

SES093: Review Committee for Nuclear Medicine Update

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Conflict of Interest Disclosure

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Disclosure

None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Topics for Today...

- Next Accreditation System Observations
- Accreditation Data System (ADS)
- Program Requirement Changes
- Review Committee Discussions
- Review Committee Composition

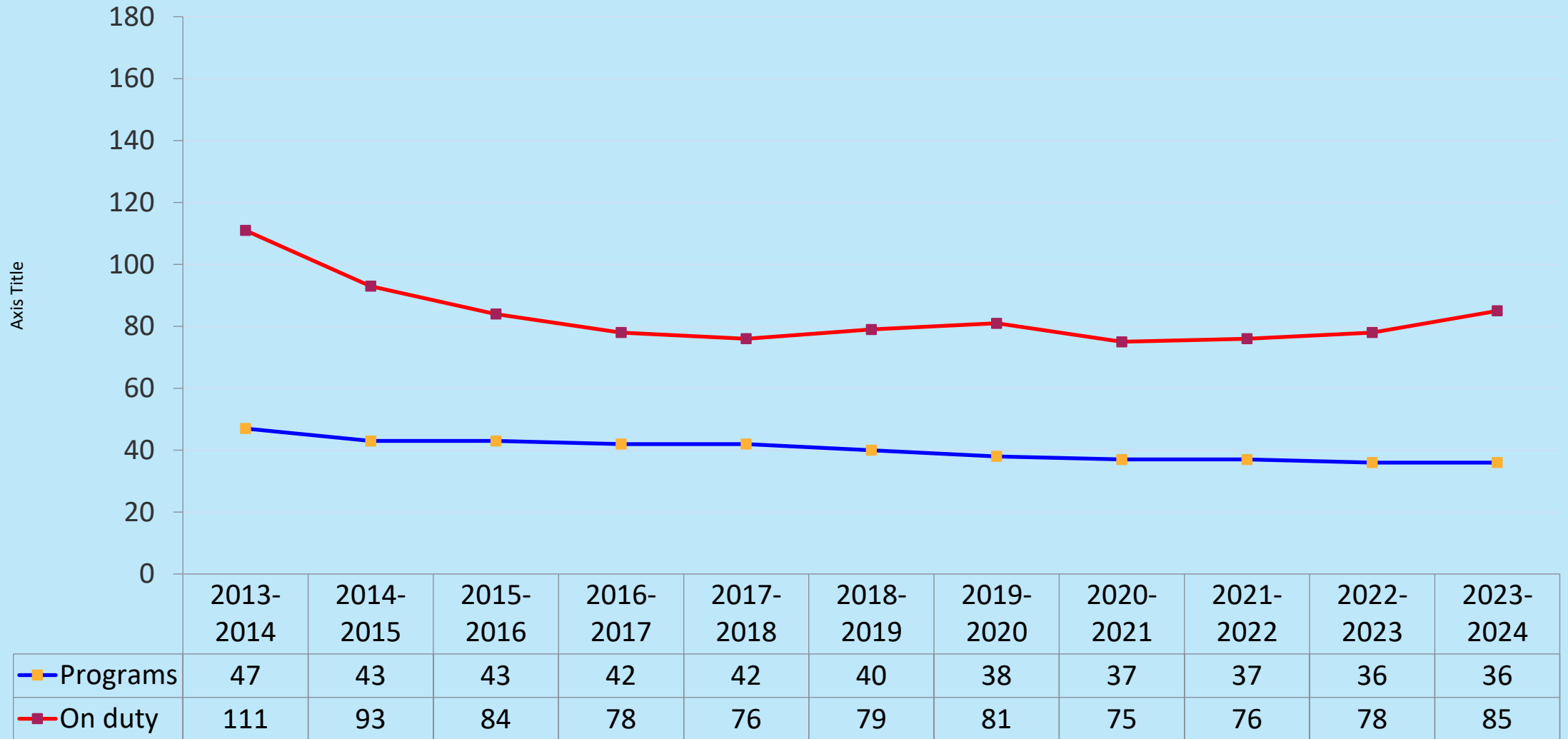
Nuclear Medicine 2022-2023

- 36 accredited programs
- 85/141 (60%) filled/approved resident positions

Nuclear Medicine 10-Year Stats

Academic Year	# Programs	On Duty
2013-2014	47	111
2014-2015	43	93
2015-2016	43	84
2016-2017	42	78
2017-2018	42	76
2018-2019	40	79
2019-2020	38	81
2020-2021	37	75
2021-2022	37	76
2022-2023	36	78
2023-2024	36	85

Nuclear Medicine 10-year Trend



Top 3 Most Flagged Areas

1. Resident Survey (19%)
2. Clinical Experience (14%)
3. Faculty Survey (8%)

11% of programs flagged for the Resident Survey are also flagged for Clinical Experience



Nuclear Medicine Next Accreditation System Review Summary

#ACGME2024

64% programs	Compliant, no feedback
9% programs	Minor concerns, feedback in the form of Areas for Improvement (AFIs)
27% programs	Concerns, feedback either as citations and/or AFIs

Major Changes in ADS

- Major clinical/administrative changes in your program
- Highlight changes implemented to address AFIs
- Highlight program plans to address Resident Survey deficiencies
- Effects/impact of COVID-19 or other major events

Nuclear Medicine Case Logs – Clinical Experience

- 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*.
- Still seeing erroneous or omitted data entry.
- Incomplete data impedes the Review Committee's ability to set and modify realistic future benchmarks for the specialty.

NUCLEAR MEDICINE : NATIONAL RESIDENT REPORT (Main Table)

Reporting Period: Total Experience of Residents Completing Programs in 2022-2023

Residency Review Committee for Nuclear Medicine

Report Date: September 18, 2023

[PART 1] Number of Programs in the Nation: 24 Number of Residents in the Nation: 36

		Participate/Interpret				
		Natl Res AVE	Natl Res STD	Natl Res MIN	Natl Res MED	Natl Res MAX
RRC Area	RRC Type					
Parenteral Therapy	Parenteral therapy	29.5	24.7	5	22	88
Radioiodine Therapy	Benign - less than or equal to 33 mCi I-131	10.5	5.8	0	11	26
	Benign - greater than 33 mCi I-131	0.8	2.2	0	0	9
	Malignant - less than or equal to 33 mCi I-131	3.2	6.3	0	1	33
	Malignant - greater than 33 mCi I-131	20.2	9.8	6	19	50
	Total Radioiodine Therapy	34.6	11.4	12	33	62
Cardiac Stress Test	Cardiac stress test	215.1	257.1	0	131	1,395
Pediatric Procedures	Pediatric	115.8	53.7	0	106	264
Non-Req Add'l Procs	PET/CT Oncologic/tumor	233.8	388.4	0	2	1,554
	PET/CT Other	13.2	32.0	0	0	175
	Intravascular Particulate	0.6	3.2	0	0	19

NUCLEAR MEDICINE : NATIONAL RESIDENT STATISTICS REPORT (Resident Benchmarks Table)

Reporting Period: Total Experience of Residents Completing Programs in 2022-2023

Residency Review Committee for Nuclear Medicine

Report Date: September 18, 2023

[PART 1] Number of Programs in the Nation: 24 Number of Residents in the Nation: 36

		Participate/Interpret				
		Resident Percentiles				
		10	30	50	70	90
RRC Area	RRC Type					
Parenteral Therapy	Parenteral therapy	6	11	22	36	75
Radioiodine Therapy	Benign - less than or equal to 33 mCi I-131	4	7	11	13	19
	Benign - greater than 33 mCi I-131	0	0	0	0	4
	Malignant - less than or equal to 33 mCi I-131	0	0	1	3	8
	Malignant - greater than 33 mCi I-131	9	15	19	22	34
	Total Radioiodine Therapy	21	30	33	37	54
Cardiac Stress Test	Cardiac stress test	100	106	131	202	392
Pediatric Procedures	Pediatric	59	103	106	126	183
Non-Req Add'l Procs	PET/CT Oncologic/tumor	0	0	2	237	808
	PET/CT Other	0	0	0	10	50

Block Diagram

- Many programs providing inadequate block diagrams
- Not representative of a three-year curriculum
- Nuclear medicine is a three-year specialty program; 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
- A block diagram guide is available on the Documents and Resources page of the Nuclear Medicine section of the ACGME website

Block Diagram Example

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

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	1	2	1	2	3	1	2	2	1	1	2	2	1
Rotation Name	Radio-pharmacy/ <u>Nuc Med</u>	General <u>Nuc Med</u>	General <u>Nuc Med</u>	General <u>Nuc Med</u>	Pediatric <u>Nuc Med</u>	General <u>Nuc Med</u>	General <u>Nuc Med</u>	CT	PET/C T	General <u>Nuc Med</u>	Research	General <u>Nuc Med</u>	General <u>Nuc Med</u>

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

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	2	2	3	1	1	2	2	2	1	3	1	1	2
Rotation Name	CT	General <u>Nuc Med</u>	Pediatric <u>Nuc Med</u>	PET/CT	General <u>Nuc Med</u>	Research	CT	General <u>Nuc Med</u>	PET/C T	Pediatric <u>Nuc Med</u>	Elective	General <u>Nuc Med</u>	CT

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

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

Sites: (1) University of XXXXXXXX (*Primary*), (2) XXXXXXXX VA Hospital, (3) XXXXXXXX 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.

Nuclear Medicine Year ADS Consideration

Entering resident has:	Resident status in ADS
\leq 12 months of training remaining	= NM3 (or year in program 3)
Between 24 and 12 months of training remaining	= NM2 (or year in program 2)
Between 36 and 24 months of training remaining	= NM1 (or year in program 1)



Overview

Institution

Participating Sites

Sponsored Programs

Site Visits

Reports

Overview

Program ▾

Faculty ▾

Residents ▾

Sites

Surveys

Case Logs ▾

Summary

Reports

EXAMPLE

Resident Case Log User Instructions

2011 - 2012 ▾

+ Add Resident

-- Filter by Type -- ▾

Search by Name

Print

Last ▾	First ▾	Year in Program ▾	Status ▾	Start ▾	End ▾	
		2	Completed All Accredited ...	7/1/2011	6/30/2012	

Displaying 3 of 3 record(s).

Resident length of training was 1yr, Year In Program should be 3

Review Committee Discussions



ABNM Proposal/Adjustment

Nuclear Medicine PRs

- 30 oral admin of I-131
[(IV.C.7.d).(1).(a).(i)]
 - 10 malignant cases
 - 10 benign cases
- 5 cases Parenteral
therapy [(IV.C.7.d).(1).(a).(ii)]

ABNM Additional Requirements

	Current	Provisional
I-131 <33 mCi benign	10-15	5+
I-131 >33 mCi malignant	10-15	5+
Parenteral	5	10+*
Total Therapies	35	35

*At least 2 different FDA approved radiopharmaceuticals excluding Y90 Microspheres

Last Year

IV.C.7.d).(1)

Patient Care

IV.C.7.d).(1).(a)

Documentation in the ACGME Case Log System of participation in the following required nuclear medicine therapeutic procedures:

IV.C.7.d).(1).(a).(i)

a minimum of 35 therapeutic drug administrations, including the following minimums in each therapy type as outlined below, excluding Y-90 microspheres;-

Specialty-Specific Background and Intent: The NRC considers Y-90 microsphere ablation of liver tumors to be a form of manual brachytherapy, which is regulated under 10 CFR 35.1000, whereas other parenteral radiopharmaceuticals are considered to be drugs, regulated under 10 CFR. 35.396.

It is preferred that the resident experience include a variety of radioisotopes. The Review Committee recognizes that Y-90 microsphere therapy is an important part of this experience and encourages residents to participate when they have the opportunity, in addition to the minimum of 35 required therapeutic drug administrations.

IV.C.7.d).(1).(a).(ii)

a minimum of 1030 cases of oral administration of sodium iodide I-131, for which a written directive is required; ^(Core)

IV.C.7.d).(1).(a).(ii).(a)

At least 10-five of these cases must be for malignant disease, and at least five10 cases must be for benign disease. ^(Core)

IV.C.7.d).(1).(a).(ii).(b)

At least three of these cases must be less than or equal to 1.22 gigabecquerels (33 millicuries) of

Recent Nuclear Medicine Requirement Revision

sodium iodide I-131, and at least three cases must be greater than 1.22 gigabecquerels (33 millicuries) of sodium iodide I-131. (Core)

IV.C.7.d).(1).(a).(iii)

a minimum of 10five cases of parenteral administration of any alpha emitter, beta emitter, or a photon-emitting radionuclide with a photon energy less than 150 keV, for which a written directive is required, and/or parenteral administration of any other radionuclide, for which a written directive is required; and, at least two different US Food and Drug Administration-approved radiopharmaceuticals; and, (Core)

~~Specialty-Specific Background and Intent: It is preferred that the resident experience include a variety of radioisotopes.~~

IV.C.7.d).(1).(a).(iv)

a minimum of 100 cardiovascular pharmacologic and/or exercise stress studies. (Core)

IV.C.7.d).(1).(b)

documentation, in the ACGME Case Log System, of participation in therapeutic procedures, including date, diagnosis, and administered activity of each therapy; (Core)

Recent Nuclear Medicine Requirement Revision

ABNM Programs and ABR 16-Month Pathway

- ABNM/ABR 16-month pathway:
 - **ACGME-accredited** nuclear medicine or nuclear radiology program *required*
 - Nuclear medicine program completed during four-year diagnostic radiology program
 - Must complete nuclear medicine case experience requirements
 - Leads to dual certification eligibility from ABR in diagnostic radiology and ABNM in nuclear medicine

Nuclear Radiology Programs and ABR 16-month Pathway

- ABR 16-month pathway:
 - **ACGME-Accredited** nuclear medicine or nuclear radiology program *not required*
 - Nuclear medicine program completed during four-year diagnostic radiology program
 - Leads to dual certification eligibility by the ABR in diagnostic radiology and nuclear radiology
 - **Not ABNM-eligible** based on number of nuclear medicine rotations

Nuclear Medicine Program Participation Tracking

- ADS question for all nuclear medicine programs to help the Review Committee track program participation.
- **Question:** Does your program participate in diagnostic radiology training pathways that lead to ABNM and/or ABR nuclear radiology certification eligibility (i.e., 16 months of nuclear medicine in a four-year diagnostic radiology pathway)? Y/N
- If yes, how many residents are participating this year?

Currently -

- 22/36 nuclear medicine programs participating
- Total of 33 residents



Nuclear Medicine/Nuclear Radiology Programs and ABR 12-month Pathway

#ACGME2024

- Likely that nuclear medicine programs will be asked to help facilitate
- Nuclear medicine programs may provide education/supervision resources for the pathway when applicable
- Nuclear medicine program efforts not formally recognized by the ACGME
- Participating residents not enrolled in nuclear medicine

Review Committee for Nuclear Medicine Composition

- 3 nominating organizations - ABNM, SNMMI, and AMA
- 8 voting members (includes one resident and one public member)
- 6-year terms, except for the resident member (2-year term)
- Program directors, chairs, faculty members
- Ex-officio from ABNM (non-voting)



Review Committee for Nuclear Medicine Members 2023-2024

#ACGME2024

Delphine Chen, MD

University of Washington

Joyce Mhlanga, MBChB

Washington University/B-JH/SLCH Consortium

Lance Hall, MD (Chair)

Emory University

Miguel Hernandez Pampaloni, MD (Vice Chair)

University of California, San Francisco

Andrei Iagaru, MD

Stanford University

Peter Temsah, MD (Resident Member)

St. Louis University

Ruth Lim, MD

Massachusetts General Hospital/Harvard Medical School

Vacant (Public Member)



Review Committee Staff

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ACGME Site Visits – Continued Accreditation Status

#ACGME2024

- The program 10-Year Accreditation Site Visit program has been discontinued.
- Program Self-Study currently paused, but will be reconfigured and no longer linked to a site visit.
- All related dates have been removed from all program profiles in ADS.
- Starting in 2024, the ACGME will conduct site visits annually for approximately one to two percent of programs on Continued Accreditation that have not had a site visit in approximately 10 years or more.
- These site visits will be identified through a sampling process and will support the ACGME's assurance responsibility to the public.
- All selected programs for 2024 were notified in January of the site visit target date (May-July 2024)

Questions can be directed to accreditation@acgme.org.
[Site Visit FAQs](#) are located on the ACGME website.

The ACGME's Online Learning Portal

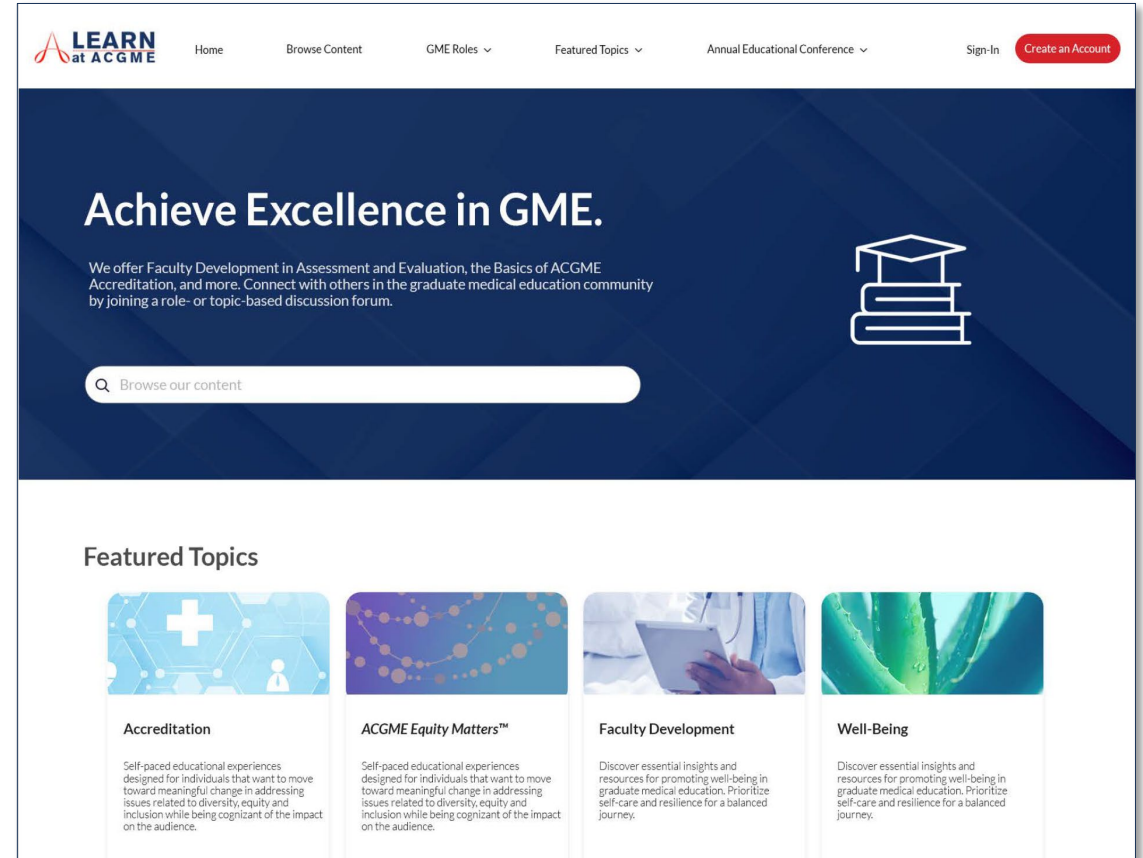
Learn at ACGME Redesign Coming Soon!

Visit dl.acgme.org or scan the QR code.



Have a question or need assistance? Contact us!

desupport@acgme.org



Remediation Toolkit

If You Build It, They Will Come:

Designing a Centralized Remediation Program

Karen M. Warburton, MD, FACP, FASN
Associate Professor of Medicine
Director, Clinician Wellness Program
Director, GME Advancement
University of Virginia School of Medicine

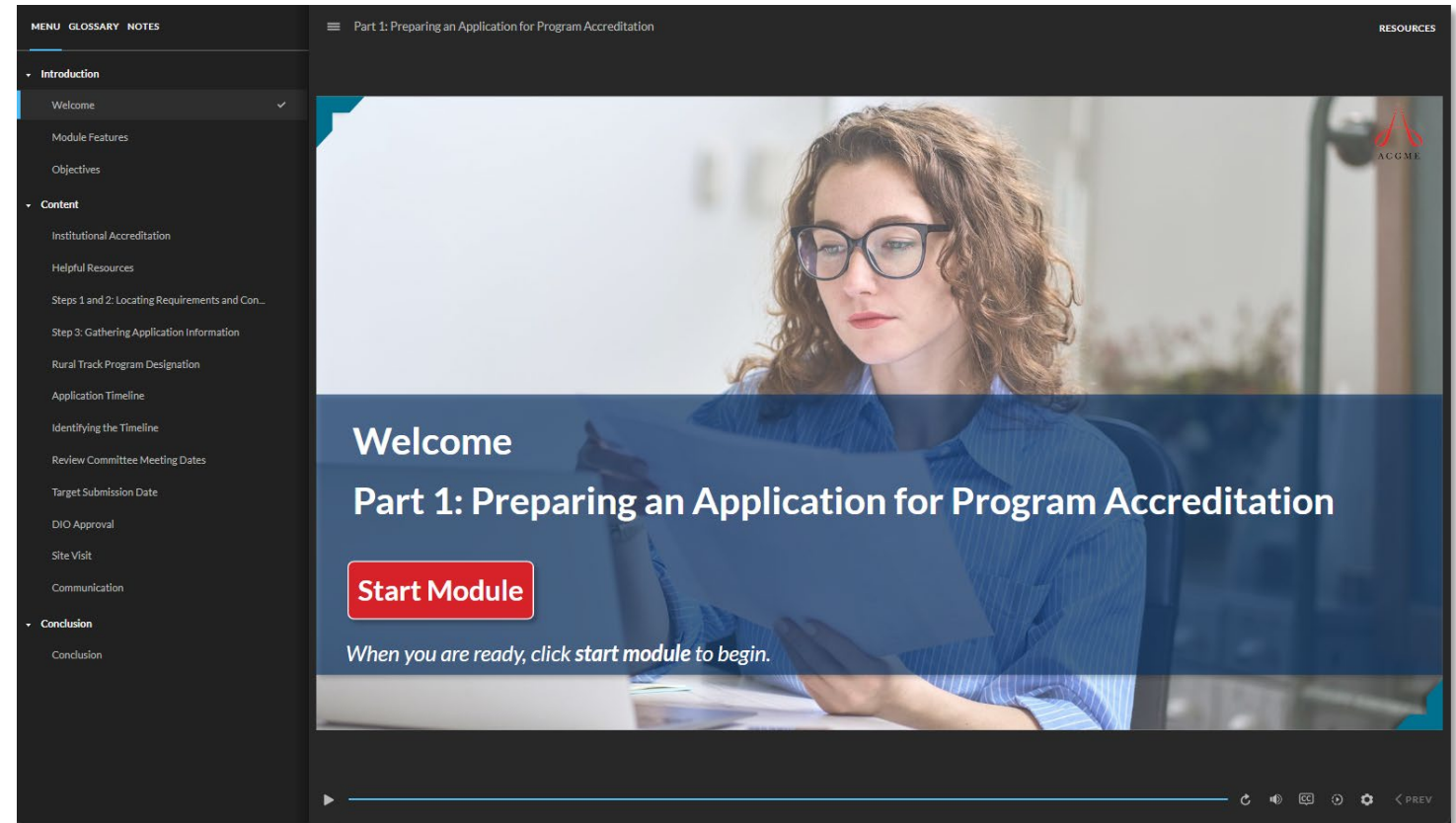


- 11 modules authored by **renowned experts** in the field
- Equips participants with tools for **addressing needs of struggling learners**
- **CME** offered after completion

*The ACGME designates this enduring material for a maximum of **5.25 AMA PRA Category 1 Credits.**TM*

Applying for Program Accreditation Course

- Three-part course and **step-by-step guide**
- For those **new** to the process, as well as a refresher for **experienced** users
- Explanation of key steps, timeline, and the **review process** after submission



Faculty Development Toolkit: Improving Assessment Using Direct Observation

- Faculty development materials around **direct observation and feedback**
- Evidence-based **video prompts**
- Answer keys and **facilitator guides**
- **Microlearning** lessons with associated slides and guides

The screenshot shows the LEARN at ACGME website interface. At the top, there is a navigation menu with links: Toolkit Home, Overview, Microlearnings, Example Workshops, Video Library, Supporting Materials, Additional Resources, About Us, and Questions and Feedback. The main content area features a large blue banner for the 'Faculty Development Toolkit' with the subtitle 'Improving Assessment Using Direct Observation'. Below the banner, there is a paragraph of text and two video thumbnails. The first video is titled 'An Introduction to the ACGME Faculty Development Toolkit: Improving Assessment Using Direct Observation'. The second video is titled 'Navigation Faculty Development Toolkit: Improving Assessment Using Direct Observation'.

The screenshot shows the 'Counseling Videos' section of the Faculty Development Toolkit. It features three columns of video prompts, each with a title, a video thumbnail, a description, and a list of video options with answer keys.

Hyperlipidemia	Back Pain	Constipation
Resident counsels a 54-year-old woman with hypertension, hyperlipidemia, obesity, and tobacco use who meets criteria to start lipid-lowering therapy.	Resident counsels a 42-year-old male with severe acute low back pain and sciatica with a normal neurologic exam. The patient has not tried any conservative measures. In the video there is an opportunity to discuss diagnosis and management and address patient request for MRI and narcotics.	Resident counsels a 49-year-old healthy woman with worsening constipation for three months. The patient has episodic hematochezia and a hemorrhoid was found during a rectal exam. The patient's paternal grandfather had late-onset colon cancer.
Video A (4:37) Answer Key Video B (7:10) Answer Key Video C (13:48) Answer Key	Video A (3:15) Answer Key Video B (7:53) Answer Key Video C (11:37) Answer Key	Video A (5:30) Answer Key Video B (9:02) Answer Key Video C (11:31) Answer Key

Program Coordinator Course

- For new and seasoned coordinators
- Covers a **wide range of topics** important to program coordinators
- **Videos** from working coordinators
- **Summer 2024**

The screenshot displays a course interface with three main sections, each featuring a module title, a list of topics, and a 'Start' button. The sections are: 1. **RECRUITMENT**: 'Recruitment for Program Coordinators' module, including 'Recruitment basics for Program Coordinators', 'Recruitment review process', 'Interviews', and 'Match Process'. 2. **REVIEW AND RECOGNITION COMMITTEES**: 'Review and Recognition Committees for Program Coordinators' module, including 'Review and Recognition Committee basics'. 3. **PROGRAM REQUIREMENTS**: 'Program Requirements for Program Coordinators' module, including 'Program Requirements' and 'Program Requirements by Specialty'. Each module is accompanied by a representative image: a classroom for recruitment, a meeting for committees, and a stack of books for requirements.

Questions?

Thank You