning a major time-involvement in nuclear medicine. However a number of the Fellows in Nuclear Medicine Programs are hired out of the program after one year.

The initial guideline statement on training should be judged in view of the present circumstances and future goals, based both on probable technical developments in nuclear medicine and observing standards analagous to other specialty Boards. The Board of Trustees has asked that written commentary and reactions to this statement be solicited from the membership and any other interested parties. Comments on this guideline statement should be directed to the President or Secretary.

**SNM Board of Trustees**

#### **DEFINING NUCLEAR MEDICINE**

We all have experienced the difficulty of explaining what nuclear medicine is, to colleagues as well as laymen. It is certainly time that a generally acceptable definition be developed. The Board of Trustees tentatively approved a first attempt at defining nuclear medicine at the 14th Annual Meeting in Seattle:

“Nuclear Medicine is the scientific and clinical discipline concerned with the diagnostic, therapeutic (exclusive of sealed radiation sources) and investigative use of radionuclides.”

The desire was to have the definition simple and general with only essential exclusions. As set down, it was thought to encompass *in vivo* and *in vitro* uses, the use of sealed sources for diagnostic purposes (including transmission photoscans), and preventative medical uses either within investigative or diagnostic uses. The term investigative uses was considered referring mainly to clinical investigative uses, but by intent includes studies in animals. The term radionuclides was meant to include those induced during activation for diagnostic purposes. The Board of Trustees specifically is requesting comments and critique of this definition from the membership as well as any other interested individual or organization. Such comments should be mailed to the President or Secretary. After considering such commentary, it is hoped the Board of Trustees can affirm a definition for the Society, at the 15th annual meeting.

**SNM Board of Trustees**