Executive Director's Message

Message from the Chair

Message from the Associate Committee Chair

Message from the Associate Education Director

Executive Director's Message

IMPORTANT DATES

Results of the 2019 Certification/MOC Examination

New Diplomates 2019

2019 Contribution List

More Tracers Articles

COVID-19 related reasons, the ABNM has made the

Reasonable and is...

Moving in the Right Direction: Why Diversity Matters to the ABNM

ABNM Certification Trends, 1977–2019


...best received by our diplomates...
March 25, 2020

Nuclear Medicine Program Directors

Dear Director:

The COVID-19 public health emergency has impacted many people. In a letter dated March 13, 2020, we informed program directors that residents would be permitted to take an additional 2 weeks of leave (10 working days) in 2020 for all COVID-19 related reasons, including home quarantine.

We also recognize that cancellation/deferral of non-urgent medical procedures will reduce the number of diagnostic nuclear medicine studies performed in adults and children, and will also likely reduce the number of oral radioiodine therapies for hyperthyroidism if thyroid scans are deferred, and/or patients are maintained on anti-thyroid medication. The impact of COVID-19 on radioiodine treatment for thyroid cancer, and parenteral therapies for other cancers is likely to be less, but may still be significant.

Since it may be impossible for residents who complete training this year to obtain experience with the required number of studies, the ABNM has made a one-time modification of the case experience requirements in 2020 for all COVID-19 related reasons, as follows:

- Cardiovascular stress test supervision (exercise or pharmacologic) - 75 studies (normally 100 studies)
- Pediatric nuclear medicine - 75 studies (normally 100 studies)
- Radiotherapy with I-131 - 20 cases (at least 10 benign plus 10 malignant, including 3 ≤ 33 mCi and 3 > 33 mCi) (normally 30 cases)
  Parenteral therapies requiring a written directive – 3 cases (normally 5 cases)

Candidates for the ABNM certification examination are also required to be certified in advanced cardiac life support (ACLS). The American Heart Association is allowing a 60-day extension of ACLS instructor cards beyond the renewal date, and recommends that employers and regulatory bodies extend provider cards 60 days beyond renewal date. The ABNM is adopting this recommendation:

- ACLS certification – 60-day extension beyond renewal date of current provider cards.

If trainees do not meet these modified requirements, program directors will be required to provide the ABNM with an educational plan and request for exemption that will be considered on a case by case basis.

The ABNM will continue to work with program directors to mitigate the impact of COVID-19 on residents and training program during this challenging time.

Sincerely,

Jonathan E. McConathy, MD, PhD
George M. Segall, MD
Chair
Executive Director

JEM/GMS/mrf
March 12, 2020

Nuclear Medicine Program Directors

Dear Director:

The ABNM recognizes that the current ABNM policy on leave may not allow sufficient time for unplanned leave due to COVID-19, which may include 14 days of home quarantine. Trainees may be reluctant to make the right choice to be quarantined if they are concerned about extending training time or being ineligible for certification.

The ABNM leave policy states: "Leave for any reason, such as vacation, illness, or family leave, may be taken as permitted by the local institution’s graduate medical education office or equivalent, and/or applicable rules of the ACGME. In the absence of such rules, up to 6 weeks (30 working days) of leave is permitted per academic year. When Nuclear Medicine training is longer than one year, the average length of leave should not exceed 6 weeks per academic year. If leave exceeds these limits, as permitted or required by State or Federal regulations, the program director must have a plan approved by the ABNM to compensate for the lost educational time."

The ABNM has made the following modification to its leave policy to allow a one-time exemption for this year: “An additional 2 weeks of leave (10 working days) will be permitted in 2020 for all COVID-19 related reasons, including home quarantine.”

The ABNM realizes that an additional 2 weeks of leave may be insufficient to cover absence due to serious illness, inability to return to work due to travel restrictions, institutional closures, or other reasons. If the amount of leave taken by a resident exceeds 8 weeks during the academic year, program directors will need have a plan approved by the ABNM to compensate for the lost educational time.

The ABNM will work with program directors to mitigate the impact of COVID-19 on residents and training programs this year, and will re-evaluate the leave policy if the virus re-emerges next season.

Sincerely,

Jonathan E. McConathy, MD, PhD
Chair

George M. Segall, MD
Executive Director

JEM/GMS/mrf
Dear Diplomate,

The ABNM realizes that physicians may not have time for non-urgent professional activities during the COVID-19 public health emergency. Accordingly, the ABNM has extended the end of the first quarter of CertLink from March 31 to June 30, 2020 to give diplomates more time to answer the questions released in January 2020. No one will receive additional questions during this time (even those who have already completed their assignment), and no one will receive extra questions when new questions become available on July 1. The net effect will be a reduction in the total number of questions in 2020 by one quarter. This action will not have any impact on your CertLink performance, as shown on your dashboard.

Regards,

The American Board of Nuclear Medicine
Message from the Chair
Jonathan E. McConathy, MD, PhD - Chair, American Board of Nuclear Medicine

Dear ABNM Diplomates:

I hope that you and your family are well as you read this message. Most if not all of you are dealing with the professional and personal disruption caused by the COVID-19 pandemic. While ABNM-related issues may not be your top priority at the moment, be assured that our board members and ABNM staff are committed to providing continued service to our current and future diplomates. Our staff members are working remotely to ensure social distancing but remain available by phone and email to answer questions and concerns you may have. We will be communicating key information to you regarding the impact of COVID-19 on Nuclear Medicine programs, trainees and diplomates as the situation evolves. We recognize that trainees will likely be affected by illness, quarantine and work limitations at their institutions, and the ABNM recently made a one-time modification to our policy to allow an additional two weeks of leave for trainee absences related to COVID-19. We will work with individual residents and diplomates to mitigate the impact based on individual circumstances that may interfere with the normal course of training and testing.

Amid these unusual circumstances, the ABNM continues in its mission to assure that Nuclear Medicine physicians are equipped to deliver high quality diagnostic studies and therapies to our patients. I recently assumed the position of Chair of the ABNM following the outstanding leadership provided by Joanna Fair. As the Director of Molecular Imaging and Therapeutics at the University of Alabama at Birmingham, I am actively involved in clinical nuclear medicine as well as translational research. I joined the ABNM in 2016, and one of the real privileges of serving on the board is working closely with a team of people committed to advancing Nuclear Medicine. Our board members work on a voluntary basis along with our small staff and our part-time Executive and Associate Executive Directors. Throughout the year, we write and refine questions, develop our examinations, review credentialing applications, communicate with diplomates, and address issues that affect the field.

Over the next year, the ABNM has several specific priorities. This summer, we will assess the results and feedback from the CertLink® longitudinal examination pilot program for Maintenance of Certification (MOC). We plan to make a decision regarding the permanent implementation of Certlink as well as formulate a long term plan for the traditional MOC examination. Input from our diplomates, both positive and negative, has been very useful to the Board in terms of refining the content and format of Certlink questions. We currently have 922 diplomates participating in Certlink for MOC as well as 120 trainees answering Certlink questions for educational purposes.

We also plan to transition the ABNM examination question database to a modern electronic format this year. The Board has evaluated several software platforms and have identified options that will streamline question writing, examination construction, and curating the overall question pool content and quality. These platforms would also allow us to deliver the In-Training Exam (ITE) electronically with improved image quality and simpler logistics for training programs compared to the current paper version. While the question database is behind-the-scenes for those not on the ABNM, it is critical for providing valid and high-quality testing for certification and MOC.

Lastly, the open application process for new Board members will continue based on last year’s success. We believe this open process will help the ABNM maintain a diverse membership in terms of type of practice, geographical location and demographics that reflects our diplomates and Nuclear Medicine trainees. We received 30 applications for four open Board positions, and the vast majority of applicants were well-qualified for service on the Board. The Board will be sending out a call for applications in April, and we encourage both new and previous applicants to consider applying.

In closing, we remain committed to high quality training in Nuclear Medicine. We will work with our trainees and diplomates to navigate the difficulties posed by the COVID-19 pandemic. Despite this current challenge, the increasing interest in theranostics, recent FDA approvals of new radiopharmaceuticals, and the recent increase in trainees taking and passing the ABNM certifying examination bode well for the long term strength of our field. I am honored to serve as the Chair of the ABNM and look forward to working with my colleagues to support our diplomates and Nuclear Medicine.

Sincerely

Jonathan E. McConathy, MD, PhD

1030 Highlands Plaza Drive, Suite 511E Saint Louis, Missouri 63110-1343 • (314) 367-2225 • abnm@abnm.org • www.abnm.org
The ABNM fiscal year is January 1 through December 31. A full audit is conducted every two years by a certified public accounting firm, UHY. The firm conducts a less extensive financial review in alternate years. In 2019, UHY audited ABNM’s financial statements for the year ending December 31, 2018. The report dated August 1, 2019, noted total assets of $3,362,783 with a decrease of $100,105 compared to the prior year. The report also noted that ABNM financial statements conformed to generally accepted accounting principles.

The United States Income Tax Return, Form 990, filed by all non-profit organizations, is publically available. There are many websites that provide free access to the tax returns, including the returns filed by the ABNM. One such website is http://foundationcenter.org/find-funding/990-finder.

The ABNM started 2019 with a budget of $814,686 in operating (non-investment) income. At the end of the year, the estimated operating income was $903,910. Income was above budget mostly due to a larger than expected number of physicians taking the certification examination, and larger number of physicians participating in CertLink®.

The ABNM started 2018 with a budget of $814,686 in operating expense, which was $67,632 lower than the amount budgeted for the previous year due to cost containment measures taken during 2019, including the elimination of one full-time employee (FTE) position, and decreasing meeting costs. At the end of the year, the estimated operating expense was $839,755. Although expense was slightly above budget, it was still lower than prior year expense despite inflation.

The ABNM ended 2019 with a net operating income of 64,155, versus -$29,440 for the prior year. A break down of the major income and expense categories for 2019 is shown in the following diagrams.

The largest percentage of income (68%) was derived from Maintenance of Certification (MOC) annual dues. Annual dues were $150 when they were instituted in 2007. They were increased to $175 in 2010. The dues were increased to $400 in 2012, to offset the fee paid by diplomates for the MOC examination. As a result, the MOC exam fee, which was $2,050 in 2011, has been decreased by $205 per year. The exam fee was $410 in 2019, and will be phased out completely in 2021. Diplomates who enrolled in CertLink®, a longitudinal learning and self-assessment program launched on January 3, 2018 as an alternative to the MOC exam, paid a one-time registration fee. Starting in 2019, the cost for participating in CertLink® is included in the annual MOC fee.

Annual MOC dues were increased to $500 in 2019 after 6 years without an increase, but inflation made it impossible
The ABNM strives to be financially responsible, and is not indifferent to the financial burden of high annual MOC dues on diplomates. The ABNM is committed to improving MOC to be easier and more valuable for busy physicians. If more diplomates participated in CertLink®, annual dues could be decreased for all physicians.

The ABNM had $2.89 million in an investment portfolio on December 31, 2019, which is managed by Wells Fargo Advisors. The investment portfolio is the ABNM’s reserve fund for unexpected financial difficulties, and major new initiatives. The value of the portfolio increased 19% during 2018, but the recent bear market erased those gains. The ABNM is confident, however, that our balanced portfolio will weather recent changes over the long term.
Communications Committee Chair Message

Esma Akin, MD, FACR - Communications Committee Chair, American Board of Nuclear Medicine

Transparency and diversity among its diplomates have been a priority with ABNM. The board has recently modified its approach to membership elections and opened nominations for board membership to all ABNM diplomates including self-nominations. This was communicated to our diplomates through a wide network of electronic communication and social media and was met with enthusiasm and approval nationwide. The newly elected board members are embodiment of ABNM’s dedication to diversity, equity and inclusion. As the ABNM, we continue to foster our close relationship with many imaging societies through direct communication and our presence in national meetings. We have received positive feedback from our diplomates on our effective communication and prompt response throughout the CertLink platform. We continue to strive for excellence in communication with our diplomates and to be the best resource for your questions and concerns.
Dr. Ghesani was awarded the Best Clinical Mentor Award for his dedication to guiding and developing nuclear medicine physicians, both nationally and internationally. He is currently an Associate Professor of Radiology at Mount Sinai Medical Center and an attending in the Department of Radiology at NYU. When he was a junior faculty at St. Luke's Roosevelt Hospital in 1999, he received their “Teacher of the Year” award.

In December 2010, Dr. Ghesani established the International Rad Path Correlation Conference for international participants as an educational activity. In 2012, he began internationally mentoring a junior faculty member at AKH-Nairobi.

In December 2014, Dr. Ghesani along with Dr. Hyman established the SNMMI Hyman-Ghesani Scholarship Award for the global advancement of nuclear medicine education.

He is also a founder of the NYU Chapter of Rad-Aid International and Director of Rad-Aid Tanzania.
As we embark on a new decade, we reflect on all the accomplishments as well as recognizing that we have a bright future ahead. ABNM has made many changes to maintenance of certification by adding Certlink and we continuously strive to improve what we do. The ABNM wants to serve its diplomates successfully and communicate well so that we understand all issues concerning and maintaining board certification. ABNM board wants to be diverse in geographic locations as well as in practice patterns, gender, and length of board certification. We want to include diplomates who are lifetime certificate holders, time limited certificate holders, and dual-board certified.

As we reflect on the diversity of our diplomates, we also look at our office staff and our board of directors. We currently have 3 dedicated office staff members - two women and one male who all are dedicated to the ABNM and make sure we are successful in all our endeavors and are committed to serving you. We recently appointed four new board members after instituting a new nomination process which was very positively received as being transparent and inclusive. Our newest Board of Director members are diverse and are a good representative of practicing diplomats. They recently attended their first board meeting as observers. Currently ABNM board has 12 members - seven of which are international medical graduates. We have 4 female board members and 8 male board members, representing private practice, military, dual certified and academic practices.

In this era of change and concern about ABMS board certification, it is essential for ABNM to choose the right people to lead the organization. We feel we have achieved this and will continue to make sure we represent all our diplomates. ABNM could not fulfill its mission without the hard work of its volunteer board of directors who are constantly working to better serve our community and the public.

Leonie Gordon
Associate Executive Director

Message From the Associate Executive Director
Leonie Gordon, MD - Associate Executive Director, American Board of Nuclear Medicine
Dr. Segall is currently a professor in the Department of Radiology at Stanford University. From 1986 to 1988, he was a nuclear medicine resident at this institution and has been a faculty since 1988. He has also worked at the Palo Alto VA since 1986, including being the Chief of their Nuclear Medicine service since 1998. The first clinical PET scanner in Northern California was installed at the Palo Alto VA in 1991, one of 5 installed nationally at that time in VAs. In 2006, a cyclotron was also installed that this VA as one of the first public-private partnerships to expand the availability of PET radiopharmaceuticals.

In 2017, Dr. Segall received the Peter Valk Memorial Award from the PET Center of Excellence in Denver, Colorado, recognizing his significant contributions to the advancement and clinical adoption of PET.

In 2014, Dr. Segall became the Executive Director of the ABNM.
I started my career in Nuclear Medicine when I moved to Vanderbilt University Medical Center in 1986. My path to Nuclear Medicine was not straightforward, as I had no previous training in the field and had only limited exposure to Radiology and Nuclear Medicine during medical school, my post-doctorate work and residency.

I completed Medical School at the Free University of Brussels followed by a 4-year residency in Clinical Pathology at the same University. As a medical student, I was participating in research on the mechanisms of regulations of thyroid hormones secretions in a research laboratory associated with the Medical School. My mentor and Director of the laboratory, Jacques-Emile Dumont suggested that I specialized in Clinical Pathology because of my research experience with laboratory techniques and radioimmunoassay. I moved to the United States in 1982 for family reasons and did research as a Postdoctoral Associate in the Pharmacology Department at Yale University for 2 years before passing the USLME exams and completing my residency in both Clinical and Anatomical Pathology.

My move to Nashville and Vanderbilt was late in the year and there were no openings in Pathology upon my arrival. I was fortunate to be introduced to Martin Sandler, Director of Nuclear Medicine, and he offered me a residency position in Nuclear Medicine. I was later hired as a staff physician in Nuclear Medicine and benefited from working with great mentors. I became actively involved in resident training in Nuclear Medicine and was promoted to full Professor at Vanderbilt Medical School. I subsequently founded the PET Center at Vanderbilt and was promoted to Director of Nuclear Medicine at Vanderbilt when Martin Sandler was elevated to Vice Chancellor of the Medical School. During this time, I also became actively involved in the Society of Nuclear Medicine and was elected President of the Society and later served as Editor of The Journal of Nuclear Medicine. I also served as a director of the American Board of Nuclear Medicine.

I enjoyed the change from Pathology to Nuclear Medicine because of the interactions with the patients, being exposed to the complex physiology and physiopathology of the body, and being able to treat patients. The field of Theranostics continues to expand, providing increased opportunities for Nuclear Medicine physicians to expand their practice with field imaging and treating patients with the same radiopharmaceutical labeled by different isotopes. In addition, Nuclear Medicine utilizes SPECT and PET radiopharmaceuticals for additional diagnostic opportunities.

In the United States, Nuclear Medicine is a section of Radiology in many institutions, whereas in Europe and other continents, Nuclear Medicine is a totally independent specialty. The American Board of Radiology considers Nuclear Radiology a subspecialty of Radiology; however, it is one of the 24 Boards recognized by the American Board of Specialties. In addition, there is the related field of Nuclear Cardiology which is included in the residency training of Nuclear Medicine. It is a subspecialty of Cardiology with different levels of certifications according to the length of training.
Welcome to Our New Board Members
Meet the Newest Members of the ABNM

K. Elizabeth Hawk, MS, MD, PhD – Faculty, Stanford School of Medicine, Department of Radiology, Division of Nuclear Medicine, Stanford, California

Kristina Elizabeth Hawk, MS MD PhD is a Nuclear Medicine Physician and Neuroradiologist. As a physician scientist, integrated MD/PhD training helped build a foundation to explore translational research efforts, using a full and intricate understanding of the research process, and the developed ability to understand, discuss and teach new emerging concepts. Eager to expand her passion into the field of Medical Radiation Physics, she also completed a separate Master’s degree in Medical Radiation Physics. Dr. Hawk is faculty for the Stanford School of Medicine, Department of Radiology, Division of Nuclear Medicine, and also practices radiology in the Matrix Division of Radiology Partners.

Liza Lindenberg, MD – Associate Research Clinician; Chief, Nuclear Medicine Service for Molecular Imaging Program, National Cancer Institute, NIH, Bethesda, MD

Dr. Lindenberg started her medical career as a US Army family medicine physician, she then discovered nuclear medicine, and pursued a fellowship in 2006 where she enjoyed clinical practice at Walter Reed Army Medical Center. Dr. Lindeberg later transitioned into the Commissioned Corps of the US Public Health Service, and became dedicated to its mission of protecting, promoting, and advancing the health and safety of our Nation through innovative research at the National Institutes of Health and has worked in Dr. Peter Choyke’s Molecular Imaging Program with the National Cancer Institute since 2010.

Yusuf Menda, MD – Division Director, Nuclear Medicine; Medical Director, PET Imaging; Program Director, Nuclear Medicine Residency; Professor of Radiology - Division of Nuclear Medicine and Professor of Radiation Oncology, The University of Iowa, Iowa City, Iowa

Dr. Menda is the Division Director of Nuclear Medicine, Medical Director of PET Imaging and the Program Director of the Nuclear Medicine Residency Training Program at the University of Iowa. As a Professor of Radiology (division of Nuclear Medicine) and Professor of Radiation Oncology, Dr. Menda has an active and diverse clinical nuclear medicine practice which includes all aspects of general nuclear medicine including PET-CT imaging, therapy, pediatric studies and nuclear cardiology. Additionally, his primary clinical and research interest is in targeted radionuclide therapy, specifically in dosimetry guided therapies of malignancies. Dr. Menda is on the Editorial Board of the Journal of Nuclear Medicine and serve as a reviewer for a number of journals, including European Journal of Nuclear Medicine, Radiographics, Nuclear Medicine and Biology.

Ryan D. Niederkohr, MD – Chair of Nuclear Medicine, The Permanente Medical Group, Santa Clara, California

Dr. Niederkohr is the Chair of Nuclear Medicine at The Permanente Medical Group (TPMG), he oversee nuclear medicine operations at 22 Kaiser Permanente medical centers throughout the Northern California (San Francisco Bay Area and surrounds) region. TPMG has a group of 35 nuclear medicine physicians, which is among the largest nuclear medicine physician groups in the USA, performs the full scope of nuclear medicine practice including “conventional” (gamma, SPECT, SPECT/CT) imaging, PET/CT imaging, and radionuclide therapeutics. TPMG physicians were one of the very few non-university medical groups to participate in the Lutathera Expanded Access Program, and we were among the very first non-university medical centers in the country to offer Lutathera following FDA-approval.
THANK YOU TO ALL OUR DONORS

2019 Contribution List

Radium
($2000-above)
Vaseem Chengazi, MD, PhD
George Segall, MD

Iodine
($200-$499)
Reza Berenji, MD, MS
Jorge Brito, MD
Eva Dubovsky, MD
Sung Kim, MD
David Mankoff, MD
Yogeshkumar Patel, MB BS
Scott Perlman, MD
Scott Sherman, MD
James Woolfenden, MD

Indium
($500-$999)
Esma Akin, MD
Bennett Greenspan, MD
Robert Matthews, MD
J. Anthony Parker, MD, PhD
Rudolph Sada, MD

Technetium
(Up to $199)
John Schultz, MD
Maria Lindenberg, MD

The ABNM appreciates all the Diplomates who support the ABNM by paying MOC fees and voluntary contributions every year. In addition, we would like to thank the above listed Diplomates for their generous support of the ABNM through a financial donation in 2019.
New ABNM Diplomates

CONGRATULATIONS TO OUR NEW DIPLOMATES WHO RECENTLY PASS THE ABNM INITIAL CERTIFICATION EXAMINATION LAST OCTOBER 2019.

Mariam Aboian, MD, PhD
Armen Aivazi, BS, MD
Muhammad Alkaphoury, MD
Reza Assadsangabi, MD
Yoram Baum, MD
Lisa Bodei, MD, PhD
Brian Bones, MD
Jasmine Branchcomb, MD
Matthew Brown, MD
Kathryn Darras, BA, MD
Elizabeth Dibble, MD
Timothy Dinh, DO
Islam Elhelf, MB, BCh
Ahmed El-Sabbagh, MD
Scott Fleming, MD, BS
Tyler Fraum, MD
Saul Friedman, BSc, PhD, MD
Sharon Gershony, MD, BSc
Monica Gerst, MD
Jason Gillum, MD
Shahar Glomski, MD
Khushboo Gupta, MBBS, DRM, DNB-NM
Jeffrey Guzelian, MD
Yoona Ho, MD
Eric Hu, MD
Sandra Huicochea Castellanos, MD
Tarun Jindal, MD
Krystyna Jones, MD
Andrew Kaiser, MD, BS
Grace Kalish, MD
Minnie Kieler, MBChB, MPhil Public
Katrina Korhonen, MD
Courtney Lawhn Heath, MD
Jillian Lazor, MD
Sonia Mahajan, MBBS, DRM
Shmuel Mahgerefteh, MD
Bret Martell, MD
Jessica Martin, MD
Nathan McWhorter, DO
Michael Morris, MD, MS
Ghulam Mustafa, MD
Vahab Nemati, MD
Maansi Parekh, MBBS, DNB
Eunkyung Park, MD, PhD
Ali Pirasteh, MD
Lila Pourzand, MD
Ali Aria Razmaria, MD, MSc
Trustin Saam, MD
Babak Saboury Sichani, MD, MPH
Kanta Saha, MD, MBBS
Lina Samargandy, MBBS
Yashesh Shah, MD
Hina Shah, MBBS, DNB
Ayub Suleiman, MD
Shahein Tajmir, MD
Powen Tu, MD, PhD
Abbas Tuli, MD, MPH
Oscar Vazquez, MD
Jiaqiong Wang, MD, PhD
Colin Young, MD
Fang Zhu, MD, PhD
CONGRATULATIONS TO OUR DIPLOMATES WHO RECENTLY PASS THE ABNM MAINTENANCE OF CERTIFICATION EXAMINATION LAST OCTOBER 2019.

John F. Arnold, MD, MBA

Luvenia W. Bender, MD

Donald Carl, MD

Mikhail Doubrovin, MD, PhD

Isis Wadie Gayed, MB BS

Kristina Elizabeth Hawk, MS, MD, PhD

Maurice Earl Heard III, MD

Jose Miguel Hernandez Pampaloni, MD

Maria Lindenberg, MD

Parren Scott McNeely, MD

Yusuf Menda, MD

Steven A. Messina, MD

Ryan Daniel Niederkohr, MD

John H Oldershaw, MD
2019 CE/MOC Exam Pass Rate

Pass Rate

CE
89.86%

MOC
87.50%

Initial Certification Examination (CE)
62 Pass
7 Fail
69 Examinees

Maintenance of Certification Examination (MOC)
14 Pass
2 Fail
16 Examinees
The American Board of Nuclear Medicine (ABNM) was incorporated in 1971, a time when no Accreditation Council for Graduate Medical Education (ACGME)-accredited nuclear medicine training programs existed. The first certification examination was given in 1972. For the first 5 years, physicians could take the examination if they were certified by 1 of the founding specialty boards (radiology, internal medicine, or pathology) and met other requirements. Training in an ACGME-certified nuclear medicine program became a requirement in 1977. The length of nuclear medicine residency training was initially 2 years. The average number of candidates taking the ABNM examination each year from 1977 to 2007 was 105, and the average number of candidates who passed the examination was 74 (Fig. 1).

In 2007, the length of training was increased to 3 years, and the number of candidates taking and passing the examination declined to 88 and 70, respectively, for the years 2008–2015. During the same period, the number of accredited nuclear medicine residency programs declined from 56 to 43, and the number of residents in training declined from 149 to 93. The increase in the length of training had an unanticipated adverse impact on the number of physicians entering nuclear medicine residency programs. This decline continued in recent years as a result of changes in health care and the poor job market for nuclear medicine physicians who were not also certified in radiology.

The nadir was reached in 2016. Since that time, the numbers of physicians in nuclear medicine training programs has increased, as has the number of physicians certified by the ABNM. This positive trend is partly the result of new integrated training pathways in nuclear medicine and radiology that allow physicians to complete training required for both specialties in 4–5 years. The increase is also due to development of new radiopharmaceuticals for diagnosis and treatment, which has made nuclear medicine training more appealing to young professionals. This year, 69 candidates took the certification examination and 62 passed, compared to 54 and 43, respectively, in 2016.

The same forces responsible for these trends are responsible for changes in the number of ABNM-certified physicians who are also certified by another member board of the American Board of Medical Specialties (ABMS). From 2001 to 2016, 49% of ABNM physicians were also certified by the American Board of Radiology (ABR), and 24% were also certified by another ABMS member board. Since 2016, the percentage of ABNM physicians also certified by the ABR has remained steady, whereas the percentage of ABNM physicians also certified in internal medicine or other specialties has fallen to <10%. In the future, the ABNM expects the percentage of physicians who are also certified by the ABR to increase. It remains to be seen how recent developments in targeted radionuclide therapy and the increasing number of therapies being performed will affect these trends.

The ABNM sees a bright future for nuclear medicine and is encouraged by the recent number of young professionals interested in the specialty. The ABNM is committed to ensuring that nuclear medicine continues to be strong.
Over the past 3 years, the American Board of Nuclear Medicine (ABNM) has embraced change, much of it designed to improve diplomates’ experience and strengthen the board’s value. ABNM strives to have the examinations, longitudinal assessment programs, and evaluation of testing processes meet the highest standards. Diversity in board members assists in achieving these goals. The ABNM recognizes that diversity extends beyond issues of age, gender, language, and race. The board realizes that members should reflect the demographics of diplomates who make up the nuclear medicine workforce. The ABNM appreciates that these demographics can change over time and is familiar with compelling evidence that diversity yields immense benefit for the professional boards and their diplomates. The American Medical Association reported that, over the past 10 years, the number of women physicians (including residents) has grown more than 43%, and radiology is among the top 10 specialties for women. A study of women in radiology presented at the American College of Radiology 2015 annual meeting showed that women in leadership positions rose slightly from 2004 to 2014, with the percentage of women in the chair role at 9.6% in 2014, barely over the 8% figure from 2004. It is difficult to separate out accurate data for women physicians in nuclear medicine, but we remain underrepresented in the United States and Canada—specifically in academic and leadership positions, according to a recent study published in the American Journal of Roentgenology (1). Among nuclear medicine specialists, women were underrepresented in leadership roles, with 7.8% being identified as leaders. The ABNM regards membership on our 12-member board as a leadership position.

The ABNM believes that broader representation on the board would lead to overall improvement in board activities, examinations, and assessments. The board believes that diversity has value for diplomates in supporting learning, identifying with board members, and overall improvement of patient care. The ABNM recently analyzed the characteristics of board-certified physicians (diplomates) and wanted to make sure that those characteristics thought to be valuable and important for board operations were reflected in the board membership. The characteristics examined were gender, age, practice settings, dual certification, and geography. Nineteen percent of ABNM diplomates are women, and 42% of board members are women. The Accreditation Council for Graduate Medical Education’s Data Resource (2016–2017) reports that 38% of residents in nuclear medicine are women; this is reflected in the ABNM board composition. The associate executive director of the ABNM is a woman. When age was analyzed, ABNM diplomates were divided into 2 groups: young professionals who were initially certified less than 10 years ago and senior professionals who were initially certified more than 10 years ago. Fifteen percent of ABNM diplomates are young professionals, and 17% of board members are young professionals. Fifty percent of ABNM diplomates are also certified by the American Board of Radiology (ABR), with the same percentage of board members being dual certified. Eighteen percent of diplomates are certified by another American Board of Medical Specialties board other than the ABR, and 8% of board members are also certified by another non-ABR board. Minority representation (African Americans, American Indians and Alaska Natives, Asians and Pacific Islanders, and Hispanics) on the ABNM board was not addressed, because those data are not readily available. This is, however, recognized as an important part of diversity.

Clear evidence indicates that women are underrepresented in academic and leadership positions and that this underrepresentation is not attributable to academic performance or level of interest (1). For the first time this year, the ABNM had an open call for nominations for new board members that was sent to all actively practicing diplomates. The board received 7 applications for each available position, with 5 male applications for every female application. Although the number of women nominees may not be as high as the board would have liked, ABNM hopes to inspire more diplomates to volunteer their time and serve on the board once they realize that the board values gender diversity. In the past 6 years, 4 board chairs (66%) were women. It is hoped that women who have been ABNM chairs and board members will serve as mentors and role models to encourage more women diplomates to become involved in ABNM activities.

The ABNM recognizes that the demographics of ABNM-certified physicians are changing and continues to strive to reflect this diversity in board composition. It is an exciting time for the practice of nuclear medicine, with the evolution of theranostics and new PET tracers. The ABNM believes that diversity on the board will ensure that the ABNM sets the highest professional practice standards that are relevant and valuable for all diplomates.

REFERENCE