

MyMOC – Your ABNM MOC Web Pages

By Henry D. Royal, MD, Executive Director

The ABNM has developed secure Web pages for you to use to document your participation in MOC. Creation of a Web-based process is the only way that the ABNM can efficiently administer a comprehensive MOC program.

Logging in

All ABNM diplomates have a dormant account that needs to be activated before it can be used. Once activated, diplomates can log in to their own account. The Web site (<https://abnm.snm.org/index.cfm?PageID=4848&RPID=4999>) contains more information about how to activate your account.

You will need to update and/or confirm the accuracy of your contact information annually. An e-mail will be sent to you every 12 months and periodically thereafter to remind you to update your contact information. Once you have updated your contact information, the 12-month cycle will begin again.

Making sure that the ABNM has your current e-mail address is the responsibility of each diplomate. Over the next few years, e-mail will become the only form of communication ABNM uses for most of its messages.

Part 1 – Professional Standing

You will need to update or confirm the accuracy of your licensing information annually. When a license has expired, you will be notified by e-mail. You will be required to upload, e-mail or send by mail a copy of your license with its new expiration date.

The ABNM also gets reports of disciplinary actions taken by medical state licensing boards on an ongoing basis. Although the ABNM will contact you, it is your obligation to notify the ABNM if your license is revoked or restricted.

You will need to update or confirm the accuracy of your current work experience annually. You will be asked to provide information about your employment status (active, inactive, retired), your practice setting (academic, private, industry, other), the number of hours you work per week and the percentage of those hours you work in nuclear medicine. You will also be asked to further characterize the percentage of your nuclear medicine time you spend doing general nuclear medicine, cardiovascular nuclear medicine, PET or PET/CT and therapy. This information will be very helpful to the board in planning the content of the MOC examination.

Part 2 – Lifelong Learning and Self-Assessment

Each year you will need to update your CME credits. The ABNM's requirements are outlined on its MOC FAQ brochure

(http://abnm.snm.org/MOC_FAQ_Brochure.pdf). To minimize the time you spend doing data entry, you can link your ABNM entry form to SNM so that any CME you earned through SNM will automatically be entered. You will be asked to confirm that you want this link to occur.

In the future, we plan to link the ABNM CME entry form to the CME Gateway (<http://www.cmegateway.org>). This site will include CME earned from the following organizations: Radiological Society of North America, American College of Radiology, Society of Nuclear Medicine, American Roentgen Ray Society, Society of Interventional Radiology, American Society of Neuroradiology, Society for Pediatric Radiology and Commission on Accreditation of Medical Physics Education Programs Inc.

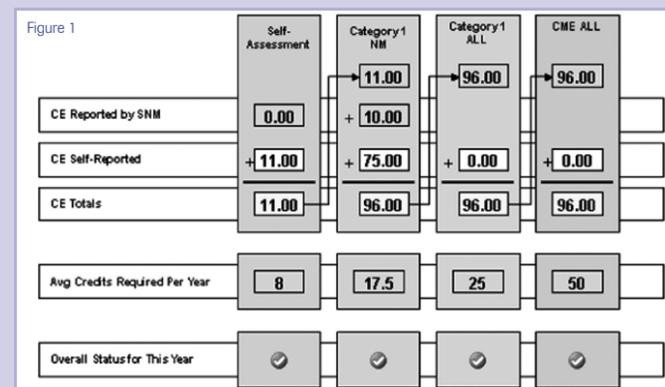


Figure 1 shows the annual data entry form. The only data you must enter are the CE credits reported on the CE self-reported line. When you have met the average credits required per year, the overall status for the year will change to a green checkmark.

Part 3 – Cognitive Examination

The application for the cognitive examination is online. You cannot apply to take the MOC (recertification) examination unless you are up to date in the MOC process. The exam application has been streamlined since some of the information required (e.g., licensing information) can now be obtained from part 1 of MyMOC.

Part 4 – Practice Performance Evaluation

Part 4 of MOC is under development and should be available in the near future.

Please contact the ABNM office, preferably by e-mail, if you have any questions or suggestions on how to improve My MOC. ■



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TRACERS

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THE AMERICAN BOARD OF NUCLEAR MEDICINE

Message from the Chair

The Early Bird Catches the Worm or the Early Worm Gets Eaten?

By J. Anthony Parker, MD, PhD., Chair, ABNM



J. Anthony Parker

I am sorry to have to report the death of one of ABNM's directors, Bruce Line. It is a loss to ABNM, to the nuclear medicine community and especially to his wife and family. The tribute by Tom Miller in the newsletter is representative of the thoughts of many of us who knew, admired and were fond of Bruce.

I have taken over as chair of the American Board of Nuclear Medicine (ABNM) from the able leadership of Chris Palestro. Under Chris's leadership, the ABNM is well along the way in responding to the call from the American Board of Medical Specialties (ABMS) to

Table 1

2006 ABNM CERTIFICATION/RE-CERTIFICATION RESULTS

Certification Examination:	
Number of Candidates who took exam	90
Number who passed	75
Pass rate	84%
Recertification Examination:	
Number of Candidates who took exam	63
Number who passed	61
Pass rate	97%

develop a maintenance of certification (MOC) program. The major goal for this year, rolling out the MOC program, is described in several articles in this newsletter.

The 2006 Certification and Recertification examinations were given last October, and the results are shown in Table 1. In subsequent years, the Recertification Examination, which is an integral part of MOC, will be called the MOC Examination. A list of our new diplomates and diplomates who passed the 2006 recertification examination can be found on the ABNM Web site <http://www.ABNM.org/>. Statistics on the In-training Exam given in March and are shown in Table 2.

In the past, the medical specialty boards did not actively keep in touch with their diplo-

Table 2

2007 ITE DEMOGRAPHIC SUMMARY

Exam Takers:	
Residents-US:	162
Residents-Canadian:	1
Non-residents:	9
Total Exam Takers:	182
NM Programs participating:	
US Programs:	55
Canadian Programs:	5
Total Programs:	60

mates. As we move forward it will be necessary to maintain close touch with you. We are anxious to transfer as much of the communication as possible to electronic communications. It is important for us to have up-to-date information, especially e-mail addresses. Please login to the ABNM Web site and update all of your contact information.

The Society of Nuclear Medicine's Lifelong Learning and Self-Assessment Program, under the leadership of Dominique Delbeke, has rapidly developed a rich set of modules that can be used to fulfill the ABNM self-assessment requirement. The ABNM expects to qualify several self-assessment modules (SAMs) from other organizations (e.g., RSNA) in the next few months. Organizations providing qualified SAMs will be listed on the ABNM Web site.

Our association with the Society on Nuclear Medicine has helped not only with providing the resources for MOC but also with moving the ABNM into the electronic era. MOC is a complicated program with many confusing requirements. A new section of the ABNM Web site, MyMOC, will simplify keeping track of all of these requirements and provide a personal record of the credits you have earned (see the article by Henry Royal).

The ABNM has been keeping in close touch with the American Board of Radiology (ABR). We have attempted to keep our MOC programs compatible so that most MOC activity can be credited to both programs. We have worked together with the ABR in qualifying

Continued inside. See **Message**.



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Roll Out of the ABNM's Maintenance of Certification (MOC) Program

MOC Committee

The ABNM is one of the 24-member boards of the American Board of Medical Specialties (ABMS). The ABMS has been a leader in the professional effort to define the MOC process. This year marks the rollout of the full ABNM's MOC program.

MOC consists of 4 parts:

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

Professional standing is documented by possession of an unrestricted medical license(s). Cognitive expertise is documented by passing a secure computer-based exam every ten years. The name of the Recertification Examination has been changed to the MOC Examination to reflect its incorporation into the MOC process. These two MOC requirements are the same as the recertification requirements. Parts 2 and 4 of MOC are new.

The ABNM part 2 requirements are defined in terms of CME credits.

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

The self-assessment CME credits can be obtained from the Society of Nuclear Medicine's Lifelong Learning and Self Assessment Program (LLSAP)—<http://www.snm.org/llsap/>.

Part 4, performance in practice evaluation, is evolving. The Society of Nuclear Medicine is actively working on a program to assist with completing the Part 4 requirement. An essential idea of part 4 is quality improvement, particularly the cycle of measurement, formulation of a plan for improving weaknesses, implementation and re-measurement. Many diplomates may already be involved in performance in practice evaluation. For those who are not, 2007 is the year to identify a project and plan its implementation.

At the January meeting of the ABNM, some changes in the MOC program were approved. Initially, the lifelong learning and self-assessment requirements were scheduled to begin in 2006. Since the board felt that these requirements were not adequately communicated, the start date was moved to 2007. Any modules completed in 2006 will be credited to 2007.

Diplomates with time-limited certificates will take the MOC examination on the normal ten-year cycle. The ABNM has no plans to change certification of diplomates with non-time-limited certificates, but the ABNM expects these diplomates to participate in MOC. In order to obtain the benefits of being classified as participating in MOC, diplomates will need to take the MOC exam on the following schedule:

- certified between 1972 and 1976, take the MOC exam by 2015
- certified between 1977 and 1986, take the MOC exam by 2016
- certified between 1987 and 1991, take the MOC exam by 2017

The ABNM recommends that diplomates plan to take the exam one or two years early, so that participation in MOC is not interrupted if for some reason they are unable to take the exam on time or if they do not pass the exam. Taking the exam early will not affect the time of the following MOC exam.

To encourage diplomates to start their MOC, the ABNM wants to make sure there is no advantage to delaying. At the January meeting it was decided to carry over unpaid 2006 MOC fees to this year. There will not be any late penalty this year. Diplomates who are still in-training can have their participation in MOC waived while they are still in training by having their program directors send a letter to the ABNM office confirming they are in-training. This confirmation letter will be required annually. Foreign diplomates can now participate in MOC by documenting that they have a valid unrestricted license to practice medicine in the jurisdiction that they practice. ■

Message. Continued from front page.

self-assessment modules; most of the SNM modules provide credit for both programs. We will continue to try to minimize any needless duplication between the two programs.

My own tendency is to delay as long as possible complying with new requirements. In general, it seems to me that "the early worm gets eaten." However, I believe there are some important reasons why the ABNM MOC program may be an example where "the early bird gets the worm."

Organizations controlling licensure, credentialing, certification and reimbursement are all considering programs similar to MOC. The medical boards hope that a transparent, credible, professionally controlled MOC program will be accepted by these other organizations. Professional control of this process will hopefully mean less bureaucracy and a more meaningful program. However, in order for these professional programs to be accepted, they need to be out ahead of the curve, and if anything we may need to do some catching up. We need to show we have an active, viable MOC program in place as soon as possible in order to maintain professional control of this process.

The other reason I personally like to hold back is that often it turns out you can skip the first several cycles of a new program without ever having to do them. The ABNM is committed to making sure that diplomates who embrace MOC earlier get an advantage from early participation both in terms of credits received and in terms of fees. For those who delay, getting up to date with MOC will mean obtaining all prior credits and paying all prior fees.

The ABNM believes that MOC will bring extra value to our diplomates. Participation in MOC is an indication that you are keeping your practice current. Board certification has always been an indication of specialty training and documentation of mastery of a specialized knowledge base, but now participation in MOC indicates ongoing active engagement in the whole gamut of MOC activities. The goal of the ABNM MOC program is not only to assist our diplomates with credentialing, certification, reimbursement and licensure but also to provide more credible confirmation of expertise to members of the public.

Please be an "early bird": log in, update your contact information and visit the My-MOC page. ■

Focus on the ABNM Founders

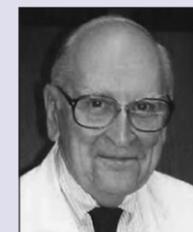
This is the first in a series of articles focusing on the breadth of unique contributions made by the founding directors of the American Board of Nuclear Medicine (ABNM). The ABNM was the first conjoint board to be established under provisions of the "Essentials for Approval of Examining Boards in Medical Specialties" of the American Board of Medical Specialties. It was sponsored by the American Board of Internal Medicine, the American Board of Pathology, the American Board of Radiology, and the Society of Nuclear Medicine and was formally incorporated on July 28, 1971, becoming a standalone board in 1986.

Frederick J. Bonte, MD, FACR, FACNP, was one of ABNM's eight founding directors. He was honored during this past year for his many contributions to his own institution, including founding and building the Department of Radiology UT Southwestern, serving as dean for many years. Notable also is his receipt of the prestigious SNM de Hevesy Award in 1995, along with his extensive scientific leadership in the imaging of dementia.

Bonte and His Department of Radiology Shared 50-Year Celebration

Adapted from an article in the Southwest Times by Katherine Morales.

The UT Southwestern Department of Radiology is celebrating its 50th year, and the man who started it all is continuing his work, which has spanned seven decades at the medical center. Dr. Frederick Bonte, director of the Nuclear Medicine Center, professor of radiology and holder of the Dr. Jack Krohmer Professorship in Radiation Physics, founded the department in 1956 when he arrived at UT Southwestern. With no other radiology professors, Dr. Bonte was a one-man show that first year, but in a short time was able to recruit a group of first-rate colleagues who helped him establish one of the leading programs in the specialty of radiology.



Frederick Bonte

"I was convinced that UT Southwestern was the place for me," said Dr. Bonte, now 84. "Despite starting from square one, my associates and I made it work."

A graduate of the medical school at Western Reserve University (now Case Western Reserve) in Cleveland, Dr. Bonte completed military service with the Army Air Corps in 1946. He then began a residency focusing on radiology and worked for the Atomic Energy Commission in a laboratory at Western Reserve. He first set eyes on the UT Southwestern campus in 1956 after getting a call from Dr. A.J. Gill, then dean of the medical school. Since that time, six of the department's trainees have gone on to become department chairmen, including Dr. Robert Parkey, current chairman of radiology at UT Southwestern.

While Dr. Charles Sprague served as president of UT Southwestern, Dr. Bonte was elected as the new dean of the medical school by his fellow department chairs, a post he filled from 1973 to 1980. During his deanship, he took an active role in national health policy issues involving changes in health-care services and reimbursements for teaching hospitals. But Dr. Bonte, who missed working in the clinical and laboratory setting, retired as dean in 1980 and became head of the newly created Nuclear Medicine Center at UT Southwestern.

What began as a one-man department in a single office on campus has blossomed under his guidance into an immense program with collaboration extending into nearly all departments on campus. "Dr. Frederick Bonte is a master radiologist and nuclear medicine physician-scientist," said Dr. Roger Rosenberg, director of the Alzheimer's Disease Center and holder of the Abe (Brunky), Morris and William Zale Distinguished Chair in Neurology. "He has contributed greatly to the neuroimaging research objectives of the Alzheimer's Disease Center, and we are most grateful for his encyclopedic knowledge of neuroimaging and his constant and enthusiastic support."

The department and Dr. Bonte were honored at the UT Southwestern In Vivo Cancer Cellular and Molecular Imaging Symposium Nov. 17, 2006. "I am most proud of our success in attracting some of the most talented and remarkable residents and graduate students and faculty throughout the years," said Dr. Bonte, who has been named by three successive Texas governors to radiation advisory councils and has published more than 250 scientific articles. ■

The ABNM Family Mourns the Passing of Bruce R. Line, MD



Bruce R. Line

It is with sorrow that we report the passing of Bruce R. Line, MD, an ABNM director and our colleague and friend. Bruce was professor of radiology at the University of Maryland and residency program director for nuclear medicine and nuclear radiology.

Bruce played an important role as a director of the ABNM, where he served in several leadership positions. He was also an ABNM representative on the Residency Review Committee (RRC) for nuclear medicine. For several years Bruce was vice-chair for general nuclear medicine on the SNM's Scientific Program Committee. In all of those roles, Bruce was a thoughtful and active participant.

Bruce succumbed to cancer after a relatively brief but valiant fight. At the time of his diagnosis, his cancer was widely disseminated. In my frequent talks with him after his cancer was discovered, he always was optimistic as well as realistic. He was determined to

proceed in all of his roles as a medical scientist, clinician, teacher and husband for as long as he could.

Bruce's research centered on angiogenesis-targeted radiation therapy. His active research included collaboration with Russian investigators. One of his last major efforts was submission of an NIH R01 grant application for which he was principal investigator. Sadly Bruce did not live long enough to advance that research or perhaps to personally benefit from it, but his determination to continue that work was an indication of his desire to fully live his life to fullest.

The ABNM family extends their condolences to Bruce's family and his many friends. The University of Maryland has established a research prize to honor Bruce's memory. Call 877-386-3766, or visit https://cf.umaryland.edu/lpc/30006_lcfx/fundformedicine/creditcard.cfm for details about how you can contribute. Bruce will be greatly missed by the many people whose lives he touched. ■

—Tom Miller

Log In to the New
ABNM Web Site

www.abnm.org