

TRACERS

No. 3, Summer 2005

The American Board of Nuclear Medicine

Chairman's Message

I am writing to tell you about the activities of the American Board of Nuclear Medicine (ABNM). The most important functions of the ABNM are to certify physicians as specialists in nuclear medicine, through certification and recertification examinations, and to protect and enhance the value of nuclear medicine for the benefit of both society and diplomates.

The certifying and recertifying examinations were administered last fall for the second year via computer at testing centers throughout the country. Of the 123 candidates for initial certification, 89 became new diplomates. Fifty-seven of the 63 candidates for recertification passed the examination, almost all on the first attempt. The psychometrician employed by the board again found the examinations to be of high statistical quality.

Among the almost 5,000 ABNM-certified physicians, about 1,000 of you have time-limited certificates and must take the recertification exam every 10 years. Some people choose to take the examination one or two years before the deadline, and voluntary recertification is offered to all who wish to demonstrate their continuing competence in nuclear medicine. New members of the board are required to take the recertifying examination before joining.

A major effort is underway to increase testing in CT. With the advent of PET/CT, it is evident that nuclear medicine physicians must have significant skill in interpretation of CT. Thus, the ABNM is actively developing new questions to test candidates' knowledge in this area. This will not only assure the public that physicians who are ABNM-certified are competent to practice PET/CT. It will also increasingly allow diplomates to point to their certification as a demonstration of that ability. The content manual, available on the ABNM Web site (www.abnm.org), serves as a guide in development of new questions and

inclusion of existing questions on the examinations. That manual is now undergoing a major revision, specifically including categories for PET/CT and CT.

A significant fraction of diplomates supervise cardiac stress testing. Recognizing this fact, more questions on treadmill and pharmacologic stress are now included on the certifying and recertifying examinations. Unfortunately, many candidates perform relatively poorly in this area, especially in ECG interpretation. All of us who train residents or who perform stress testing are encouraged to redouble our efforts to become proficient in this important aspect of nuclear medicine practice.

The ABNM also devotes considerable effort to advancing the interests of its diplomates and promoting the development of nuclear medicine generally. For the past 2-3 years, the board has been engaged in dialogue with the leadership of the American Board of Radiology. We believe that our two boards and their diplomates have many things in common, and we would all be better served by cooperation than by confrontation.

The ABNM works actively with the SNM and with our umbrella organization, the American Board of Medical Specialties (ABMS). The ABNM's Executive Committee has regular meetings with these two organizations, currently focused especially on ABMS's Maintenance of Certification (MOC) initiative. MOC will soon be upon all of us, and the ABMS member boards and affiliated professional societies are actively working to prepare for it. The chair of our Committee on Maintenance of Certification, Tony Parker,



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

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and the head of the SNM's effort in this area, Dominique Delbeke (who is also a member of the board's MOC Committee), describe these activities in a separate article in this newsletter.

Another important function of the board is to establish training requirements for those seeking to take the Board examination. The Credentials Committee works hard to update and clarify training requirements and, especially, to address petitions from trainees whose backgrounds may differ from the standard model. The primary issue here is the requirement for a preparatory clinical year before beginning nuclear medicine training. Under certain circumstances, this requirement may be waived for trainees who have had significant clinical experience in a foreign country. This issue will be addressed further in a letter to the nuclear medicine program directors.

The work of your board is greatly facilitated by the skill and hard work of our Executive Director Henry Royal, who took over last year upon the retirement of our greatly admired and loved former director, Bill Blahd.

Finally, This is your Board. The twelve members of the Board are dedicated to serving your needs and to advancing the field of nuclear medicine. Please call or e-mail me at any time. I and all the Board members are eager to talk with you, learn your thoughts about the activities of the Board and see how we can all work together to strengthen and advance the field of nuclear medicine for the sake of our patients. ■

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- Axial, coronal, sagittal and 3D animated rotation
- Clinical background images and information
- At a later date, a clinical report generator

Component 4: Performance in Practice Evaluation

Initial development activity is focused on lifelong learning and self-assessment, component 2; however, an important aspect of this effort is the presentation of full image datasets and workstation capability. With the addition of a clinical report generator, a more realistic simulation of the actual nuclear medicine working environment will be produced. The report generation will provide outcome data, which will be compared to peer results; the comparison will be provided back to the ABNM diplomate.

In 2006, the ABNM will also require all diplomates to fill out a Web-based checklist. The checklist can be completed rapidly. It will provide a tool for you to use in identifying practice elements that the board considers important that you are not currently using or are incompletely performing.

The MOC© process will develop over a number of years. New elements will be added as they become available, e.g., ABMS's assessment tools. Elements that are not found to be useful will be discontinued. The goal will be to develop a program that is useful for the ABNM diplomates while trying to minimize unnecessary burden. Since the goal is to provide tools that are useful to your practice, the board is anxious to hear from you both now and after you begin the MOC process. ■



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Important Dates

- Certification and Recertification Exam: **Oct. 28, 2005**
- In-Training Exam: **Mar. 3-4, 2006**

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Sally J. DeNardo, M.D.
Chair, ABNM Newsletter Committee

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- Multimedia (video or animation)
 - Tables and figures
2. Multiple-choice questions: 20-50 per module
 - Board-type questions with one best answer
 - Critiques explaining the correct answer and why distracters are incorrect
 3. Interactive case studies: 10-20 per module
 - Full functional display program
 - Clinical background, images and multiple-choice questions with critiques

The modules offer a minimum of 20 CE credits each; the sets of cases offer a minimum of 10 credits each.

PET/CT and CT Interactive Cases

In addition to the Web-based modules, the SNM will be adding 150 PET/CT and 500 diagnostic CT cases. These cases will be available in sets of 50. Each set will offer CE credits. The first sets will be available in fall 2005. These interactive cases will include:

- Virtual workstation appearance and capabilities
- Full functional display program
 - Control of PET/CT fusion, zoom, pan and stack module
 - Full display defaults and choices for window, level and polarity

The American Board of Nuclear Medicine
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Changes

Henry D. Royal, M.D., ABNM Executive Director

Have you noticed that changes in medicine are occurring at an increasingly rapid rate? I certainly noticed significant changes at ABNM when I rejoined as executive director after having been away from the board for only about six years.

the prior newsletter indicate, maintenance of certification is right around the corner. When the board was first founded in 1972, it had only one significant contact with its diplomates, at the time when the diplomate took the certification examination. Time-limited certificates were introduced by the board in 1992; these required that the board have significant contact with its diplomates every ten years. Maintenance of certification will require that the board have significant contact with its approximately 5,000 diplomates on a yearly basis.

Your board is committed to making certain that ABNM certification increases in value over the years. The board's communications with you will be increasing. We plan to take advantage of e-mail as a cost-effective way to keep you up-to-date on ABNM activity. I am also very interested in having diplomates increase their communication with the board. Send me an e-mail at royalh@mir.wustl.edu, or a letter, at any time to express any concerns that you may have about the board. ■

When I left the board, ABNM was giving a certification examination at three sites in the United States and was giving an in-training examination (ITE). Now ABNM is giving a computer-based certification examination at 200 sites in the United States, giving the ITE at all nuclear medicine residency programs and giving a recertification examination (also computer-based and given at 200 sites in the United States). In addition, preparation of these examinations (from beginning to end) is now being done in the board's office.

I expect that the activities of the ABNM will increase even more dramatically in the next six years. As this newsletter and

What Is Maintenance of Certification (MOC)?

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

Five years ago the American Board of Medical Specialties (ABMS) voted unanimously to expand on and replace recertification programs with maintenance of certification (MOC©) programs—more comprehensive programs to assess the ongoing competence of physician specialists and their ability to provide quality health care in six general competencies:

- Medical knowledge
- Patient care
- Interpersonal and communications skills
- Professionalism
- Practice-based learning and improvements
- System-based practice

In the past, the certification process comprised successful completion of an approved educational program, an unrestricted medical license as evidence of professional standing and passing the certification exam. Now nuclear medicine professionals can no longer simply take an exam to renew a certificate; lifelong learning must be documented.

The ABNM MOC program is a process designed to document that nuclear medicine physicians maintain the necessary competencies to provide quality patient care in nuclear medicine. It is now an ongoing process and will require the assessment and improvement of practice performance by nuclear medicine physicians, as well as other physician specialists who wish to be certified, and/or maintain their certification, in nuclear medicine.

MOC Components and Requirements

There are four components of MOC. To renew a certification, a nuclear medicine physician will be required to present evidence of the following:

1. Professional Standing—Evidence of professional standing, provided by a medical license(s) that has no limitations on the practice of medicine and surgery.
2. Lifelong Learning and Self-Assessment—Evidence of a commitment to lifelong learning and involvement in a periodic self-assessment process to guide continuing learning. ABNM requires 20 nuclear medicine-specific CME credits per year. The Society of Nuclear Medicine (SNM) is developing this component.
3. Cognitive Expertise—Evidence of cognitive expertise based on performance on an examination. That exam should be secure, reliable and valid. It must contain questions about fundamental knowledge, up-to-date practice-related knowledge and other issues such as ethics and professionalism. This component consists of the recertification examination administered by the American Board of Nuclear Medicine (ABNM).
4. Performance in Practice Evaluation—Evidence of evaluation of performance in practice, including the medical care provided for common/major health and physician behaviors, such as communication and professionalism, as they relate to patient care. ABMS is developing tools, and SNM plans to develop management modules in the future.

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The Tragic Death of Robert J. Lull, M.D.



Robert J. Lull, M.D.

ABNM member Robert J. Lull, M.D. died tragically on May 19. Bob had served on the board for two years, most recently in the role of chair of the Credentials Committee. He was in line to take on the even more important task of chair of the Examination Committee.

Bob was chief of nuclear medicine at San Francisco General Hospital, professor of radiology at UCSF and director of the UCSF Nuclear Medicine Residency Training Program. During his long and distinguished career, Bob served as president of the American College of Nuclear Physicians and president of the San Francisco Medical Society. He was active in the Society of Nuclear Medicine, especially as president of the Academic Council and as a mentor to the Young Professionals Committee. He was active in numerous efforts to provide medical care to underprivileged people while still finding time to enjoyed numerous interests: sailing, photography, art and playing trombone with numerous groups. Bob will be missed greatly by the nuclear medicine community, both personally and professionally. ■

NEW ADDRESS



As of July 1, 2005 the new address of the American Board of Nuclear Medicine will be:

**4555 Forest Park Blvd.
Suite 119,
St. Louis, MO 63108.**

Check the ABNM Web site in July for the new phone and fax numbers.

www.abnm.org

LLSAP Topics and Contributors

Module	Topic	Contributors	Launch Date
1	Oncology PET and PET/CT	Lale Kostakoglu, M.D.	Fall 2005
2	Oncology CT	Paul D. Shreve, M.D.	Fall 2005
3	General Oncology and Therapy	Alexander J. McEwan, M.D.	Fall 2005
4	Cardiovascular: SPECT and PET	Elias H. Botvinick, M.D., and Marcelo F. Di Carli, M.D.	Fall 2005
5	Cardiovascular CT Angiography	TBD	TBD
6	Basic Science and Radiopharmacy	George Zubal, Ph.D., and Jeffrey A. Clanton, M.S.	Q1 2006
7	Neurology PET and PET/CT	Ronald L. van Heertum, M.D.	Q1 2006
8	Pulmonary Disorders	Kirk A. Frey, M.D., Ph.D.	Q2 2006
9	Endocrinology Disorders	Simindokht Dadparvar, M.D.	Q2 2006
10	Musculoskeletal Disorders	Christopher J. Palestro, M.D.	Q2 2006
11	Genitourinary Disorders; Pediatrics	Michael J. Gelfand, M.D.	Q3 2006
12	Gastroenterology Disorders	Alan H. Maurer, M.D.	Q3 2006
13	Hematopoietic, Reticulo-endothelial, In Vitro, and Other Body Compositions, Infections; Lymphatics	Christopher J. Palestro, M.D.	Q3 2006

NEW ABNM BOARD MEMBER



Harvey A. Ziessman, M.D., is director of nuclear medicine imaging, Department of Radiology, at Johns Hopkins University, Baltimore, Md.

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Component 2: Lifelong Learning and Self-Assessment (LLSAP)

The Society of Nuclear Medicine (SNM) is developing the Lifelong Learning and Self-Assessment Program (LLSAP) to fulfill Part 2 of the Maintenance of Certification requirements. The effort is being led by Alan H. Maurer (chair of SNM's Committee on Education), Dominique Delbeke (chair of SNM's LLSAP) and Lynn Barnes (SNM director of education).

The SNM LLSAP is an essential nuclear medicine self-assessment program that allows nuclear medicine healthcare professionals to assess their medical knowledge and competency in patient care, practice-based learning and improvement and systems-based practice. The program will ensure that the participants improve the quality of health care by integrating nuclear medicine and molecular imaging in everyday applications.

The SNM's program will begin in the fall with the first of 13 planned online modules.

Components of Each Module

Each module consists of the following components:

1. Syllabus focusing on the latest information and developments (last 3 years). May be in the following formats:
 - Links to literature, Web sites and review articles
 - Links to live meeting Webcasts
 - PowerPoint presentations

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