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Message from the Executive Director

Looking To The Future: The ABNM In The Next 10 Years

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The ABNM and the ABR have decided not to move forward with the proposals in the joint statement sent to stakeholders in July 2015 [click here], which was to replace Nuclear Medicine and Nuclear Radiology training programs with a single training pathway leading to a new ABR certificate in NM, with ultimate dissolution of the ABNM. The reason for the decision was explained in a letter sent to stakeholders in November 2015 [click here].

The specialty of Nuclear Medicine has seen tremendous growth in the past two decades. Hybrid imaging has become widespread since the introduction of SPECT/CT in 1999, PET/CT in 2001, and PET/MR in 2011. There have been many new radiopharmaceuticals approved for diagnosis and therapy, including the first beta amyloid imaging agent in 2012, and Radium-223 dichloride for treatment of prostate cancer skeletal metastases in 2013. Nuclear Medicine is poised on an historic expansion of the specialty into molecular imaging using non-radioactive tracers, including targeted biomarkers, nanoparticles, microbubbles, and optical imaging.

The continued growth of Nuclear Medicine requires physicians of the future to have more training in functional and anatomic imaging. Fortunately, there are three well-defined pathways leading to dual certification by the ABNM and the ABR, including one year of Nuclear Medicine training after Diagnostic Radiology residency, 16 months of Nuclear Medicine training during four years of Diagnostic Radiology residency, and the new 5-year training programs combining 3 years of Diagnostic Radiology training with 2 years of Nuclear Medicine training.

The future of the specialty is bright, but the ABNM recognizes the challenges that lie ahead. The most critical issue is a lack of understanding or interest in Nuclear Medicine training among medical students and residents, which has resulted in a decrease in the number of Nuclear Medicine training programs and residents from 56 programs with 156 residents in 2009-2010 to 43 programs and 84 residents in 2015-2016. The ABNM will be working with the SNMMI and other stakeholders on an outreach plan to reverse this trend. The plan could include development of a series of high quality PowerPoint presentations introducing Nuclear Medicine and Molecular Imaging to medical students. The plan could also include a web portal where medical student can go to learn about training programs, job market, and earnings. Most of all, we need to be proactive and recruit.

Future employment opportunities are likely to be plentiful for physicians who are dual certified by the ABNM and the ABR. We need to work, however, to support physicians certified only by the ABNM, especially recent graduates. The ABNM recognizes the qualifications of ABNM diplomates to perform and interpret CT optimized for diagnosis when performed on a hybrid PET/CT or SPECT/CT camera, for diplomates who trained in an ACGME accredited NM program after July 2011, and for diplomates trained prior to this date who have had residency or post graduate training fulfilling the recommendations of the SNMMI for hybrid imaging and who have been recertified by the ABNM. The ABNM can publish this policy to help current diplomates, and can work with other groups to help diplomates who need to meet the ACR requirements for on the job training in CT. The ABNM can work with the Nuclear Medicine Program Directors to help current Nuclear Medicine residents and recent graduates get additional residency training in Diagnostic Radiology. According to the 2015 report of the National Resident Matching Program, 55 out of 166 programs offering PGY-2 positions in Diagnostic Radiology were unfilled, and only 862 positions were filled out of 999 offered. These data suggests opportunities for the 60-80 physicians annually certified by the ABNM who want additional training in Diagnostic Radiology.

The ABNM is also working to make Maintenance of Certification more valuable, less expensive, and easier. These goals are especially important for physicians who are certified by more than one ABMS member board. The ABNM currently accepts all MOC activities meeting the Part 2 and Part 4 requirements of other ABMS member boards. The ABNM is also likely to expand the list of quality improvement activities that meet Part 4 requirements to include activities physicians already do. The ABNM is also considering replacing the MOC exam, which diplomates take every 10 years, with a user-friendly process that encourages learning and self-assessment. A pilot program is likely to be launched in 2017. Finally, if more diplomates participated in MOC, the ABNM could lower annual dues, which are currently $400 per year.

The ABNM is prepared to meet the challenges and opportunities of the future to ensure the continued growth of Nuclear Medicine, meet the needs of diplomates, and serve the public by setting high standards for training, initial certification, and continuing competence of physicians.

Please send your comments, suggestions, and ideas to abnm@abnm.org.