Adoption of the 16-Month American Board of Radiology Pathway to Dual Board Certifications in Nuclear Radiology and/or Nuclear Medicine for Diagnostic Radiology Residents

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Rationale and Objectives: In 2010, the American Board of Radiology (ABR) approved a new 16-month nuclear subspecialty training pathway within a standard 48-month Accreditation Council for Graduate Medical Education (ACGME)–accredited diagnostic radiology (DR) residency available to institutions sponsoring ACGME-accredited nuclear radiology (NR) and/or nuclear medicine (NM) program(s). This accelerated pathway leads to eligibility for dual ABR certifications in DR and NR or in NM by the American Board of Nuclear Medicine (ABNM). The American College of Radiology, in conjunction with the ABR, aimed to understand adoption of this new pathway, barriers to implementation, preferences for subspecialty certification, and competing alternative combined DR/NR/NM training pathways.

Materials and Methods: During 2013–2014, there were 20 ACGME-accredited NR fellowship and 43 ACGME-accredited NM residency programs eligible to adopt this new 16-month pathway. They were surveyed by e-mail correspondence regarding implementation and barriers to implementation, board certification (ABR-NR and ABNM) preferences, and local alternative training pathways.

Results: With 100% of the surveys completed, a small cadre of qualifying DR programs (14, 22%) has adopted (9, 14%) or is seriously considering adopting (5, 8%) the 16-month ABR pathway. For most, implementation is problematic with numerous barriers in common. Five (8%) institutions are developing 60-month nontraditional models as alternative routes to ABR-DR/ABR-NR certifications and/or dual ABR/ABNM board certifications.

Conclusions: In spite of strategies to promote a shortened training pathway in NR/NM, traditional subspecialty fellowships outside the DR residency remain the dominant pathway leading to ABR subspecialty certification in NR and/or ABNM certification for diagnostic radiologists.

Key Words: Diagnostic radiology; nuclear radiology; nuclear medicine; residency training pathways; dual board certifications.

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Medical imaging has become indispensable in the practice of medicine in the United States. The demand is high for board-certified experts in diagnostic imaging capable of interpreting examinations from a wide spectrum of modalities, including those used in nuclear medicine (NM) and tomographic hybrid technologies. In the United States, Accreditation Council for Graduate Medical Education (ACGME) specialty training in diagnostic radiology (DR) includes at least 4 months of nuclear clinical applications; diagnostic radiologists may seek subspecialty training through ACGME-accredited nuclear radiology (NR) or NM programs. Other postgraduate medical trainees, who are not radiologists, can seek specialty training only through ACGME-accredited NM programs (1–3). Although both diagnostic radiologists and NM physicians are trained in and practice radionuclide imaging and therapy, radiologists are adept at all imaging modalities. On the basis of their broader education and training, they are more readily employable compared to NM physicians who have difficulty securing suitable employment (4–6).

Although the number of DR residency programs has declined slightly in the past 13 years, the numbers of DR trainees (Fig 1a) and DR diplomates certified by the American

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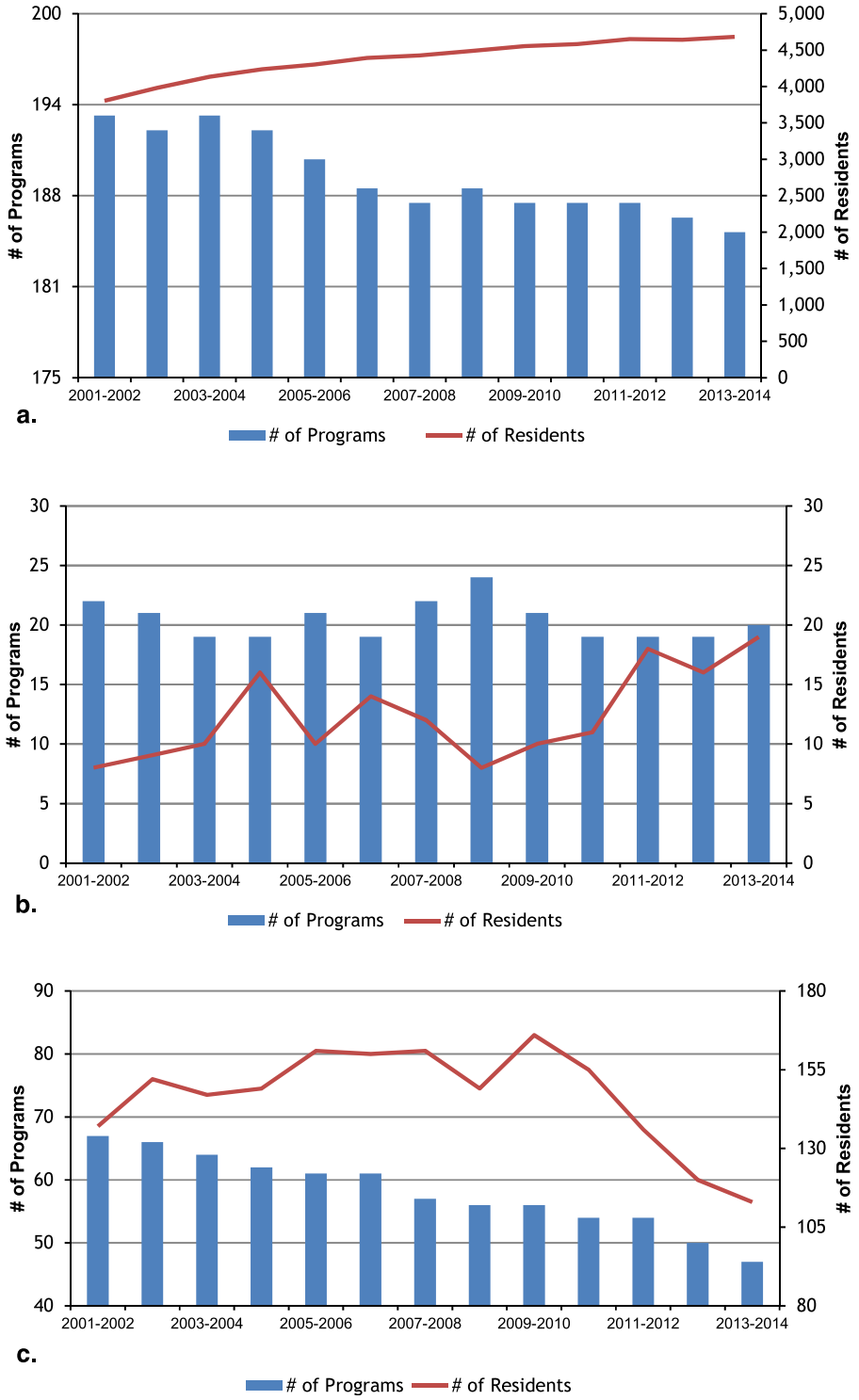

Figure 1. Number of programs and number of residents, 2001–2014. **(a)** Diagnostic radiology (4). **(b)** Nuclear radiology (5). **(c)** Nuclear medicine (6).

Board of Radiology (ABR; Fig 2a) have increased considerably (Table 1). During the same period, the number of NR programs has decreased slightly (Fig 1b; Table 1), whereas the numbers of trainees in those programs and ABR-NR diplomates, although relatively small, have grown substantially (Figs 1b, 2b; Table 1). Conversely, NM programs and NM trainees have dropped sharply in number (Fig 1c; Table 1); although the number of American Board of Nuclear Medicine (ABNM) primary certificates issued has fluctuated over the past 13 years and shows a modest increase in 2013–2014 (Fig 2c; Table 1), the number remains far fewer than the total number of ABR (DR and NR) certificates issued (Figs 2a, b) (7–11).

Given these trends, the ACGME and the ABR recognized the critical need to create opportunities to educate specialists

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