



TRACERS

The American Board of Nuclear Medicine

2017 Issue 1

A Member Board of the American Board of Medical Specialties

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Message from the Immediate Past Associate Director Reflections on My Time with the ABNM



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Associate Executive Director

My term as Associate Executive Director ended at the conclusion of the Board meeting in February. I joined the Board as a member 14 years ago, December 2002. Looking back over that period of time, there have been a number of major changes in Nuclear Medicine and in the Board. At my first meeting, the Board was reviewing the results of the first recertification exam. In subsequent years the long term Executive Director, Bill Blahd, resigned and the Board hired a new Executive Director, Henry Royal. Henry led us into the strange new world of Maintenance of Certification (MOC). More recently, George Segall has taken over as Executive Director and Leonie Gordon has replaced me. They are leading us into the CertLink™ era.

When I was certified by the ABNM in 1972, there was a single point of contact with the Board. Since then, the medical community decided that a more continuous process was needed, first through periodic recertification and subsequently through the MOC process. Continuing medical education was part of the practicing physicians environment before MOC, but MOC formalized medical standing, CME, self-assessment, knowledge assessment and practice improvement.

Development of MOC by the medical profession allowed control of standard setting to be retained by the profession. Diplomates found that the initial attempt at MOC had too much emphasis on bureaucracy at times hindering rather than helping professional development. Now many Boards are engaged in trying to introduce evaluation during learning, making evaluation a side effect of the more important process, along with continuous professional development. As a small Board, the ABNM often does not have the resources available to bigger boards, even with the high cost of our MOC fee. However, a benefit of being small is that the board members and the executive staff are all practicing Nuclear Medicine Physicians. They have an immediate reality check on how new and changing requirements affect their own practices.

FDG-PET/CT was just becoming a widespread clinical reality when I joined the Board. PET/CT is a prime example of a “disruptive innovation”. The Board needed to appoint new members with expertise in anatomic imaging and made major changes in the certifying and recertification exams to reflect this change in practice. At about the same time there was an effort by the government to limit “high technology studies”; particularly hard hit was myocardial perfusion imaging. Both of these changes were disruptive to the Nuclear Medicine Physician community and especially young professionals. We all had to learn how to interpret CT, a process we subsequently learned to call MOC. CT changed our task from correlating with other imaging to primary interpretation. Over the past decade, there has been a vigorous discussion about how best to incorporate anatomy with our traditional role as molecular imagers. With the help of the Nuclear Medicine community, the direction now seems to be favoring combined ABNM and Radiology training. There are several experiments underway to define the best initial training in Nuclear Medicine, and MOC will also need to continue to evolve.

When I joined the Board, there had been a long drought in new radiopharmaceutical approval. The pace of introduction on new radiopharmaceuticals has certainly changed in the last few years. New radiopharmaceuticals are the lifeblood of the specialty. With the introduction of new radiopharmaceuticals, there has been a renewed emphasis on therapy. Both of these developments favor the unique knowledge and skills of Nuclear Medicine Physicians. We have weathered the challenges we faced during my early years on the Board. With the introduction of new radiopharmaceuticals, with the renewed emphasis on therapy, and with the ABNM's efforts to improve MOC, I leave the Board at a time when the future looks bright for Nuclear Medicine and for the ABNM.