

June 4, 2015

George Segall, MD  
Executive Director  
American Board of Nuclear Medicine (ABNM)

Valerie P. Jackson, MD  
Executive Director  
American Board of Radiology (ABR)

Dear George and Valerie,

On behalf of SNMMI, I would like to thank ABNM for allowing us to review and comment on the statement of the ABR-ABNM Taskforce. As one of the founders of ABNM, we consider ourselves a full partner in the discussion of this proposal to dissolve ABNM and create a new discipline of nuclear medicine/diagnostic radiology under ABR.

The proposal was discussed at an executive session of the SNMMI Board of Directors on April 26, 2015. At that time, we were careful to respect the confidentiality of the written proposal and of our discussion. During our discussion, we were reassured by Dr. Munir Ghesani, who is on both ABNM and SNMMI Boards, that the document is a proposal and not a final decision by ABNM.

There are currently several challenges and opportunities facing nuclear medicine. These include ensuring appropriate training for those practicing nuclear medicine, especially with the growth of hybrid imaging; the difficulty of ABNM-only certified physicians in finding employment; the desire of many trainees for pathways leading to dual certification by ABNM and ABR; and the inadequacy of 4 months of NM training during a DR residency to support performing the full scope of nuclear medicine. On a broader level, we must incorporate targeted radiotherapies and radiotracer-based molecular imaging into practice, and demonstrate the value of nuclear medicine.

In this regard, SNMMI welcomes the opportunity to discuss training and certification pathways for nuclear medicine practitioners. However, we have several concerns with the current ABR-ABNM proposal. Any such proposal, especially one that includes dissolving ABNM, should include a clear articulation of the problems in our field and how the proposal will address these problems. We feel there should be a thorough evaluation involving all stakeholders of other approaches, and of the possible negative effects of any proposed solution.

The proposed NM/DR structure is compared to the status of Radiation Oncology in ABR. We feel the analogy is incomplete, however. Specifically, Radiation Oncology was initially part of DR. Because it grew in complexity, a specific certification pathway was developed to strengthen its practice and limit it to those appropriately trained. In contrast, nuclear medicine has been an

independent, vibrant medical specialty for several decades. In addition, however, radiologists, especially those in the community, may perform nuclear medicine with minimal training. It is not clear how abolishing ABNM and developing a merged NM/DR program will strengthen nuclear medicine. De-emphasizing nuclear medicine will not promote the growth of targeted radiotherapy or molecular imaging, which is primarily radionuclide-based. It would effectively eliminate nuclear medicine training opportunities for cardiologists, neurologists and endocrinologists who have enriched our field and who have been an important source of research and progress in molecular imaging.

The ABR-ABNM proposal raises many questions:

- What radiology procedures will future NM/DR diplomates be able to perform and what will their employment prospects be?
- What will be the duration of the training program and its NM component; will it provide the same depth in NM as the current 3-year dedicated NM program?
- Does the proposal offer any substantial advantages over current dual pathways?
- How will this promote and facilitate the recruitment of new NM trainees?
- Will future DR diplomates who receive only 4 months of NM training still be certified to practice the full scope of nuclear medicine?
- What will be the impact on current practitioners who are only ABNM-certified?
- Will this ultimately have an effect on NM technologists and other non-physician NM professionals and on their certification programs?
- What will be the role, if any, of ABNM-only diplomates and current ABNM members on a new NM/DR board and in preparing examinations?
- What is the transition plan for implementation of the proposal, e.g., what would happen to current NM residents or DR residents who want further training in NM?
- How and when will the views of other stakeholders, including ABNM diplomates and SNMMI members, be obtained and factored into the decision?
- What are the views of the ABMS and ACGME, and what is the mechanism for dissolving ABNM; can this be done simply by a majority vote of the ABNM?
- What is the proposed timeline for making a decision?
- What will be the long-term impact on the viability and progress of the field of NM/MI?

We realize that it is not possible to address these and other questions in a one-page statement. However, they are an indication of the additional dialogue needed before a decision can be made to support this or any other specific proposal.

SNMMI feels there should be a wider discussion that would consider several options to address the challenges facing our field. Dissolving the ABNM and creating a NM/DR pathway is only one such option. Other strategies could involve closer collaboration between ABR and ABNM as well as training program leaders, in such areas as dual training pathways, credentialing in hybrid imaging, assessment of the adequacy of the 4 month NM component of DR residencies, and MOC programs.

There should be broad involvement of the nuclear medicine community, with input actively sought from ABNM diplomates and the SNMMI membership. This discussion should acknowledge the challenges of the current environment of evidence-based medicine. We must support the value and quality of nuclear medicine while at the same time incorporating new technologies resulting from scientific advances in our field.

Given the lack of more information about the ABR-ABNM proposal and the lack of a robust discussion of other options, SNMMI cannot support the current proposal. We would, however, welcome a discussion with ABNM and ABR leadership about this proposal as well as other options. We suggest a small working group consisting of members of SNMMI leadership and members of your group to meet and discuss the proposal in depth as soon as possible. We also look forward to the time when ABNM will be reaching out to its diplomates, so that we can involve our membership in this important discussion.



Peter Herscovitch, MD, FACP, FRCPC  
President, SNMMI

Cc: Lois Margaret Nora, MD, JD, MBA – ABMS President and Chief Executive Officer  
Thomas J. Nasca MD, MACP – ACGME Chief Executive Officer  
Jon A. Baldwin, DO – ACMGE RRC Chair, Nuclear Medicine