



TRACERS

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Message from the Chair

Changes in the Nuclear Medicine Residency

By Christopher J. Palestro, M.D., Chair, ABNM

In 2007, for the first time in several years, the Nuclear Medicine Residency Training Program will undergo major changes. The most significant change, of course, is the increase in the length of the program from three to four years, including one year of clinical training followed by three years of nuclear medicine.

The single most important factor that led to the decision to increase the length of training was the proliferation of in-line PET/CT and SPECT/CT systems. At one time, it was sufficient for a nuclear medicine physician to be able to interpret planar images and to correlate them with radiographs as needed. This required only a basic understanding of gross anatomy and, perhaps, a willing radiologist colleague. The proliferation of high-resolution cross-sectional imaging procedures, both morphologic and functional, necessitated a more sophisticated, in-depth understanding of cross-sectional anatomy in order to accurately interpret nuclear medicine images. The requisite knowledge could be obtained by attending CME courses, reading textbooks, and, at times, reviewing images under the tutelage of trained individuals. The current training requirements in cross-sectional imaging, in fact, require only that residents be trained in "co-registration and image fusion of SPECT and PET images with computed tomography (CT) and magnetic resonance imaging studies."

The advent of in-line PET/CT and SPECT/CT systems changed the landscape, dramatically and irrevocably. It is no longer sufficient merely to use morphologic imaging studies, performed at a different time and perhaps in a different location, to facilitate the anatomic localization of abnormalities identified on functional imaging studies; rather, this new instrumentation makes it incumbent on those of us involved in these procedures to be pro-

ficient not only in correlating functional and morphologic findings but also in recognizing and reporting abnormalities that may be present in only one of the studies. We must also be knowledgeable about the performance of these procedures. Consequently, the new training requirements include "anatomic imaging of brain, head and neck, thorax, abdomen, and pelvis" so that the resident is "able to understand the correlation between anatomic and functional imaging.... The resident must acquire sufficient experience with such studies under the supervision of qualified faculty to be able to supervise the performance and accurately correlate the CTs associated with PET (or SPECT)/CT studies." To ensure that our residents attain these skills, the new requirements "include a minimum of 4 months' CT experience that may be combined with a rotation that includes PET/CT or SPECT/CT, although rotation on a CT service is desirable for part of the training."

The increasing importance of PET imaging in the clinical arena mandates increased exposure to this technology during training, and this too is reflected in the new program requirements, which are far more comprehensive and specific than the current ones and mandate training in cardiac, neurologic and oncologic PET.

Therapeutic radionuclide procedures have increased in number and in complexity in recent years, requiring more extensive training during residency and closer interaction with other disciplines. In fact, experience in radiation and medical oncology (one month rotations or the equivalent) is included in the new program requirements!

Having determined the need for additional training in functional and morphologic imaging and in therapy, the board had to decide how

Continued inside. See **Message**.

Note New Address:

The American Board of Nuclear Medicine
Suite 119, 4555 Forest Park Blvd., St. Louis, MO 63108

Are All Diplomates Expected to Participate in the ABNM's Maintenance of Certification (MOC) Program?

Henry D. Royal, M.D.



Henry Royal

The ABNM plans to implement its full MOC program beginning in January 2007. The ABNM has stated that it expects all diplomates, including those with lifetime certificates, to participate in MOC. The reason that the ABNM has used the word "expected" is because the board wanted to make it clear that if a diplomate chooses not to participate in MOC, that decision is contrary to the board's recommendation. The board believes that failure to participate in MOC will likely result in adverse consequences for the diplomate in the future. These adverse consequences may include increased difficulty renewing state medical licenses, getting paid for services rendered and getting credentialed for providing hospital-based services. These adverse consequences will be rendered by state licensing board, payers and credentials committees—not by the ABNM.

The ABNM will be phasing in its own consequences for not participating in MOC. Beginning with the 2006 examinations, can-

didates who take the certification examination and diplomates who take the recertification examination must sign an examination statement that says

"I understand that I must participate in the ABNM's Maintenance of Certification program and that failure to do so will result in forfeiture and return of my certificate."

In addition, the ABNM will be implementing a new feature on its Web site that will allow members of the public to find a board-certified nuclear medicine physician. This listing will include the year that a diplomate last took the recertification examination and whether that physician is participating in MOC.

More information on Maintenance of Certification—including a list of MOC frequently asked questions (FAQs)—can be found on the ABNM Web site under the MOC/Recertification tab. Your feedback on the MOC FAQs and other MOC topics is greatly appreciated. Send any comments to royalh@mir.wustl.edu. ■

The RRC: What It Is, What It Is Doing and Its Relationship to the Board

Tom R. Miller, M.D., Ph.D., Chair, RRC, Member, ABNM



Tom R. Miller

The Residency Review Committee (RRC) for nuclear medicine is one of many RRCs established by the Accreditation Council for Graduate Medical Education (ACGME). The RRC sets standards for residency training in nuclear medicine and evaluates and accredits individual training programs. Currently there are 60 approved programs, many of which have one or two residents, with a few programs training five or more residents. Training programs are accredited for a maximum period of five years; some programs that perform less well receive approval for only one or two years before a new site visit and review. The RRC may place a program on probation, potentially leading to withdrawal of accreditation, although, fortunately, that action is uncommon.

The most important recent development instituted by the RRC is the increase in the length of training for residents who have had only an internship (see http://www.acgme.org/acWebsite/RRC_200/200_prIndex.asp). Residents beginning in July 2007 will be required to spend three years in training—an increase from the previously mandated two years. This important development arose from the rapid changes in

our specialty brought on largely by the advent of PET/CT. Nuclear residents must now have expertise in CT and greater knowledge of oncology. Thus, residents will be required to spend a minimum of four months of training in CT and receive more training in oncology.

A second motivation for this expanded training arose from the perception that the brief two-year program—virtually the shortest of any ACGME-approved residency—did not permit development of sufficient clinical maturity for the graduate to function as a true nuclear medicine consultant to other clinicians.

Beginning in July 2006, the RRCs are required to increase scrutiny of residency training in the Six Competencies, an approach to resident education mandated by the ACGME and supported by the ABMS. All programs reviewed after that date will be expected to provide greater documentation than in the past of their training in this format.

The relationship of the RRC to the ABNM is an interesting one. While the RRC derives its authority from and is monitored by the ACGME, the ABNM is a distinctly separate entity operating under the aegis of the American Board of Medical Specialties (ABMS). Nevertheless, the RRC and the ABNM maintain close communication with each other, as do—to a certain degree—the ACGME and the ABMS. This interaction of the RRC and the ABNM is facilitated by the ACGME policy that two of the seven members of the RRC are active ABNM members appointed by the ABNM. Frequently, an ABNM member may sit on the RRC when a person appointed to the RRC by the SNM also happens to be an ABNM member.

The RRC determines the content of resident training in nuclear medicine, the length of training and the performance of individual programs, while the ABNM sets the requirement for eligibility to take the examination leading to certification. To put the relationship of the two organizations most simply: The RRC sets and monitors training, while the ABNM certifies.

The ABNM's relationship to the RRC is, perhaps, clearest in the reduced training duration for those with a prior residency, either in di-

NEW ABNM BOARD MEMBER

Leonie Gordon, M.D., is the director of the Division of Nuclear Medicine and the Radiology Residency Program at the Medical University of South Carolina in Charleston, S.C.



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best to incorporate it into the residency program. One way would be to substantially decrease, or even eliminate, training in other areas of our specialty and preserve the length of the residency. Which components, however, could be sacrificed? The number of in vitro studies routinely performed is steadily decreasing, and residency training in this area of our specialty comprises only a small percentage of the total program. Eliminating in vitro training, therefore, probably would not have freed up the time necessary for additional experience in PET and oncology, much less the four months needed for PET (SPECT)/CT. The importance of positron emission tomography cannot be overstated; nevertheless, other than for gallium tumor imaging, PET has not yet replaced single-photon radionuclide imaging studies, and consequently, significantly decreasing general nuclear medicine training was not a viable option. Thus, the only way to provide the comprehensive training was to increase the duration of the residency program.

There are consequences to this decision, not the least of which is a decrease of about one-third in the number of residents graduating annually. Nevertheless, after careful consideration of all options, when it became clear that the necessary training for the nuclear physician of the future could not be accomplished in three years, the board elected to increase the length of the residency program.

There are other less dramatic, though equally important, changes in the training program, which I have not addressed. I encourage all of you to thoroughly review the new program requirements, even if you are not involved in resident training. Successful training programs are dynamic and change with the times. The board welcomes your input, your comments, your suggestions and, yes, even your criticisms. ■

ABNM Increases Lifelong Learning and Self-Assessment Requirements

J. Anthony Parker, M.D., Ph.D., and Dominique Delbeke, M.D., Ph.D.

The ABNM has increased the lifelong learning and self-assessment requirements starting this year, 2006. The requirement for CME credits has been increased from 20 nuclear medicine-specific credits per year to 50 credits per year. A new requirement has been added that 8 of the nuclear medicine-specific credits need to be self-assessment credits.

Although the number of credits has more than doubled, much of the increase should represent activities that diplomates are already doing. Of the 50 credits, at least half (25 credits) need to be category 1 credits. Inclusion of non-category 1 credits recognizes that there are many activities that are important to maintenance of certification that are not recognized by category 1 credits. For example, reading books, journals and Internet articles qualifies as non-category 1 credit. Of the 25 category 1 credits, at least 70 percent (17.5 credits) need to be nuclear medicine-specific. Counting credits that are not nuclear medicine-specific reflects the fact that we need to maintain our general medical expertise as well as our nuclear medicine-specific expertise.

The new requirement that 8 of the category 1 credits need to be self-assessment credits represents the first of several requirements related to the change from recertification to maintenance of certification (MOC). Maintenance of certification has four parts:

1. Professional standing
2. Lifelong learning and self-assessment
3. Cognitive expertise
4. Performance in practice evaluation

The requirement that 8 of your credits need to include self-assessment relates to Part 2.

The ABNM Web site—<http://abnm.org/>—has an MOC tab that provides more information about MOC program. Also see the FAQs page, which provides answers to several questions about the new requirements.

SNM's Lifelong Learning and Self-Assessment Program (LLSAP)—<http://www.snm.org/llsap/>—meets the ABNM's requirement. LLSAP has self-assessment modules (SAMs). The modules provide different amounts of credit, but each module provides at least 2.5 credits. A large number of modules are already available on the SNM Web site, and many more will be shortly be available.

The upcoming changes in the ABNM requirements will relate Part 4, Performance in Practice Evaluation. The goal of the ABNM is to provide useful tools that will help in evaluation of your practice—while attempting to minimize any busy work.

The maintenance of certification program represents a major change. Some of the tools may be very useful to you; others may not help your practice. We would like feedback so that we can extend tools that are useful and change the tools that are not. ■

RRC. Continued from previous page.

agnostic radiology or another clinical specialty. The ABNM, exercising its authority to determine when a candidate has sufficient training to sit for the examination, is continuing its policy whereby residents with radiology training may take the examination after one year of nuclear medicine residency, while those with previous clinical experience require only two additional years of residency.

Thus, the RRC and the ABNM have a close relationship, with the two independent but allied organizations continuing their collaboration for the betterment of training of our residents. ■

Lifelong Learning and Self-Assessment Requirements

50 credits / year
at least 25/50 category 1 credits / year
at least 17.5 nuclear medicine-specific credits/year
at least 8/25 self-assessment credits/year

Log In to the New
ABNM Web Site

www.abnm.org



The American Board of Nuclear Medicine
Suite 119, 4555 Forest Park Blvd.
St. Louis, MO 63108

Log In to the New ABNM Web Site

The ABNM launched a new Web site in the spring of 2006. This Web site provides new features that will be essential to all diplomates in the future. All diplomates should log in to the Web site to activate their account and to update their contact information.

Activation of your account is a two-step process. In the first step, you enter your e-mail address and a password that consists of your birth date (enter six digits—mmddyy) and the first letter of your first name followed by the first five letters of your last name (Figure 1). If all three pieces of information (e-mail address, birthdate, name) uniquely match a diplomate in our database, the diplomate will be sent an activation code to ensure that the e-mail address is a working address (Figure 2). If a unique match is not found, you will be given several choices to pick from or you will be asked to contact the ABNM office.

Once the account is activated, the diplomate can log in using his or her e-mail address and predefined password.

All diplomates should check to be certain that their contact information is up-to-date. It is especially important that the ABNM has your correct e-mail address, since e-mail will be the primary form of communication that the ABNM uses with its diplomates in the near future.

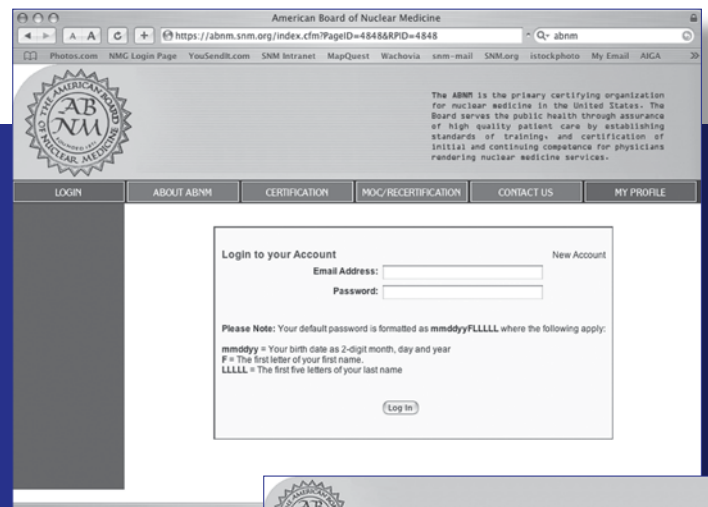


Figure 1

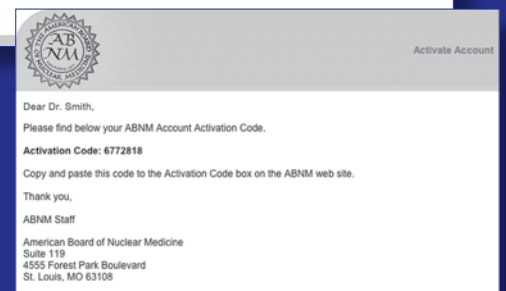


Figure 2

www.abnm.org

