



## Highlights of ABNM July 2010 Meeting—Barry L. Shulkin, M.D., MBA



Barry L. Shulkin, M.D., MBA  
Chair

The majority of this meeting was devoted to the certifying examination, MOC examination, and in training examination. Our statistician reviewed the concepts of modern testing and statistical criteria for a well performing question. Subsequently, the Examination Committee spent several hours reviewing questions on the 2010 CE/MOC exam and determining the passing score. ABNM directors are responsible for the content and make up of the examination. Each of the tests is revised yearly. Directors write many new questions in assigned areas yearly. New questions are extensively reviewed before acceptance. The style and formatting are adapted to ABNM standards. Questions

accepted in prior years may be discarded if the issue becomes irrelevant or the images outdated. The process is challenging yet worthwhile to both the directors and candidates. A vigorous discussion regarding relevance and appropriateness of each question is beneficial in improving the quality of the examination.

MOC continues to be a topic of major discussion. Current legislation calls for 0.5% increase in CMS payments to eligible providers who participate in qualified MOC programs. At this time, it is unclear exactly what the requirements will be for a qualified MOC program. It is likely to include some central reporting of performance data. In the near future, the financial incentive to participate in MOC will be replaced by a financial penalty for not participating.

The ABNM also discussed the possibility of a modular MOC examination where diplomates could select areas of interest (general nuclear medicine, cardiovascular nuclear medicine, hybrid imaging and therapy) which more closely coincide with their actual practice. A modular MOC examination may make the examination more valuable and less onerous for our diplomates. A modular MOC examination is more likely to improve his/her practice than studying for a test that bears little resemblance to the clinical practice in which he/she participates. No decision was made on if or when a modular exam might be introduced.

Although all boards are struggling how to implement Part IV (Practice Performance Assessment), it continues to be obvious that Part IV activities will become a very important part of MOC. The board will begin tracking each diplomate's PPA activity when revisions to MyMOC are completed in the fall of 2010.

### ABNM Examination Dates

#### 2010 ABNM Examinations

Certification & MOC Examination Dates-October 4 to 8, 2010

#### 2011 ABNM Examinations

In Training Examination-January 28 and 29, 2011

Certification & MOC Examination Dates-October 3 to 7, 2011

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## Executive Directors Report: MyMOC Revisited —Henry D. Royal, M.D.



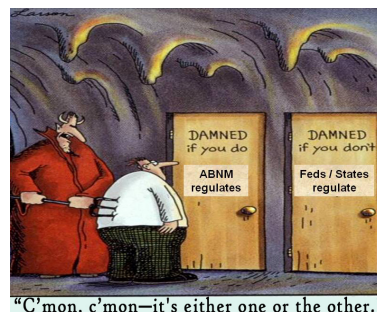
Henry D. Royal, M.D.  
Executive Director  
royalh@mir.wustl.edu

I had hoped that the major revision to MyMOC would be completely operational by the time you received this newsletter. Unfortunately, this is not the case. My hair is turning gray!

A few new features have been implemented. For example you should now be receiving email reminders every 2 months if you have not updated your contact information, your license information or your practice profile (Part I) for 12 months or more. Other important features such as automatic email reminders if you have fallen behind in meeting your CME requirements (including SAMs) (Part II) and reminding you to start your practice performance assessment projects. Part IV should be implemented soon. Please do not hesitate to tell us about bugs or offer suggestions for improvements as these new features to MyMOC are introduced. We really are trying to minimize the burden of participating in MOC.

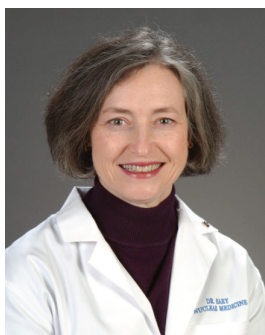
You should wait until the new version of MyMOC is available before you update your CME information because updating this information will be simpler in the new version.

Speaking of the burden of MOC, I ran across this Farside cartoon which helps explain why MOC is important. It is clear that there is a lot of dissatisfaction with our healthcare system (and the proposed solutions).



The problem is that if the profession doesn't take an active role in solving the problems healthcare faces, someone else's solutions will be implemented. I have no doubt that solutions that are informed by the ABNM and by our diplomates will be better solutions for our patients. I hope you agree.

## "Participating in MOC is an excellent experience that I am glad to be involved with." —Janet F. Eary, M.D., ABNM and ABP Diplomate



Janet F. Eary, M.D.,

Dr. Eary says that the Maintenance of Certification (MOC) program brings a new dimension to keeping her skill sets and knowledge current. "It means paying frequent and more focused attention to the requirements for maintaining good standing within the profession. The material needs to be continuously mastered to remain at the top of what the consensus is for the specialty."

UW team continues to be at the forefront of the specialty and that the agenda for teaching her trainees and residents remains on the mark. She adds, "MOC is extremely beneficial for professional development and skill maintenance. The process is something that is important for the public to understand to fulfill their expectations for the care they receive."

As a diplomate with a non-time limited certificate, Dr. Eary was not required to renew her board certification with the American Board of Nuclear Medicine. She chose to do so in order to benefit her practice and to serve as a model for others to participate. Through the renewal process Dr. Eary completed the MOC cycle for recertification.

She continues to participate in MOC learning activities to advance her knowledge in Nuclear Medicine diagnosis and therapy procedures, ranging from standard practice to advanced procedures and including PET and high dose therapy with radionuclides. "The activities offered online by the Society of Nuclear Medicine are especially excellent in terms of content and the way they are presented," she explained. "I also attend a number of societal meetings and regularly review journal manuscripts. Plus, my work as a faculty member at the University of Washington (UW) provides me with many avenues to accumulate the necessary requirements for MOC."

Participating in MOC helps Dr. Eary maintain a high bar of practice with the UW staff. It has confirmed for her that the

Dr. Eary holds general certification in Nuclear Medicine from the American Board of Nuclear Medicine as well as general certification in Pathology and subspecialty certification in Anatomic Pathology and Clinical Pathology from the American Board of Pathology. She has been in practice for 25 years. Her clinical and research interests are focused on cancer imaging and therapy, with special expertise in molecular imaging and clinical trials. Dr. Eary is currently Director of the University of Washington - Fred Hutchinson Cancer Research Center Cancer Consortium. She earned her medical degree from Michigan State University College of Human Medicine.

*Published with permission, Eary, Janet. "Participating in MOC is an excellent experience that I am glad to be involved with." ABMS Maintenance of Certification One Specialist's Story. 19 May 2010 <[http://www.abms.org/Maintenance\\_of\\_Certification/reflections\\_pdf/MOC%20Story\\_JEary\\_NucMed\\_051910.pdf](http://www.abms.org/Maintenance_of_Certification/reflections_pdf/MOC%20Story_JEary_NucMed_051910.pdf)>*

## Feedback

The ABNM welcomes comments from diplomates and residents regarding issues raised in this Tracers or any other issues affecting the practice of nuclear medicine or certification processes. Please email your comments to Henry Royal M.D. (royalh@mir.wustl.edu), Executive Director, American Board of Nuclear Medicine.



## Residency Committee — *Leonie Gordon, M.D.*

The nuclear medicine residency program requirements have been revised by the Nuclear Medicine Residency Review Committee. The new program requirements, a copy of which can be downloaded from the ACGME website ([http://www.acgme.org/acWebsite/RRC\\_200/200\\_prIndex.asp](http://www.acgme.org/acWebsite/RRC_200/200_prIndex.asp)), take effect July 1, 2011. The most significant changes are listed below:

1. The program director must have been a faculty member for at least one year prior to becoming program director. The program director must be given no less than one half a day per week of protected time to carry out his/her responsibilities.
2. There must be one full time equivalent (FTE) physician faculty member in addition to the program director. There must be one physician faculty member per two residents. There must be a dedicated program coordinator.
3. Resident eligibility requirements for candidates who have not completed the prerequisite clinical year in an ACGME, RCPSC or AOA accredited training program have changed. These residents are eligible for NM 1 training provided they have completed 2 or more years of graduate medical training and obtain a minimum passing two-digit score of 80 on the United States Medical Licensing Exam (USMLE) Part 3.
4. There must be a dedicated formal didactic lecture schedule that residents must attend. All residents and faculty members must participate in regularly scheduled clinical nuclear medicine seminars, journal clubs and interdisciplinary conferences.
5. Residents must have certification in Basic and Advanced cardiac life support.
6. Residents must evaluate their personal practice utilizing scientific evidence, and /or self assessment. This has to be documented as part of an individual learning plan in the Resident Learning Portfolio.
7. Residents need to document participation in 10 cases of oral administration of 33 mCi or less sodium iodide, 5 cases of oral administration of more than 33 mCi I-131, and 3 cases of parenteral administration of any beta emitter, 50 cardiovascular pharmacologic and/or exercise stress studies.
8. Residents must participate in a minimum of 6 months of CT training, with a minimum of 4 months obtained on a diagnostic radiology CT service. A maximum of 3 months of elective time, and a maximum of 3 months research time are permitted over the 36 months of training.
9. Residents must participate in scholarly activity under faculty supervision.
10. Residents must participate in the annual in-training examination.
11. At least 50% of a program's graduates taking the American Board of Nuclear Medicine certification exam for the first time (over the preceding five years) should pass on the first attempt.

## Q&A from ABNM Diplomates — *Henry D. Royal, M.D.*

The ABNM will feature questions that we have been asked by our diplomates in this new section of the newsletter. This month's question has to do with Part IV of MOC (Practice Performance Assessment)

### Question

I have no problem to add part IV in MOC and believe it's a good idea. But I do have concerns:

#### Q. How can ABNM implement the requirement?

- A. Implementation will be through self attestation on your MyMOC profile by asking the diplomate to attest to the fact that they are participating in Part IV.

Part IV will evolve into the most important part of MOC. Patients don't care (much) about how smart you are, they want to know how well you perform in your practice. In order for Part IV to become important, the perverse incentives (quantity not quality) of our current system need to be changed. We need incentives to do studies only when they are indicated and to provide accurate interpretations even if that means spending extra time talking to patients and reviewing their medical record.

You should regard our current Part IV project as a place holder. All of us currently should be participating in QA/QI activities that will count as part IV activities. Documenting this participation on the MyMOC website will only require a few minutes per year.

#### Q. How will the ABNM audit these self-attestations?

- A. Same way your state medical licensing board audits CME - documentation that a Part IV project was done will be requested of a small percentage of diplomates.

### 2009 ABNM Exam Results

#### 2009 Certification Examination

Number of Candidates who took exam	68
Number who passed	59
Pass rate	87%

#### 2009 MOC Examination

Number of Candidates who took exam	47
Number who passed	46
Pass rate	98%



## MOC for Physicians Certified by ABNM and ABR—George M. Segall, M.D.

ABNM is working to make it easier for physicians who are dual boarded to participate in MOC. Physicians who participate in the MOC programs of other ABMS boards may be able to apply the credit earned for Parts II and IV towards ABNM requirements. The requirements of each board, however, can be very different. For example, there are differences in the requirements of ABNM

blame you. ABNM and ABR are still working on establishing conversion formulas for SAMs that qualify for more than 1.5 hours, or more than one credit.

Ideally, the conversion of SAM hours to credits, and vice versa, should be automatic, and not require physicians to manually

CRITERIA	ABNM	ABR
Units	Hours	Credits
Average per year required for diplomates	8.0**	2.0
Maximum per year allowed for each diplomate	NA	4.0
Minimum number of units for each qualified SAM	1.5	1.0
Minimum number of self-assessment questions for each qualified SAM	5	5
Incremental number of units allowable for each qualified SAM	0.25 (plus one question)	1.0 (no fixed number of questions required)
Type of SAM	Clinical Investigational	Clinical General Practice
<b>**Averaged over 3 years</b>		

and ABR for Part II (Self Assessment Module or SAM) credit, which are summarized in the Table.

The main difference is how ABNM and ABR count SAM credits. ABNM requires an average of 8 SAM hours per year. SAM activities are awarded the same number of hours as qualifying AMA Category 1 activities. The ABR on the other hand, requires an average of 2 SAM credits per year. The amount of SAM credit is not based solely on the number of AMA Category 1 hours.

Did you know, or have you wondered, why educational activities approved for SAMs by ABNM must be a minimum of 1.5 hours? The reason is that ABR requires a minimum of 1.5 hours to qualify for 1 SAM credit. Confused? Consider this example: If you earn 1 SAM credit from ABR, you may receive 1.5 SAM hours from ABNM. Similarly, if you earn 1.5 SAM hours from ABNM, you may receive 1 SAM credit from ABR. Still confused? I don't

enter data. ABNM and ABR, along with professional societies like SNM and RSNA, participate in CMEgateway ([www.CMEgateway.org](http://www.CMEgateway.org)). CMEgateway automatically aggregates educational credits issued by participating medical societies. It consists of a cross-platform data standard, software tools for collecting and aggregating these data, and a Web site to allow physicians to display and print reports from these data. ABNM and SNM are working together to link the information in CMEgateway to ABNM's MyMOC, so that the computation and data entry is done automatically. Although your educational activities are already being automatically recorded in CMEgateway, there are still some problems that need to be fixed before the data is accurately represented in MyMOC. The fix should come this year.

In the next issue of Tracers, we will describe how ABNM and ABR are working together on Part IV of MOC.

## Congratulations to Kirk A. Frey, M.D., Ph.D.—Leonie Gordon, M.D.



David E. Kuhl, M.D., and Kirk A. Frey M.D., Ph.D.

Kirk A. Frey MD PhD, a current board member was announced as the first David E. Kuhl Collegiate Professor in the Department of Radiology at the University of Michigan in February, 2010. In addition, Dr. Frey gave the first Kuhl-Lassen lecture at the June 2010 SNM meeting in Salt Lake City.

Dr. Kuhl is well known for his pioneering work in emission computed tomography, such as SPECT and PET. This eventually

led to the development of X-ray CT scanning, as well as positron emission tomography (PET) scanning. As a result, Kuhl is recognized around the world as the

"father of PET imaging". He was chosen to be one of the founding members of the American Board of Nuclear Medicine. He later organized and served as Chairman of the Residency Review Committee for Nuclear Medicine.

For nearly 20 years at the University of Michigan, Dr. Kuhl served as the Chief of the Division of Nuclear Medicine and Director of the Center for Positron Emission Tomography (PET Center). His discoveries and clinical translations have led directly to the now routine clinical uses of PET in neurology, cardiology and oncology in the US and worldwide. After his retirement to honor all his accomplishments and achievements, the Kuhl Professorship in Nuclear Medicine was created at the University of Michigan.

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The American Board  
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4555 Forest Park Boulevard, Suite 119, St. Louis, Missouri 63108-2173