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 appointed points 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.

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• 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

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 being regarded as a key instrument to re-assure the public about physician competence and the quality of their care, and it may also become critical for maintenance of licensure.

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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.

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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, Canadian medical 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 training. Once the training is complete, the requirements (may be waived 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 consultation, 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.

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 say 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 those states requiring physicians to demonstrate their continuing competence as a condition of relicensure (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 improvements in professional 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 MOC 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). 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 ABMS’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 leader 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 CMEs obtained in other calendar years for the current requirements?
   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 2007. Currently there is no limit to the number of CME credits obtained during a calendar year that can 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.

Continued on page 3. See Questions.
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, postdoctoral 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) or by e-mailing the ABNM office (abnm@abnm.org). After receiving the required information, the ABNM will make the final judgment regarding the equivalency of training.

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Adams, Wayne
Ford, Sylva
Kurdizel, Karen

Altavilla, Laura
Feinstein, Robert
Luo, Jie-Qun

Alsayyad, Rozai
Franciscon, Gregory
Loos, David

Algers, Jarmo
Frey, Kirr
Lotfi, Karen

Aptaat, Alar
Gayed, Ias
Mendol, Adam

Arms, Keesi
Glassman, Steven

Bisogni, Matthew
Go, Stephen
Mackoff, David

Carretto, David
Goldsher, Leonard
McGraf, Peter

Choeiu, Paul
Griffrins, Lyndon
Mercier, Gustavo

Di /Diego, Alessandro
Ho, Chi-Hui
Miller, Salfus

Diao, Chandra
Ida, Paul
Miraventona, Sattish

Doua, Parash
Johnson, Wendell
Nachtar, Guissana

Egebritsen, Lawrence
Joyce, William
Ozdemit, Savas

Paco, William
Sinha, Partha

Parthasarathy, Subrahmanya
Subhadra, Sri

Pauta, Laura
Tanaka, Sanpo

Perdomo, Barry
Tatttoli, Rust

Poulsen, Lisa
Van, Tho

Ramsay, Latisha
Woolf, Thomas

Rao, Naveen
Yung, Hau

Rana, Robert
White, Arvettta

Rosa, Josepha
Wilson, Werner

Richman, Peter
Saldiny, Steven
Wenzel, Robert

Schuster, David
Sonnenberg, Michael

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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 levels (e.g. PET/CT, 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, nuclear medicine, 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.

www.abnm.org