Training for Multimodality Imaging

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Ever since the introduction of PET/CT and SPECT/CT in nuclear medicine departments at the beginning of this century, nuclear physicians have had to acquire knowledge in cross-sectional imaging.

In 2005 the Executive Committee of the EANM started a collaboration with the European Society of Radiology (ESR). The prerequisite for collaboration was the recognition of nuclear medicine and radiology as independent medical specialties.

The intention was to improve the competence of nuclear physicians in interpreting multimodality images by establishing cross-training in which the nuclear physicians could benefit from the expertise of the radiologists.

In 2007 the EANM and ESR published “the white paper of the EANM and ESR on multimodality imaging” [1]. This paper set out the positions and aspirations of the EANM and the ESR to work together on an equal and constructive basis for the future benefit of both specialties.

A survey [2] was conducted in 2008 to obtain information on the status of multimodality equipment and procedures throughout Europe and to identify any visions on training for combined modalities. More than 75% of the respondents were in favour of joint development of an interdisciplinary training programme on a European level by the EANM and ESR. Fifty percent of the respondents were in favour of an adjusted period of training and 50% were in favour of an integrated training programme, which is called the ‘common trunk’.

As a consequence, and to promote the development of high-level expertise in integrated imaging, it was necessary to provide a curriculum ensuring the optimal use of combined modalities in patient care.

The “Multimodality Imaging Training Curriculum—General Recommendations” [3] was published in the EJNMMI in 2011. The curriculum is a framework outline that may be used by member societies. If they wish to do so, it remains the responsibility of the national societies to adapt this recommendation in line with local regulations. It was clearly stated that this curriculum cannot be used to legally justify changes to the organisation, overall specialist training or reimbursement regulations in any member state.

Within the General Recommendations both societies agreed to publish more detailed recommendations regarding skills and knowledge requirements for radiologists in nuclear medicine (Part II) and nuclear physicians in radiology (Part III). The training requirements were differentiated according to three levels of competence: basic knowledge, detailed knowledge and core skills (significant practical experience required).

The document “Multimodality Imaging Training Curriculum—Parts II and III” was endorsed by the EANM Executive Committee and Advisory Council in 2011. The Extraordinary National Delegates Assembly of the EANM endorsed the EANM/ESR Multimodality Imaging Curriculum—Parts II and III in its current form [4] in February 2012. In addition, the Delegates Assembly emphasised the need for continuing improvement of training in multimodality imaging and requested that the EANM and the ESR endeavour to make amendments in order to assure their commitment to the maintenance of nuclear medicine and radiology as independent medical specialties. Owing to the fact that the curriculum is a “living document”, the Delegates Assembly decided to establish a permanent working group with the task of incorporating the evolution of our specialty into the curriculum.

In accordance with the objectives outlined in the EANM Bylaws—“to advance science and education in nuclear medicine”—the endorsement and publication of the curriculum by both societies is a milestone in further embracing multimodality imaging as a powerful diagnostic procedure.

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For the benefit of the next generation of nuclear physicians, the leadership of the EANM, together with the national societies and membership at large, will make every effort to ensure high-quality training in multimodality imaging.

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