ACGME Program Requirements for Graduate Medical Education in Nuclear Medicine
Summary and Impact of Interim Requirement Revisions

Requirement #: **IV.C.7.d).(1).(a) – IV.C.7.d).(1).(a).(i)**

Requirement Revision (significant change only):

IV.C.7.d).(1).(a) Documentation in the ACGME Case Log System of participation in the following required nuclear medicine 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.

1. Describe the Review Committee's rationale for this revision:
   The revision is proposed in order to align the standards with changes in the American Board of Radiology (ABR) eligibility requirements .

   The total number of required therapies remains the same; it is the categorization that has been changed. The addition of language related to the exclusion of Y-90 microspheres is further clarified in Specialty-Specific Background and Intent that follows this requirement, and indicates specifications from the Nuclear Regulatory Commission that explain the reason for the exclusion of Y-90 microspheres.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The new criteria will improve resident education and training by keeping up with changes in the practice of nuclear medicine and conformity to the Nuclear Regulatory Commission requirements.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   Nationally, 10 percent of programs expressed concerns regarding the cost of the agents, based on an ABR survey of all ACGME-accredited nuclear medicine programs. Accordingly, the vast majority of programs did not indicate any concern regarding additional resources.

   The total required number of therapies has not changed, so there is no need for additional faculty members or patient volume.

5. How will the proposed revision impact other accredited programs?
   No impact is anticipated.

Requirement #: **IV.C.7.d).(1).(a).(ii), IV.C.7.d).(1).(a).(ii).(a)**

Requirement Revision (significant change only):
[Documentation in the ACGME Case Log System of participation in the following required nuclear medicine therapeutic procedures:]

IV.C.7.d.(1).(a).(ii) a minimum of ~~30~~ 10 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 ~~10~~ five must be for benign disease. (Core)

1. Describe the Review Committee's rationale for this revision:
The revisions are proposed in order to align with the changes to the ABR's eligibility requirements, which were made in response to an evolution of practice resulting in fewer radioiodine therapies for benign and malignant thyroid disorders, and more parenteral therapies.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The new criteria will improve resident education and training by keeping up with changes in the practice of nuclear medicine and better reflecting changes already happening in the specialty.

3. How will the proposed requirement or revision impact continuity of patient care?
No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
Nationally, 10 percent of programs expressed concerns regarding the cost of the agents, based on an ABR survey of all ACGME-accredited nuclear medicine programs. Accordingly, the vast majority of programs did not indicate any concern regarding additional resources.

The total number of required therapies remains the same, so there is no need for additional faculty members or patient volume.

5. How will the proposed revision impact other accredited programs?
No impact is anticipated.

Requirement #: **IV.C.7.d).(1).(a).(iii)**

Requirement Revision (significant change only):
[Documentation in the ACGME Case Log System of participation in the following required nuclear medicine therapeutic procedures:]

a minimum of ~~five~~ 10 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 FDA-approved radiopharmaceuticals. (Core)

1. Describe the Review Committee's rationale for this revision:

This revision is proposed in order to align the standards with changes in the American Board of Radiology (ABR) eligibility requirements. The changes made by the ABR were in response to an evolution of practice resulting in fewer radioiodine therapies for benign and malignant thyroid disorders, and more parenteral therapies. The requirement for two different FDA-approved radiopharmaceuticals reflects recent changes that allow programs more flexibility in meeting the standard.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

The new criteria will improve resident education and training by keeping up with changes in the practice of nuclear medicine while maintaining high standards for the specialty.

3. How will the proposed requirement or revision impact continuity of patient care?

No impact is anticipated.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

Nationally, 10 percent of programs expressed concerns regarding the cost of the agents, based on an ABR survey of all ACGME-accredited nuclear medicine programs. Accordingly, the vast majority of programs did not indicate any concern regarding additional resources.

The total number of required therapies remains the same, so there is no need for additional faculty members or patient volume.

5. How will the proposed revision impact other accredited programs?

No impact is anticipated.