



# TRACERS

The American Board of Nuclear Medicine

2014 Issue 1

A Member Board of the American Board of Medical Specialties

4555 Forest Park Boulevard, Suite 119 • St. Louis, Missouri 63108-2173 • Telephone: (314) 367-2225 • E-mail: [abnm@abnm.org](mailto:abnm@abnm.org) • Website: [www.abnm.org](http://www.abnm.org)

## ABMS Update

*Henry D. Royal, M.D.—Executive Director Emeritus, ABNM*

The American Board of Medical Specialties ([www.ABMS.org](http://www.ABMS.org)) continues to be very active. The ABMS is the umbrella organization that assists the 24 ABMS primary certifying boards.

The ABMS plans to revise the MOC standards for 2015. This revision will be based on feedback from physicians, the public and other stakeholders. The main message received from physicians is that MOC should 1) be relevant to their practice, 2) eliminate redundancy, 3) be useful and 4) be efficient. Physicians would also like the requirements to be clear and not be changing constantly. The public largely echoed the 2001 IOM report entitled “*Crossing the Quality Chasm*”. MOC should help facilitate health care which is safe, effective, patient-centered, timely, efficient and equitable. Other important stake holders (e.g., payers) want to emphasize the need for care that is affordable and sustainable.

There are several new requirements that the Boards must meet. I have highlighted a few of these requirements by listing them below.

1. Each ABMS Member Board will work to enhance the value of its Program for MOC and the experience of diplomates engaged in its Program including taking actions to increase the Program’s quality, relevance, and meaningfulness and with sensitivity to the time, administrative burden, and costs (monetary and other) associated with participation.
2. Each ABMS Member Board will identify and convey that Board’s professionalism expectations to its diplomates and will incorporate professionalism learning and assessment activities into its Program for MOC.
3. Each ABMS Member Board will establish and maintain a process that provides former diplomates an opportunity to regain board certification.
4. Each ABMS Member Board will integrate Patient Safety principles into its Program for MOC requirements.
5. To assist diplomates in developing individualized Lifelong Learning and Self-Assessment programs, the ABMS Member Board will provide feedback to the diplomate about performance on secure examinations.

One initiative of the ABMS that we hope will decrease the burden of MOC on our diplomates is the multispecialty portfolio project. Rather than diplomates creating their own practice performance assessment activities, diplomates would be given credit for participating in multispecialty QI projects that are ongoing at their own institutions. These institutional projects would be pre-approved by the ABMS.

Several Boards, including the American Board of Radiology, have transitioned to a continuous certification model where certificates have no end dates. In this model, whether a physician is certified or not is solely dependent on whether she is meeting MOC milestones. The ABNM is considering adopting this model.

One major ABMS activity has been to work with the ACGME, foreign countries and other organizations to establish a similar accreditation and certification system in other countries. As you can imagine, the resources available for post-graduate medical education and lifelong learning vary greatly from country to country. Despite these obstacles, the first experience in establishing an ACGME-ABMS like system in Singapore has been very successful. Because of the few number of NM trainees in many countries, this activity does not have a significant impact on nuclear medicine. Although we do have some foreign nuclear medicine activities (e.g., our ITE exam is given in Australia and Singapore), it is unlikely this will be a major activity of the ABNM.