

Frequently Asked Questions: Nuclear Medicine
Review Committee for Nuclear Medicine
ACGME

Question	Answer
Sponsoring Institution	
<p>How much time should program directors spend on their administrative or academic activities?</p> <p><i>[Program Requirement: I.A.1.]</i></p>	<p>While there is no predefined amount of time, the program director must spend sufficient time to ensure the quality of didactic and clinical education at all sites that participate in the program. At the very least, the Sponsoring Institution must provide the program director with at least one half-day per week of protected time in order to fulfill the requirements to support the educational and administrative activities of the program.</p>
Program Personnel and Resources	
<p>Can experience as a nuclear medicine faculty member, required for appointment as program director, take place at an institution other than the Sponsoring Institution?</p> <p><i>[Program Requirement: II.A.3.e)]</i></p>	<p>Yes. The required experience as a nuclear medicine faculty member is not institution-specific.</p>
<p>What other qualifications are acceptable to the Review Committee for core physician faculty members?</p> <p><i>[Program Requirement: II.B.2.]</i></p>	<p>The Review Committee will accept certification by 1) the American Board of Radiology in the subspecialty of nuclear radiology, or 2) the Certification Board of Nuclear Cardiology for those individuals whose role is limited to resident education in nuclear cardiology.</p>
<p>What activities are considered “scholarly activity” for core faculty members?</p> <p><i>[Program Requirement: II.B.5.d)]</i></p>	<p>The following are considered to be scholarly activities:</p> <ol style="list-style-type: none"> 1. peer-reviewed publications, such as those that have been assigned a PubMed reference number; 2. abstracts, posters, and presentations that have been presented at international, national, published articles (invited) or regional meetings; 3. grand rounds, invited professorships, materials developed (such as computer-based modules), or work presented in non-peer reviewed publications; 4. chapters or textbooks; 5. participation in grants as an investigator, co-investigator, or sub-investigator; 6. active leadership role (such as serving on committees or governing boards) in

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	<p>national medical organizations, or service as a reviewer or editorial board member for a peer-reviewed journal;</p> <p>7. teaching formal courses, including responsibility for seminars, conference series, or course coordination (such as arrangement of presentations and speakers, organization of materials, assessment of participant's performance) for any didactic training within the Sponsoring Institution or program. This includes training modules for medical students, residents, fellows, and other health professionals. This does not include single presentations, such as individual lectures or conferences.</p>
<p>Must the dedicated program coordinator who assists the program director, be assigned to nuclear medicine?</p> <p><i>[Program Requirement: II.C.1.]</i></p>	<p>As long as there is one individual designated to assist the program director in his/her administrative role, the program coordinator need not be assigned exclusively to nuclear medicine. This individual may function as the program coordinator for other programs.</p>
Resident Appointments	
<p>The program requirements that become effective on July 1, 2014 limit eligibility to residents whose prior training was accredited by the ACGME or the Royal College of Physicians and Surgeons of Canada (RCPSC), but the common eligibility requirements that become effective on July 1, 2016 permit exceptions as specified in the requirements. Will I be able to appoint a resident with prior training accredited by the AOA between 2014-2016?</p> <p><i>[Program Requirement: III.A.]</i></p>	<p>The revised specialty requirement revision was intended to align with the implementation of the new common program requirements related to resident eligibility, which were originally planned to become effective on July 1, 2014. The further revision of the common program requirements related to eligibility approved by the ACGME Board this year permit exceptions as detailed in the requirements and will take effect on July 1, 2016. As it was not the intent of the Review Committee to change the eligibility requirements before the new common program requirements were implemented, the Review Committee will permit programs to appoint residents to the program as specified in the pre-2014 version of the requirements in sections III.A.1 – III.A.3.a), which specifies that residents must complete (a) a prerequisite year of clinical education accredited by the ACGME, RSPSC, or American Osteopathic Association (AOA), or (b) two years or more of graduate medical education with a passing score on the United States Medical Licensing Examination (USMLE) Step 3.</p>
<p>What educational experiences are required for acceptance at the NM1 level of a residency program?</p> <p><i>[Program Requirement: III.A.1.a)]</i></p>	<p>To be eligible for appointment to the program at the NM1 level, residents must have successfully completed one year of graduate medical education in an appropriately accredited program in emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, surgery or surgical specialties, or the transitional year. This year must include a minimum of nine months of direct patient care.</p>

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<p>As AOA-approved programs transition to ACGME accreditation, are there any considerations for applicants who have previously completed AOA-approved training?</p> <p><i>[Program Requirement: III.A.1.c]</i></p>	<p>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 applicants. 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.</p>
Educational Program	
<p>If a program only has one level of residents (e.g., only NM3s), must it have goals and objectives for all levels of the educational program?</p> <p><i>[Program Requirement: IV.A.2.]</i></p>	<p>Nuclear medicine is a three-year residency approved for all levels of education, whether or not a particular program has residents enrolled at all levels (NM1-NM3). Consequently, the program must have the requirements in place for all three years of training, including goals and objectives for each rotation and by each level of training. Block diagrams must also reflect all three years of residency. See the block diagram guide on the Nuclear Medicine section of the ACGME website.</p>
<p>How often does a program need to schedule journal club activities?</p> <p><i>[Program Requirement: IV.A.3.c]</i></p>	<p>The Program Requirements do not specify a minimum number of journal clubs. Residents need to follow the scientific progress in nuclear medicine in order to apply this knowledge to patient care. Programs must ensure that journal club sessions are sufficient in number for resident physicians to become familiar with the major peer-reviewed journals in nuclear medicine.</p>
<p>What activities are considered acceptable for resident scholarly activity?</p> <p><i>[Program Requirement: IV.A.6.a).(4).(g).(iii)]</i></p>	<p>The following are considered acceptable scholarly activities for residents:</p> <ol style="list-style-type: none"> 1. peer-reviewed publications, such as those that have been assigned a PubMed reference number; 2. abstracts, posters, and presentations that have been presented at international, national, published articles (invited), or regional meetings; 3. chapters or textbooks; 4. participation in funded or non-funded basic science research or clinical investigations; 5. lectures or presentations (such as grand rounds or case presentations) of at least 30 minute duration within the Sponsoring Institution or program
Other	
<p>Can a program accept more residents than are approved by the Review Committee?</p>	<p>No. A program interested in increasing its approved resident complement, either temporarily or permanently, must obtain Review Committee approval before doing so.</p>

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What is the procedure for requesting a change in total resident complement?	An explanatory reference document, "Requests for Changes in Resident Complement," is posted on the Nuclear Medicine section of the ACGME website. Note that such a request must be submitted through the Accreditation Data System (ADS).
What should a program do if the approved complement listed in ADS for that program is incorrect?	Program staff should contact the Review Committee staff at the ACGME. Contact information is listed on the Nuclear Medicine section of the ACGME website.
What procedures must be followed when accepting a transferring resident?	<p>Prior to accepting a transferring resident, the program director of the accepting program must receive written verification of the resident's previous educational experiences, Case Logs (if applicable), and a statement regarding competency-based performance evaluation of that resident.</p> <p>NOTE: this same process is now required for all residents beginning training at the PGY-2 level. Completion of and performance during the PG-1 year must be documented.</p>
What is required for a resident to count a cardiac stress test in the ACGME Case Log System?	In order to count cardiac cases, a resident's involvement should include participation in and monitoring of the stress testing, and should not be limited to image interpretation only.

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<p>When entering a resident in ADS who has previously completed a diagnostic radiology residency, what should be entered for their “Year in Program”?</p>	<p>It is important to remember that nuclear medicine is a three-year program that has multiple entry points. Although chronologically, a diagnostic radiology program graduate would be in the first year of training in his/her nuclear medicine residency, remember that the resident is entering the NM pathway at the NM3 level. Therefore the resident should be entered as “Year in Program = 3” in ADS. Incorrectly identifying a resident’s level can skew Milestones reporting and other national normative data.</p> <p>The following chart shows examples of how to appropriately consider a resident’s training level.</p> <table border="1" data-bbox="711 534 1896 1008"> <tbody> <tr> <td data-bbox="711 534 1375 691"> <p>≤ 12 months of training remaining</p> </td> <td data-bbox="1375 534 1896 691"> <p>= NM3 (or Year in Program = 3)</p> </td> </tr> <tr> <td data-bbox="711 691 1375 833"> <p>Between 24 and 12 months of training remaining</p> </td> <td data-bbox="1375 691 1896 833"> <p>= NM2 (or Year in Program = 2)</p> </td> </tr> <tr> <td data-bbox="711 833 1375 1008"> <p>Between 36 and 24 months of training remaining</p> </td> <td data-bbox="1375 833 1896 1008"> <p>= NM1 (or Year in Program = 1)</p> </td> </tr> </tbody> </table>	<p>≤ 12 months of training remaining</p>	<p>= NM3 (or Year in Program = 3)</p>	<p>Between 24 and 12 months of training remaining</p>	<p>= NM2 (or Year in Program = 2)</p>	<p>Between 36 and 24 months of training remaining</p>	<p>= NM1 (or Year in Program = 1)</p>
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