

**ACGME Program Requirements for Graduate Medical Education  
in Nuclear Radiology**

**IMPACT STATEMENT**

**Line Number(s): 176-177; 183-184 PROGRAM DIRECTOR QUALIFICATIONS**

Requirement Revision (major revisions only):

General Subspecialty II.A.2.d)

~~post-residency experience in the subspecialty area, including fellowship education, or five years of practice experience in the subspecialty for those subspecialties in which no certification is offered.~~

Nuclear Radiology II.A.2.b.1.

~~In lieu of subspecialty certification by the American Board of Radiology, the Review Committee only accepts current certification by the American Board of Nuclear Medicine.~~

Nuclear Radiology II.A.2.d

~~post-residency experience in nuclear radiology, including fellowship training.~~

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **All program directors delivering this care have expectations of ABR or ABNM certification. These levels are unknown for non-ABMS trained individuals. The proposed revision provides for comparable baseline expectations set through these standards.**
- 2) improves the quality of resident education; **if program directors are not board certified through the ABR or ABNM, the ACGME cannot confirm for the public the quality of education received by fellows who train in programs that are not directed by ABMS certified individuals.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

**Line Number(s): 239-270 FACULTY NUMBERS**

Requirement Revision (major revisions only):

Nuclear Radiology III.

~~Faculty Qualifications and Responsibilities~~

~~The program director is responsible for the instructional program and for supervision of the nuclear radiology fellows. The program director shall be certified by the American Board of Radiology in Diagnostic Radiology or Radiology and have subspecialty certification (CAQ) in Nuclear Radiology; or shall be certified by the American Board of Nuclear Medicine; or possess qualifications judged acceptable by the RRC for Diagnostic Radiology. It is desirable that faculty members be certified in boards appropriate to those areas in which they are assigned to instruct and supervise fellows.~~

~~They must contribute sufficient time to the program to provide adequate instruction and supervision. A faculty (nuclear medicine physician) to fellow ratio of 1:2 should adequately provide for teaching and supervisory responsibilities.~~

Nuclear Radiology II.B.1.a

In addition to the program director, the program must include at least one other full-time equivalent faculty member experienced in nuclear radiology.

Nuclear Radiology II.B.1.b

To ensure adequate supervision and evaluation of the fellow's academic progress, the faculty/fellow ratio must be at least one full-time equivalent faculty member for each fellow.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **ensures that the program has sufficient faculty members to supervise, teach and mentor fellows by improving the ratio of faculty to fellows to a 1:1 ratio.**
- 2) improves the quality of resident education; **This requirement further strengthens the number and qualifications of the faculty and improves the level of training of the fellows.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **may require an additional faculty member since the program director alone will not comply with the requirement.**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): 280-283; 288-289 **FACULTY QUALIFICATIONS**

Requirement Revision (major revisions only):

Nuclear Radiology II.B.3.a)

In addition, faculty must be certified either by the American Board of Radiology in Diagnostic Radiology or Radiology, or by the American Board of Nuclear Medicine, or possess qualifications acceptable to the Review Committee.

Nuclear Radiology II.B.5

Faculty members outside the specialties of Diagnostic Radiology and Nuclear Medicine should be certified by the appropriate ABMS boards.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **All faculty members delivering this care have expectations of ABR or ABNM certification. These levels are unknown for non-ABMS trained individuals. The proposed revision provides for comparable baseline expectations set through these standards.**
- 2) improves the quality of resident education; **if faculty members are not board certified through the ABR or ABNM, the ACGME cannot confirm for the public the quality of education received by fellows who train in programs with faculty members who**

**are not ABMS certified.**

- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): 300-318 **RESOURCES**

Requirement Revision (major revisions only):

Nuclear Radiology IV.

~~Facilities and Resources~~

~~State-of-the-art nuclear imaging, including positron emission tomography (PET) and radiation detection equipment, should be available for instructional purposes.~~

Nuclear Radiology II.D.2

State-of-the-art nuclear imaging equipment including Single Photon Emission Computed Tomography (SPECT) and Positron Emission Tomography /Computed Tomography (PET/CT) must be available for instructional purposes.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **This requirement ensures state of the art imaging equipment and clinical images necessary for high quality patient care.**
- 2) improves the quality of resident education; **This requirement ensures high quality imaging equipment allowing state of the art procedures to be performed which is required for a well rounded clinical experience.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **may require additional funding for state of the art equipment**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): 67-73; 347-350 **FELLOW ELIGIBILITY CRITERIA**

Requirement Revision (major revisions only):

Nuclear Radiology I.C.

~~Prerequisite Training~~

~~The year of nuclear medicine training should follow successful completion of a diagnostic radiology residency accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada (RCPSC) or other training judged suitable by the program director.~~

Nuclear Radiology III.A.1.

Prerequisite training for entry into the fellowship program should include the satisfactory completion of a diagnostic radiology residency program accredited by the ACGME or the Royal College of Physicians and Surgeons of Canada (RCPSC).

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **all fellows delivering this care will have expectations of having completed an ACGME or RCPSC radiology residency program. These levels are unknown for those trained in other systems. The proposed revision provides for comparable baseline expectations set through these standards.**
- 2) improves the quality of resident education; **if fellows are not ACGME or RCPSC trained, the ACGME cannot confirm for the public the quality of education received by fellows who train in programs without a standardized skill level upon entry into the program.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): 414-508 **PATIENT CARE**

Requirement Revision (major revisions only):  
IV.A.2.a).(6) - IV.A.2.a).(9)

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **Lines 414; 504-506 reinforces required competency-based goals and objectives for each rotation. Line 508 defines the need for basic life support certification.**
- 2) improves the quality of resident education; **defines in detail the requirements for performance and interpretation of specific types of nuclear radiology examinations and therapies required for a well rounded educational experience**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **Lines 481-502 define the specific requirements for therapy patients.**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **Lines 504-506 define specific requirements for nuclear radiology examinations in the pediatric age group**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): 521-527 **MEDICAL KNOWLEDGE**

Requirement Revision (major revisions only):

Nuclear Radiology IV.A.2.b).(1).(a)

radiation safety rules and regulations, including NRC and/or agreement stating rules, local regulations, and the ALARA (as low as reasonably achievable) principles as well as personnel occupational radiation exposure and radiation protection.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **This requirement further strengthens the requirement for knowledge of radiation safety rules and regulations**
- 2) improves the quality of resident education; **N/A**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): 537-600 **MEDICAL KNOWLEDGE**

Requirement Revision (major revisions only):

Nuclear Radiology

V.B. Didactic Components

~~V.B.1. Formal instruction is required in diagnostic radiologic and medical nuclear physics, instrumentation, radiation protection and safety, radiobiology, conventional radionuclide imaging, molecular imaging, fusion imaging, diagnostic in-vivo or combination in-vivo/in-vitro procedures, therapeutic administration of radionuclides, and radiopharmaceutical chemistry.~~

~~V.B.2. Appropriate emphasis must be placed on the educational value of teaching rounds and conferences. In addition, there should be frequent correlative and interdepartmental teaching conferences.~~

IV.A.2.b).(4)-IV.A.2.b).(9)

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **defines and strengthens the specific requirements for the topics in the didactic curriculum which require demonstrated competence**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**

6) impacts residency education in other specialties. **N/A**

Line Number(s): 615-616 **PRACTICE-BASED LEARNING AND IMPROVEMENT**

Requirement Revision (major revisions only):

Nuclear Radiology IV.A.2.c).(3)  
use quality control (QC) procedures for imaging devices, laboratory instrumentation, and radiopharmaceuticals.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **for knowledge of quality control procedures for the imaging equipment and radiopharmaceuticals.**
- 2) improves the quality of resident education; **N/A**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**