



# TRACERS

No. 2, Summer 2008

THE AMERICAN BOARD OF NUCLEAR MEDICINE

## IN THIS ISSUE:

- The Answers to the Most Frequently Asked Questions
- Changes Revisited
- Congratulations to our new diplomates who passed the 2007 certification examination!
- The ACGME and Nuclear Medicine Residency Review Committee

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## Message from the Chair

# A Changing Landscape within Nuclear Medicine

Marcelo F. Di Carli, MD



Marcelo F. Di Carli

Maintenance of Certification (MOC) has changed the relationship the ABNM has with its diplomates. Although it has not been easy, we are all beginning to accept that MOC is here to stay and is now an integral component of our professional lives. MOC is being regarded as a key instrument to reassure the public about physician competence and the quality of their care, and it may also become critical for maintenance of licensure. As we move on this 'journey', the ABNM will continue to work hard to meet its new responsibilities in this rapidly changing environment so that it can provide the credibility for its diplomates that will be demanded by the public.

Over the last few years, the ABNM has been discussing the future of the nuclear medicine specialist. The dramatic changes to our diagnostic armamentarium, which is now capable of providing detailed information regarding the body's structure and function at the cellular and molecular level (e.g., SPECT/CT, PET/CT, and PET/MRI), will allow improved diagnosis of disease and better patient care. These changes will likely improve risk definition, management guidance, therapeutic monitoring and outcome assessment, thereby promoting innovation and new clinical applications. They have also ignited an unprecedented convergence of disciplines with renewed interest in nuclear medicine (radiology, neurology, cardiology, radiation oncology, molecular biology, medical physics and chemistry).

In response to the rapidly changing clinical landscape in areas such as molecular and cross-sectional imaging, and radionuclide-based therapy, the ABNM has incorporated these as distinct cognitive components of both the certification and MOC examinations. In addition, the ABNM promoted necessary changes in the training requirements to allow enough time for trainees to acquire the skills required for the practice of contemporary nuclear medicine. It is too early to tell whether these changes alone will be sufficient to meet future challenges.

The number of young physicians seeking training in nuclear medicine has remained constant at a time when our field is growing in importance and clinical applications. This combination should result in new job opportunities which should attract an increasing number of well qualified trainees to our field. The proposed changes to training requirements in diagnostic radiology may present an opportunity for combined programs incorporating both diagnostic radiology and nuclear medicine leading to dual board certification for trainees with an interest in nuclear medicine. Radiology trainees may also find this option appealing because of the increasing importance of molecular imaging and radionuclide-based therapy in the clinical practice of nuclear medicine and the opportunities these fields are opening for those who would like to pursue an academic career. While the review and eventual approval of changes to training requirements is an ACGME responsibility, the nuclear medicine community at large should also engage in this debate

# The Answers to the Most Frequently Asked Questions

## CERTIFICATION EXAM-RELATED:

### 1. Does the ABNM accept preparatory postdoctoral training from nonaccredited programs?

If the preparatory postdoctoral training is not accredited in the United States or Canada, potential trainees must ask the ABNM to accept their prior training as being equivalent to the required training. Before the ABNM will consider such a request, the potential trainee must have a personal interview with a program director of an ACGME-approved nuclear medicine residency, and the program director must recommend that the ABNM accept the potential resident's prior training as equivalent to the required preparatory clinical year by submitting a completed assessment of equivalency of clinical training form. This form can be obtained on the ABNM Web site ([www.ABNM.org](http://www.ABNM.org)) or by e-mailing the ABNM office ([abnm@abnm.org](mailto:abnm@abnm.org)). After receiving the required information, the ABNM will make the final judgment regarding the equivalency of training.

## MOC-RELATED:

### 1. Does the ABNM grant waivers of MOC requirements while a diplomate is in another training program?

Yes, the ABNM will grant waivers of MOC requirements under the following circumstances:

a. For the calendar year after passing the certification exam, the fees will be waived; however, CME requirements are in effect.

b. If the diplomate is currently in an accredited training program, upon annual verification from the program director, the MOC fees and CME requirements will be waived during this training. Once the training is complete, the requirements (may be prorated if training is completed midyear) will be reinstated.

### 2. What are the MOC fees for and are there any late fees assessed?

The ABNM must identify appropriate MOC activities and document, on an ongoing basis, the activities of all of its diplomates to ensure that they receive credit for participating in required MOC activities. There are significant costs associated with the implementation and continuous monitoring of such a program. Our primary sources of income, examination fees and your generous contributions are not sufficient to meet these expenses. Therefore, after careful consideration, the ABNM decided to impose an annual MOC fee of \$150. The fee was initiated in 2006 to help pay for the startup costs of MOC. The ABNM does not intend to make a profit from MOC fees. If the revenues generated are greater than the expenses, the board plans to reduce the charge for the certification and MOC exams. In order to participate in MOC, diplomates must pay all MOC fees from 2006 or from the date of their initial certification, whichever is later. There are no late fees assessed at this time.

## Congratulations to our new diplomates who passed the 2007 certification examination!

Abraham, Tony	Klitzke, Alan
Adegbola, Onikepe	Krishnananthan, Ruben
Akbarpouranbadr, Aref	Kumar, Manish
Ali, Iftikhar	Lee, Jean
Almgrahe, Abdulaziz	Liberace, Val
Almodovar-Reteguis, Samuel	Ma, Jason
Alvarez, Rolando	Mattern, Matthew
Arora, Anupa	Miller, Gregg
Berenji, Gholam	Moroni, Eduardo
Berkowitz, Arnold	Mulcahy, Maureen
Billeaud, Paul	Murthy, Rajan
Borg, Clayton	Natwa, Mona
Bou-Assaly, Wessam	Naydich, Marsha
Bradshaw, Marques	Ng, David
Brandon, David	Niederkoher, Ryan
Bresley, Thomas	Panzegrau, Beata
Brewer, Kristen	Peters, Brandon
Brown, Tracy	Phillips, Shibu
Chang, Carol	Quijano, Carla
Chasen, Beth	Roman, Christopher
Chen, Richard	Rosal, Peter
Chuang, Hubert	Sanjar, Louis
Collins, Zachary	Santos, Elmer
Courtines, Michel-Alexis	Sepulveda, Julio
Dahlin, John	Sharifi-Amina, Soheil
Dockery, Keith	Sherpa, Kanchi
Eslamy, Hedieh	Shie, Philip
Essel, Adwoa	Shrikanthan, Sankaran
Green, Edward	Singh, Kamal
Griggs, Weishen	Stocker, Derek
Hall, Lance	Taswell, Carl
Han, Myo	Thaver, Ghulam
Hausmann, James	Thomas, Anita
Horky, Laura	Todorov, Gueorgui
Hsiao, Bernard	Tsakok, Josephine
Huang, Steve	Velez, Ivan
Imani, Farzin	Vetter, Christine
Jagasia, Priya	Weber, Kevin
Kanderi, Tanuja	Williams, Gethin
Khan, Ahsan	Williamson, Justin
Kim, Susanne	Yang, Steven

# Changes Revisited

Henry D. Royal, M.D.

The first articles that I wrote for Tracers when I became ABNM executive director in 2004 were about the rapid rate of change in medicine. Four years later, I can only tell you what you already know—the rate of change is ever increasing. Because my opinion is no better informed than anyone else's opinion, I will not speculate about what additional changes may be in store for medicine as a result of the presidential election; however, based on my involvement with several medical organizations, there are changes that I can predict with some confidence.

As you know, each state is responsible for licensing physicians and each state medical board has its own rules and regulations. The Federation of State Medical Boards (FSMB) is the umbrella organization that helps to standardize the process. On May 3, the FSMB House of Delegates took the next steps in developing a model policy for maintenance of licensure (MOL). This policy will assist states in requiring physicians to demonstrate their continuing competence as a condition of relicensure ([www.fsmb.org/m\\_mol.html](http://www.fsmb.org/m_mol.html)). The draft model policy requires physicians to take part in ongoing self-assessment and to demonstrate continuing competence in their areas of practice.

The FSMB House of Delegates also approved five guiding principles for policy development:

- Maintenance of licensure should support physicians' commitment to lifelong learning and facilitate improvement in physician practice.
- Maintenance of licensure systems should be administratively feasible and should be developed in collaboration with other stakeholders. The authority for establishing MOL requirements should remain within the purview of state medical boards.
- Maintenance of licensure should not be overly burdensome for the profession and should not hinder physician mobility.
- The infrastructure to support physician compliance with MOL requirements must be flexible and offer a choice of options for meeting requirements.
- Maintenance of licensure processes should balance transparency with privacy protections.

Currently, most physicians demonstrate their competence

to their licensing boards only once—when they first apply for a license to practice medicine. When MOL requirements are implemented by state medical boards, physicians will periodically be expected to demonstrate their competence in order to maintain active medical licenses. The ABNM expects that its maintenance of certification (MOC) requirements will satisfy all of the MOL requirements of the state medical boards. Diplomates participating in MOC will only be required to document their participation in MOC in order to maintain their licensure.

Another important change has to do with the American Board of Medical Specialties (ABMS), the umbrella organization for the 24 primary certifying boards ([http://www.abms.org/About\\_ABMS/member\\_boards.aspx](http://www.abms.org/About_ABMS/member_boards.aspx)). The ABMS has a new CEO and president, Kevin Weiss, who has launched a new public trust initiative. Central to this initiative is that the ABMS must be regarded as a trusted organization by members of the public. The ABNM's mission statement says, "The Board establishes the standards for training, initial certification and maintenance of certification for physicians rendering nuclear medicine services, thereby helping patients obtain high-quality health care." Boards are expected to act in the best interest of the public. The primacy of the public's interest and the autonomy to act in the public's interest are necessary to maintain the public trust. Without the public's trust, the profession would not be allowed to self-regulate. Many physicians do not keep this important distinction in mind when thinking about boards and their specialty societies. In contrast to boards, specialty societies act in the best interest of their members. The members of the society elect their leadership and determine the policies of their society. For boards, the agenda is largely set in response to the needs of the public. It is likely that the ABMS's public trust initiative will result in further standardization of each board's MOC program. As the ABMS's public trust initiative matures, we will keep you informed about how this initiative is likely to shape MOC in the future.

We are all struggling with the rapid changes in medicine and are trying to make certain that changes will be for the better. Not changing is not a viable option, because refusal to change will only lead to becoming obsolete and irrelevant.

Questions continued from page 2.

### 3. Can I use CME's obtained in other calendar years for the current year?

CMEs accrued during 2006 (start-up year for MOC) can be applied to 2007. Currently there is no limit to the number of CME credits obtained during a calendar year that can be applied to MOC requirements. CMEs obtained prior to 2006 will not be applied to MOC requirements.

### 4. Are there self-assessment modules (SAMs) available from other organizations in addition to those offered by the SNM?

Yes, the ABNM is working with other organizations to qualify SAMs for the diplomates. Links to the approved modules are listed on our Web site under Maintenance of Certification.

Message continued from page 1.

because it is critical to the future of our field. This has played and will likely continue to play a central role in the discussions within the ABNM. While it is difficult to predict what the future holds, I believe we should embrace this vision of change because it is critical to our future as a specialty and, most importantly, it is also in the public's best interest. ■

Log In to the New  
ABNM Web Site

[www.abnm.org](http://www.abnm.org)



# The ACGME and Nuclear Medicine Residency Review Committee

*Darlene Metter, Chair, Nuclear Medicine Residency Review Committee*

Established in 1981, the Accreditation Council for Graduate Medical Education (ACGME) is a nonprofit organization with a mission to improve health care by assessing and advancing the quality of resident physician education through accreditation. This task is performed through the 27 residency review committees or RRCs, one for each medical specialty, and an institutional review committee.

The Nuclear Medicine RRC (NM RRC) consists of six nuclear medicine physicians and one resident member. There are two appointees from each of the three founding organizations: American Medical Association, American Board of Nuclear Medicine and SNM.

The primary duties of the NM RRC are:

1. to set the standards for residency training in nuclear medicine with periodic review and revision (at least every five years; last revision July 2007) and
2. to evaluate and accredit all nuclear medicine residency programs through ACGME site visits that determine whether a program is in substantial compliance with the institutional,

common and specialty program requirements for resident education.

In 1971, the ABNM was created by the American Board of Medical Specialties (ABMS) to establish educational requirements for nuclear medicine training, evaluate physician competency in nuclear medicine, develop certification requirements, conduct certification examinations, and issue certificates to those who fulfill these requirements.

To ensure that the training requirements of the NM RRC matched the requirements for board eligibility and certification by the ABNM, there had to be a tight coordination between these two groups. This was accomplished through the membership in the RRC. Thus, the NM RRC and the ABNM set mutual program training requirements for board certification. The NM RRC is responsible for setting the mutual training/certification requirements and reviewing and accrediting the training programs. The ABNM is responsible for creating and administering the board certifying exam and issuing the appropriate certificates.

## Congratulations to our diplomates who passed the 2007 Maintenance of Certification examination!

Adams, Wayne	Ford, Sylvia	Kurziel, Karen	Pace, William	Sinha, Partha
Akin, Esma	Fournier, Robert	Lee, Jongwon	Paknikar, Subhash	Suriyanarayanan, Uma
Aktay, Recai	Francken, Gregory	Lewis, David	Paulk, Laura	Taneja, Sanjeev
Algeo, James	Frey, Kirk	Loftus, Randall	Perlman, Barry	Tatlidil, Rozet
Appelbaum, Alan	Gayed, Isis	Lotfi, Karan	Posillico, Louis	Van, Thanh
Armah, Kwasi	Glassman, Steven	Mandel, Adam	Ramanna, Lalitha	Vreeland, Thomas
Bloom, Matthew	Go, Stephen	Mankoff, David	Rao, Ramesh	Vuong, Hao
Camacho, David	Goldfarb, Leonard	McGrath, Peter	Rayne, David	White, Annette
Chesis, Paul	Gritters, Lyndon	Mercier, Gustavo	Rini, Josephine	Wilson, James
D'Agnolo, Alessandro	Ho, Chi-lai	Miller, Safiyun	Roumanas, Peter	Winner, Louis
Dass, Chandra	Idea, Raul	Minoshima, Satoshi	Salisbury, Steven	Wolek, Robert
Desai, Paresh	Johnson, Wendell	Nachar, Oussama	Schuster, David	Zinsmeister, Michael
Elgarresta, Lawrence	Joyce, William	Ozdemir, Savas	Sharpe, William	



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