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NEWSLINE: Combined Nuclear Medicine/Diagnostic Radiology Residencies: An Update

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At least 5 accredited nuclear medicine programs (Stanford [CA], University of Arkansas [Little Rock], Emory University [Atlanta, GA], University of Michigan [Ann Arbor], and St Luke's–Roosevelt Hospital Center [New York, NY]) have made substantial progress in establishing combined nuclear medicine/diagnostic radiology programs. The designs of these programs vary considerably. Some combined training programs consist of 5 years of training, including 4 years of diagnostic radiology training and a total of 24 months of nuclear medicine training. Twelve of the 24 months of nuclear medicine training are completed during the 4 years of diagnostic radiology training. Other combined programs consist of 4 years of diagnostic radiology training with 16 months of nuclear medicine included in the 48 months of radiology training.

The 5-year combined programs' goals are different from those of the 4-year programs. By identifying early in their careers individuals who are interested in nuclear medicine, 5-year programs are designed to use time more efficiently to train these individuals for academic careers in nuclear medicine. Early identification of these individuals can be achieved by selection at the time of application for diagnostic radiology residency. A separate match number can be used for the combined program.

The goal of the 4-year combined programs is to increase the number of radiologists who are also well trained nuclear medicine physicians and to do so in a cost-effective way. The federal government currently spends about \$9 billion each year on graduate medical education (GME), and some proposals have targeted reducing this funding by one-half to one-third. If funding were to decrease, it is likely that the greatest effect would be on non-primary care specialties such as nuclear medicine. In addition, the federal government reimburses fellowship training (nuclear medicine training after completion of radiology training) at only half the rate of initial specialty training.

As a result, a few nuclear medicine training programs do not accept radiologists. If funding for GME is significantly decreased in the future, more nuclear medicine programs may be unable to accept radiologists. This would be unfortunate, because hybrid imaging has increased the need for diagnostic radiologists who are well trained in nuclear medicine. The combined 4-year diagnostic radiology/16-month nuclear medicine training program provides a viable alternative pathway for training radiologists should GME funding be cut.

Unanswered questions remain about how best to design these combined programs. Both the 4- and 5-year programs require that trainees be identified early in their training. Some of these individuals may change their minds and decide to pursue another subspecialty in radiology. Some radiology trainees may decide relatively late in their training that they want to undertake a combined program. We are grateful to the innovative training programs that are helping to find the answers to these important questions.