

December 2005 Letter to Nuclear Medicine Program Directors

We are writing to tell you about the work of the Nuclear Medicine RRC including recent changes in the residency training requirements and other important matters.

NEW TRAINING REQUIREMENTS

Most of you have already been informed that the program requirements for training in nuclear medicine will change, effective for residents beginning training in July 2007. The new requirements can be found at:

http://www.acgme.org/acWebsite/RRC_200/200_prIndex.asp

NB: Correction: Please note that an error was discovered in the document after it was sent to the program directors. "5 cases" was incorrectly specified in the following sections of the document. The correct number is **3**.

(Section V.B.5) "The 2-year curriculum should include...minimum **3** cases: radiolabeled antibodies."

(Section V.B.6): "The 1-year curriculum should include...minimum **3** cases: radiolabeled antibodies."

The principal changes are:

1. The length of training for residents who have had only an internship will be increased to three years while the training will be shorter for those with specific prior training.
2. The requirement for training in CT is substantially strengthened.
3. There are more explicit requirements for training in oncology.

Concerning the first change, residents who have completed an ACGME-approved radiology residency will continue to be required to have only one year of additional nuclear medicine training. Residents who have completed training in "an accredited patient care specialty," most commonly in internal medicine but also in other specialties, must have two years of training. The specific nuclear medicine training for these groups is slightly different, as detailed in the Program Requirements. The ABNM will change its formal requirements for entry to the certifying examination to match the new RRC program requirements.

Concerning CT training, the new requirement states in part:

" a minimum of 4 months of CT experience that may be combined with a rotation that includes PET-CT or SPECT-CT, although rotation on a CT service is desirable for part of the training. The experience should emphasize correlation of CT images associated with PET-CT or SPECT-CT." Although this requirement does not specifically mandate that the training must be on a radiology CT service, that is certainly the preferred situation and is now becoming common in training programs.

The requirements include resident experience with a minimum of 5 cases of thyroid carcinoma and 3 cases of radiolabeled antibodies. In addition, experience in radiation oncology and medical oncology will be required.

PROGRAM INFORMATION FORM – COMMON ERRORS AND OMISSIONS

The Program Information Form is a major component of the periodic re-accreditation of training programs. This document provides much of the information used by the site visitor and by the RRC in arriving at accreditation decisions. The current form can be found at: http://www.acgme.org/acWebsite/RRC_200/200_pifIndex.asp

Documentation of Basic Science / Clinical Lectures (Program Requirements, V.B.2):

A common error in filling out this document is failure to provide a complete and easily readable list of didactic lectures in the basic science and clinical topics. The RRC carefully reviews the class schedules, included as appendices, to verify that they match the specified number of hours provided in tables in the Program Information Form. When this comparison cannot be made, the RRC must ask for additional information, leading to extra effort by the Program Director and sometimes a prolonged review process. For this reason, Program Directors should pay particular attention to this component of the form when preparing for the program review.

Evaluation (Program Requirements, VII):

Another relatively common omission is failure to provide documentation of periodic written evaluations of the residents by the faculty and anonymous evaluations of the faculty and the program by the residents.

Also, in a number of programs, the surveyor has found that the final evaluation for graduating residents does not contain the verification statement that the resident is able to practice competently and independently.

Pediatric Nuclear Medicine (Program Requirements, V.B.8):

A third area of frequent concern is the adequacy of training in pediatric nuclear medicine. A minimum of 100 pediatric cases should be available annually. While this does not mean that each resident must personally interpret this number of cases, the number sets an absolute minimum for the work of the department. If a program cannot meet this requirement, then rotations to another hospital should be arranged and appropriately documented.

PROGRAM INFORMATION FORM – REVISED DOCUMENT

The RRC recognizes that completion of this long form is burdensome for the Program Directors. Thus, the RRC periodically reviews this document, aiming to limit the information collected to that which is truly important in evaluation of a program. The

RRC is now undertaking a significant revision and simplification of this form which should be completed by next summer.

CASE LOGS

Residents must document their experience in thyroid therapy and cardiac stress testing through logs of specific cases done by them. The ACGME recommends that RRCs use the on-line system, WebADS, to collect important information about programs. Accordingly, the RRC is now working with the ACGME to enable all residents to maintain these logs on-line. You will be informed when this new system is ready.

AUTHORIZED TRAINING POSITIONS

In the past a program has generally been permitted to change its authorized number of resident training positions with little oversight by the RRC. The RRC has decided that greater justification of requests to increase the number of training positions will now be required. This change arises from concern that some programs may have insufficient faculty and other resources, particularly clinical case load, to accommodate an increased number of residents. Thus, Program Directors will now be expected to carefully justify and document requests for a greater number of training positions. The RRC for Nuclear Medicine homepage (http://www.acgme.org/acWebsite/navPages/nav_200.asp) is being revised to reflect this policy change.

DUTY HOURS (PROGRAM REQUIREMENTS, SECTION VI)

While residents in nuclear medicine rarely if ever exceed the 80 hour per week work limit, the ACGME and the RRC must nevertheless closely monitor resident work hours. The primary potential difficulty in nuclear medicine arises from the requirement that "Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call." In some small programs this can pose a difficulty, but the RRC must enforce this requirement in all programs.

Please also note that the Nuclear Medicine programs are also subject to the ACGME requirement that "faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects." (Program Requirements, Section V.A.3)

COMING UP

You will have two opportunities in the next several months to meet with our Executive Director, Dr. Judith Armbruster. She and Drs. Miller and Graham will present a session at the meeting of the Association of Program Directors in Radiology (AUPDR) in Austin in April (<http://www.aur.org/>) and at the SNM Annual Meeting in San Diego in June.

In reviewing many programs every year, the RRC finds that most of you are doing a fine job in your important and sometimes demanding position. We thank you for your dedication to the training of the next generation of nuclear medicine physicians.

Sincerely,



Tom R. Miller, M.D., Ph.D.
Chair, RRC



Judith S. Armbruster, Ph.D.
Executive Director, RRC