

MICoE: Moving Forward

arely do we have an opportunity to match good ideas with the funding to make them happen. Two thousand and seven will be an exciting year for SNM and the Molecular Imaging Center of Excellence (MICoE) as we bring the personalized medicine of molecular imaging and therapy into the forefront of patient care. As the newly appointed staff director of the center, I have seen first hand the tremendous vision of our leaders and the intellectual resources of our members linked with the financial support of the Bench to Bedside Campaign. SNM's 53-year history of multidisciplinary educational offerings, leading publications, and sophisticated government affairs and public relations infrastructure will enable the translation of molecular imaging research to clinical practice. The MICoE will focus these efforts and act as the central repository for information and activities in molecular imaging and therapy. Here is a brief description of some of the goals and initial accomplishments of the MICoE.

Becoming a Central Repository

The MICoE is now open to all registered users to help bring news and information on molecular imaging to both the wider SNM community and the molecular imaging community. New information is continually being added to the existing MICoE Web site while a new Web site is being developed. Communications, advocacy, and education task forces have been formed with representation from within SNM and from the molecular imaging community at large. These



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task forces are developing campaigns to raise the awareness of the benefits and possibilities of molecular imaging. A grants and awards task force is developing support programs

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MAINTENANCE OF CERTIFICATION UPDATE



New MOC Requirements in Effect

he American Board of Medical Specialties (ABMS) voted unanimously in 2001 to expand on and replace recertification programs with maintenance of certification (MOC) programs, which are more comprehensive efforts to assess the ongoing competence of physician specialists and their ability to provide quality health care in 6 general competencies: medical knowledge, patient interpersonal and communication skills, professionalism, practice-based learning and improvements, and practice. In the past, the certification and processes required successful completion of an educational program, possession of an unrestricted license as evidence of professional standing, completion of the certification examination. With the new ABMS requirements, however, nuclear medicine professionals can no longer simply take an exam to renew a certificate. Instead, "lifelong learning" activities must be documented. The American Board of Nuclear Medicine (ABNM) MOC program is designed to document

for each nuclear medicine physician the necessary competencies to provide quality patient care.

MOC Components and Requirements

ABNM MOC includes 4 main components. To renew certification, a nuclear medicine physician will be required to present evidence of:



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Professional standing: evidence
 of professional standing is provided by a medical license
 that has no limitations on the practice of medicine and
 surgery in that jurisdiction. Each physician must annually
 document maintenance of unrestricted licenses in all
 jurisdictions in which he or she practices.

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its scientific symposia. The 2008 meeting will feature presentations and invited lectures on immunoscintigraphy and nuclear medicine therapy as well as the official members' assembly, all within the setting of Krakow's historic

district and within walking distance of the main market square and Czartoryski Museum. Abstracts of presented papers will be published in the official journal of IRIST, the *Quarterly Journal* of Nuclear Medicine and Molecular Imaging. For additional information, visit www.irist.org or e-mail info@ irist.org or Dr. Alicja Hubalewska-Dydejczyk, Local Organizing Committee, at alahub@cm-uj.krakow.pl.

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for those in preclinical and clinical molecular imaging. In addition to the task forces, the MICoE Editorial Board is developing a new quarterly newsletter, periodic e-mail blasts, this monthly contribution to Newsline, and a monthly review of the molecular imaging literature.

Investments in Research

The MICoE Task Force on Standard Definitions has developed a working definition of molecular imaging and related terms that will serve as the foundation for all future SNM activities. After approval by the SNM Board of Directors, these definitions will be printed in Newsline. A series of 4 key workshops is planned for 2007. The first, "Bringing Molecular Imaging from Bench to Bedside," will focus on what can be done in the short term (\leq 5 years) to realize molecular imaging benefits in the clinical environment. Output from this workshop will include a list of molecular imaging technologies that can move quickly to demonstrate clinical utility and an identification of what is needed to accomplish this. The second workshop will be a working retreat that will broadly review emerging molecular imaging technologies and evaluate issues associated with each. The goals are to develop a list of technologies

that could benefit clinicians in the next 5–10 years. Using the results of the first 2 meetings, a third phase will evaluate specific future molecular imaging technologies and agents to determine what is needed to validate them for clinical use. The final workshop, "Leading Technologies Advancement," will bring together the ideas generated in the first 3 workshop phases to examine the pathways for gaining acceptance of new molecular imaging technologies and identify key barriers to moving from the research environment to the bedside.

All of these activities are geared toward making molecular imaging a clinical reality, if not a household term. Through the combined efforts of the MICoE and the SNM membership and with attention to the goals of the Bench to Bedside Campaign, we can make the most convincing argument for continued investment in molecular imaging research: improvement in patient care. As SNM staff director of the MICoE, I am charged with managing the various groups within the center. I am always available for comments and suggestions regarding MICoE and how we can better serve the SNM membership. Feel free to contact me at MHowlett@snm.org with any comments or suggestions regarding the MICoE effort. I look forward to working with you.

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- 2. Lifelong learning and self-assessment: evidence of a commitment to lifelong learning and involvement in a periodic self-assessment process to guide continuing learning. Beginning in 2006, the ABNM required each diplomate to complete a minimum of 8 self-assessment credits per year to be eligible for the recertification exam (for a total of at least 80 credits over the 10 years of the recertification cycle). These credit hours may be obtained by completing the SNM Lifelong Learning & Self-Assessment Program modules.
- 3. Cognitive expertise: evidence of cognitive expertise based on performance on the ABNM recertification examination every 10 years. The test, per ABMS requirements, contains questions on fundamental knowledge, up-to-date practice-related knowledge, and other issues, such as ethics and professionalism.
- 4. Performance in practice evaluation: evidence of evaluation of performance in practice, including the medical care provided for common/major health con-

ditions, and physician behaviors. ABMS is developing tools to assist physicians in documenting outcomes measures for practice performance, and SNM plans to develop management modules.

All 4 components of the ABNM MOC rules take effect this year, with the ABNM requiring MOC participation for its diplomates with time-limited certificates beginning in 2007. The ABNM also strongly encourages all of its diplomates to participate in MOC programs as these are developed.

The SNM is actively developing a range of approaches to assist nuclear medicine physicians in MOC efforts. This is the first in a series of articles in Newsline that will present these efforts in more detail. For more information, visit www.snm.org/llsap or www.abnm.org.

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