

Supplemental table 1. Examples of quotes given by residents in the survey that favor a choice for the nuclear medicine (NM) subspecialty according to four categories.

Category	Open-ended questions and quoted answers given by the residents
1. Expertise of NM physicians and their quality of supervision in the training hospital	<p>Are there any circumstances that make the NM subspecialty program in your teaching and training region attractive?</p> <p><i>“Expertise and a great team. Good integration with radiologists.”</i></p>
2. Opportunities to do scientific research during and after residency	<p>Are there any circumstances that make the NM subspecialty program in your teaching and training region attractive?</p> <p><i>“There are lots of opportunities to do research. Treatments (in research setting) and (a lot of) scientific research is done by NM staff”</i></p>
3. Diversity of pathology, radiotracers, examinations and therapies in the training hospital	<p>Are there any circumstances that make the NM subspecialty program in your teaching and training region attractive?</p> <p><i>“Nuclear medicine in the broad sense of the word, a wide range of examinations and an interesting patient population.”</i></p>
4. The expectation that the role of hybrid imaging will increase in the future	<p>What is your opinion on the integration of the NM and RAD training?</p> <p><i>“This is a good development in my opinion, since they are both imaging specialties and in the upcoming future overlap in both specialties will increase (for instance with PET-MRI).”</i></p>

Supplemental table 2. Examples of quotes given by residents in the survey that disfavor a choice for the nuclear medicine (NM) subspecialty according to four categories.

Category	Open-ended questions and quoted answers given by the residents
1. Lack of collaboration and integration between NM and RAD in some training hospitals	<p>Are there any circumstances that make the NM subspecialty program in your teaching and training region unattractive?</p> <p><i>“Mediocre collaboration between NM and RAD and bad reputation regarding NM; some of the old NM staff is not positive about the new integrated program”</i></p>
2. Imbalance between NM and RAD during the first 2.5 years of basic training during residency at the expense of NM	<p>What is your opinion on the integration of the NM and RAD training?</p> <p><i>“Prior to the start of residency, I did not have a good understanding of NM. During residency, information and exposure regarding NM is lacking”</i></p>
3. Uncertainty regarding the international recognition of the NM subspecialty training	<p>What is your opinion on the integration of the NM and RAD training?</p> <p><i>“I am worried about international recognition. I’m hoping to be able to register as a NM physician”</i></p>
4. Uncertain future of NM regarding the chances of employment and the ratio of work activities of NM to RAD	<p>Do you have any remarks regarding the integrated NM and RAD program?</p> <p><i>“An important reason to not choose the NM subspecialty is the unclear future. It feels like a waste to be deployed solely in NM and not being able to do any acute or other RAD tasks. Choosing a RAD subspecialty with NM expertise in the same field would better prepare me for the future”</i></p>