Specialty Update SES101: Nuclear Medicine

Jon Baldwin, DO
Chair
Review Committee for Nuclear Medicine

Felicia Davis, MHA
Executive Director
RCs for Radiology, Emergency Medicine, and Nuclear Medicine

#ACGME2017
Disclosure

No conflicts of interest to report
Topics for Today…

- Committee Composition/Staff
- Accreditation Decisions
- NAS Observations
- Review Committee Discussions
Nuclear Medicine RC Composition

- 3 appointing organizations - ABNM, SNMMI, and AMA
- 8 voting members (includes one resident and one public member)
- 6 year terms -- except resident (2 years)
- Program Directors, Chairs, Faculty
- Ex-officio from ABNM (non-voting)
NM Members 2016-2017

**ABNM**
Kirk Frey, MD
Barry Shulkin, MD

**AMA**
Jon Baldwin, DO, Chair
David Lewis, MD

**SNMMI**
Frederick Grant, MD
Helena Balon, MD, Vice Chair

**Resident Member**
Adonteng Kwakye, MD

**Public Member**
Mary Beth Farrell, MS
Welcome New Member!!

Ahmed M. El-Sabbagh, MD – St. Louis University (Resident)

Effective July 1, 2017
NM Review Committee Staff

Felicia Davis, MHA
Executive Director
fdavis@acgme.org

Kate Hatlak, MSEd
Associate Executive Director
khatlak@acgme.org

Sara Thomas
Senior Accreditation Administrator
sthomas@acgme.org
NM Programs 2016-2017

• 42 Accredited Programs
• 78/155 (50%) filled/approved resident positions
Nuclear Medicine 10-year Trend


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NAS Review Observations
Annual Accreditation Data Reporting Cycle

- **Milestone Evaluations**: May - June
- **Resident and Faculty Surveys**: January - April
- **Case Log Reporting**: July - September
- **ADS Annual Update**: July - September
- **Milestone Evaluations**: November - December

#ACGME2017
Annual Accreditation Data Reporting Cycle

CASE LOG REPORTING
JULY - SEPTEMBER

MILESTONE EVALUATIONS
MAY - JUNE

RESIDENT AND FACULTY SURVEYS
JANUARY - APRIL

RC Reviewed

MILESTONE EVALUATIONS
NOVEMBER - DECEMBER

ADS ANNUAL UPDATE
JULY - SEPTEMBER

RC Reviewed

#ACGME2017
Annual NAS Data Review

- Annual ADS Update – All data
  - Program Characteristics – Structure and resources
  - Program Changes – PD/Administration/Core Faculty/ Residents
  - Scholarly Activity – Faculty and residents
  - Current Roster – Faculty and Residents
  - Omission of data
- Board Pass Rate
- Case Logs
- Resident Survey
- Faculty Survey
- Milestones (Completion Only)
PLEASE ensure that all faculty licensure and certification information is up-to-date in ADS

Multiple faculty rosters reviewed with inaccurate or outdated faculty information
NAS Most Common Flagged Areas

• Board Pass Rate
  • Reminder that the new pass rate is 75% for first time takers for 5yr period
  • Pgms below 75% can anticipate feedback from the Review Committee

• Clinical Experience (Case Logs)
  • Many data entry discrepancies still occurring

• Faculty Scholarly Activity
  • Several faculty members with little to no SA logged
# NAS Review Summary

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Feedback Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>64% programs</td>
<td>Compliant, no feedback</td>
</tr>
<tr>
<td>14% programs</td>
<td>Minor issues, feedback in the form of AFIs</td>
</tr>
<tr>
<td>14% programs</td>
<td>Concerns, feedback either as citations and/or AFIs</td>
</tr>
<tr>
<td>7% programs</td>
<td>Site visits requested for more information</td>
</tr>
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</table>
### NM RC Accreditation Actions
#### February 2017

<table>
<thead>
<tr>
<th>Core NM Programs</th>
<th>Count</th>
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<tbody>
<tr>
<td>Continued Accreditation</td>
<td>36</td>
</tr>
<tr>
<td>Warning</td>
<td>1</td>
</tr>
<tr>
<td>Probation</td>
<td>0</td>
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<tr>
<td>Site Visit Requests</td>
<td>3</td>
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<tr>
<td>Clarifying Report</td>
<td>2</td>
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</tbody>
</table>
Citations VS AFIs

**Area for Improvement**
- Areas noted by the Committee for program improvement before it gets worse, “Heads Up”
- Does not require formal program response

**Citations**
- Areas of non-compliance with the requirements
- Requires full program response for Committee review
• Many programs providing inadequate block diagrams

• Not representative of a 3-year curriculum

• NM is a three-year specialty. This should be reflected on the block diagram.
  • Even programs with recruiting practices that only consider NM2 or NM3 residents
Block Diagram

• Block diagram should be free of individual resident names or identifiers

• If abbreviations are used for rotations or site names, a Key must be provided

• Block diagram guide posted on Committee’s webpage
Nuclear Medicine

- Nuclear Medicine Block Diagram Guide
- Guidelines for Nuclear Medicine Resident Case Log Entry
- Requests for Changes in Resident Complement

Program Requirements

- Currently in Effect
- Approved but not in Effect until 2016
# Block Diagram Example

**NM-1 (PGY-2) Rotation Block Diagram (13 x 4-week blocks)**

<table>
<thead>
<tr>
<th>Block</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
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</thead>
<tbody>
<tr>
<td>Site</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

**NM-2 (PGY-3) Rotation Block Diagram (13 x 4-week blocks)**

<table>
<thead>
<tr>
<th>Block</th>
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<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Rotation Name</td>
<td>CT</td>
<td>General Nuc Med</td>
<td>Pediatric Nuc Med</td>
<td>PET/CT</td>
<td>General Nuc Med</td>
<td>Research</td>
<td>CT</td>
<td>General Nuc Med</td>
<td>PET/CT</td>
<td>Pediatric Nuc Med</td>
<td>Elective</td>
<td>General Nuc Med</td>
<td>CT</td>
</tr>
</tbody>
</table>

**NM-3 (PGY-4) Rotation Block Diagram (13 x 4-week blocks)**

<table>
<thead>
<tr>
<th>Block</th>
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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Rotation Name</td>
<td>PET/CT</td>
<td>Radiation Oncology</td>
<td>MRI</td>
<td>General Nuc Med</td>
<td>Research</td>
<td>CT</td>
<td>PET/CT</td>
<td>General Nuc Med</td>
<td>CT</td>
<td>Pediatric Nuc Med</td>
<td>General Nuc Med</td>
<td>PET/CT</td>
<td>General Nuc Med</td>
</tr>
</tbody>
</table>

Sites: (1) University of XXXXXX (Primary), (2) XXXXXXX VA Hospital, (3) XXXXXXX Children’s Hospital
Available Electives: (both at Site 1): Medical Oncology, Cardiology — most residents elect to do 2 weeks in each.
Vacation: Scheduled by the resident with program director consent. No more than 2 weeks may be taken off during any 4-week block.
Clinical Experience – Case Logs

• All programs are required to use the ACGME Case Log System

• Residents must enter all specified procedures performed during their residency education into the ACGME case log system regardless of stated minimums.

• Inaccurate data will impede the Committee’s ability to set accurate and realistic future benchmarks for the specialty.
<table>
<thead>
<tr>
<th>RRC Area</th>
<th>RRC Type</th>
<th>Natl Res AVE</th>
<th>Natl Res STD</th>
<th>Natl Res MIN</th>
<th>Natl Res MED</th>
<th>Natl Res MAX</th>
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</thead>
<tbody>
<tr>
<td>Parenteral Therapy</td>
<td>Parenteral therapy</td>
<td>17.9</td>
<td>45.1</td>
<td>0</td>
<td>6</td>
<td>253</td>
</tr>
<tr>
<td>Radioiodine Therapy</td>
<td>Benign - less than or equal to 33 mCi I-131</td>
<td>14.2</td>
<td>7.1</td>
<td>0</td>
<td>15</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>Benign - greater than 33 mCi I-131</td>
<td>0.4</td>
<td>1.5</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Malignant - less than or equal to 33 mCi I-131</td>
<td>3.1</td>
<td>4.1</td>
<td>0</td>
<td>2</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Malignant - greater than 33 mCi I-131</td>
<td>16.3</td>
<td>18.6</td>
<td>0</td>
<td>11</td>
<td>90</td>
</tr>
<tr>
<td></td>
<td>Other - less than or equal to 33 mCi I-131</td>
<td>3.9</td>
<td>6.9</td>
<td>0</td>
<td>0</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>Other - greater than 33 mCi I-131</td>
<td>5.2</td>
<td>13.8</td>
<td>0</td>
<td>0</td>
<td>72</td>
</tr>
<tr>
<td></td>
<td>Total Radioiodine Therapy</td>
<td>43.1</td>
<td>35.1</td>
<td>0</td>
<td>33</td>
<td>184</td>
</tr>
<tr>
<td>Cardiac Stress Test</td>
<td>Cardiac stress test</td>
<td>258.9</td>
<td>332.6</td>
<td>0</td>
<td>135</td>
<td>1,474</td>
</tr>
<tr>
<td>Pediatric Procedures</td>
<td>Pediatric</td>
<td>120.9</td>
<td>75.5</td>
<td>0</td>
<td>113</td>
<td>375</td>
</tr>
</tbody>
</table>
Required Case Log Procedures

- Parenteral therapy
- Radioiodine therapy
- PET/CT
- Cardiac Stress Test (Pharmacologic or Exercise)
- Pediatric Procedures
# New CPT Codes coming!!

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Parenteral Therapy</strong></td>
</tr>
<tr>
<td>79101</td>
<td>Radiopharmaceutical therapy, by intravenous administration - Non-Thyroid, Non-Hematologic Cancer</td>
</tr>
<tr>
<td>79101</td>
<td>Radiopharmaceutical therapy, by intravenous administration - Painful Bone Metastases</td>
</tr>
<tr>
<td>79403</td>
<td>Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous Infusion - Radiolabeled Antibodies</td>
</tr>
<tr>
<td>79445</td>
<td>Radiopharmaceutical therapy, by intra-arterial particulate administration - Intravascular Particulate</td>
</tr>
<tr>
<td></td>
<td><strong>Cardiac Stress Test: Pharmacologic or Exercise</strong></td>
</tr>
<tr>
<td>78472</td>
<td>Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing</td>
</tr>
<tr>
<td>93015</td>
<td>Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report</td>
</tr>
</tbody>
</table>
Review Committee Discussions
The Review Committee understands that during the transition to a single accreditation system, nuclear medicine programs may wish to consider NM1 applicants who have completed one year of graduate medical education in an AOA-approved program. Nuclear medicine programs will not jeopardize their accreditation status if they accept these individuals. All programs should check with the American Board of Nuclear Medicine (ABNM) and/or the American Osteopathic Board of Nuclear Medicine (AOBNM) regarding certification eligibility.
# NM Eligibility 2016

<table>
<thead>
<tr>
<th>ACGME Common Program Requirements as of July 1, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NM 1</strong></td>
</tr>
<tr>
<td><strong>NM 2</strong></td>
</tr>
<tr>
<td><strong>NM 3</strong></td>
</tr>
<tr>
<td>Training Remaining</td>
</tr>
<tr>
<td>--------------------</td>
</tr>
<tr>
<td>≤ 12 months</td>
</tr>
<tr>
<td>Between 24 and 12 months</td>
</tr>
<tr>
<td>Between 36 and 24 months</td>
</tr>
</tbody>
</table>
Resident length of training was 1 yr, *Year In Program* should be 3
Future NM Considerations

• New ABR 16-month pathway:
  • NM or NR program not required
  • NM training completed during 4-year DR training
  • Leads to dual certification eligibility in Diagnostic Radiology and Nuclear Radiology
  • May not be ABNM eligible based on number of NM rotations
New ACGME Common Requirements
Section VI.

Review ACGME’s new microsite dedicated to Section VI changes for more helpful information: www.acgmecommon.org/

All questions should be submitted to ACGME via new email address: SectionVI@acgme.org
Questions?