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The American Board of Nuclear Medicine (ABNM) and American Board of Radiology (ABR) are engaged in ongoing discussions exploring the benefits of closer collaboration. The boards recognize the need for appropriately trained physicians to serve as stewards of growth for the fields of nuclear medicine (NM) and nuclear radiology (NR). The expanding utilization of hybrid imaging technology (including SPECT-CT, PET-CT, and PET-MR), changing role of targeted radiotherapy, and need to promote novel molecular imaging (MI) agents and techniques, all in the current challenging financial and political climate, contribute to the crossroads at which the specialty has arrived.

Currently, there are increasing numbers of dual training pathways being established in large part due to economic forces favoring employment for trainees who are dual-certified in NM and DR. Additionally, existing diplomates are seeking a more meaningful and effective Maintenance of Certification (MOC) process supporting physicians' qualifications in the expanding field of hybrid imaging.

The boards have a strong desire to create a dual training primary certificate pathway in NM and diagnostic radiology (DR). The boards have determined that they could work most effectively in supporting these programs, while maintaining the unique identity of NM, by uniting NR and NM as an independent discipline under the ABR umbrella, organizationally similar to Radiation Oncology, Medical Physics, and the new Interventional Radiology discipline. At this point, the previously internal discussions have matured and the ABNM and ABR would like to invite comments from stakeholders regarding the following proposal:

1. That a single training pathway be developed that incorporates a DR core curriculum and dedicated NM curriculum, resulting in a new primary certificate in NM/DR. The new pathway would replace current NM and NR training pathways after an appropriate time, allowing existing programs to make the transition. General program requirements would include:
 - a. A transitional year accredited by the ACGME or RCPSC or a year of clinical training accredited by the ACGME or RCPSC in internal medicine, pediatrics, surgery or surgical subspecialties, obstetrics and gynecology, neurology, family medicine, emergency medicine, or any combination of these specialties,
 - b. DR core curriculum
 - c. NM core curriculum

The sequence of DR and NM training, specific program content, years of training, and entry points would be refined with stakeholder input as development of the pathway proceeds

Currently, no alternative pathway leading to eligibility for the new primary certificate in DR-NM is envisioned, although physicians certified by other ABMS member boards, or physicians certified by foreign boards, may be given credit for equivalent training.

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.
3. 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.

As part of this process, ABR and ABNM will work together 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

The boards believe that this is an appropriate time to be planning re-organization and that this will be of great benefit to the field of nuclear medicine, molecular imaging and therapy. A change such as this requires careful consideration and discussion, detailed planning, appropriate time for implementation and input from multiple stakeholders including, but not limited to, ABMS, ACGME, professional societies, training program directors and diplomates.

This announcement comes from the joint ABR-ABNM taskforce appointed by the ABR Board of Trustees and ABNM Board of Directors.



The ABNM and the ABR invite your questions, comments and suggestions. The boards are particularly interested to hear from diplomates about the impact of this proposal on themselves and their practices. We would also like to know whether diplomates believe the proposal will benefit the field of Nuclear Medicine.

On behalf of the ABR-ABNM Task Force,



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Louise E. J. Thomson, MBChB. ABNM Chair