From the MICoE: Translating Molecular Imaging Techniques into Practical Medicine

SNM is firmly committed to a leadership role in the evolution of nuclear medicine by establishing the Molecular Imaging Center of Excellence (MICoE). In the past year, the MICoE has made remarkable progress toward the ambitious goals that were set at 2 summit meetings called to explore the possibilities of these new imaging technologies. Our strategic goals remain:

- Provide indispensable resources for education, knowledge exchange, training, and networking;
- Advocate for molecular imaging and therapy;
- Educate and promote collaboration with referring physicians and patient groups;
- Support innovations in translational research; and
- Position molecular medicine as an essential tool in providing the highest standards of patient care around the world.

To build our capacity to achieve these goals, we have developed an infrastructure that includes a staff of 3 working at SNM headquarters, set up the governance structure of the center and held our first elections, and are reaching out to the molecular imaging and therapeutic communities.

We discovered that to move forward in a new field, it is essential to first agree on a definition of molecular imaging that would guide our actions. David Mankoff, MD, chair of the Definitions Task Force, authored the Molecular Imaging Update in the June Newsline (*J Nucl Med.* 2007;48[6]: 18N), providing a definition that has made the decision-making process far clearer. Here is the short version:

> Molecular imaging is the visualization, characterization, and measurement of biological processes at the molecular and cellular levels in humans and other living systems. Molecular imaging typically includes 2- or 3-dimensional imaging as well as quantification over time. The techniques used include radiotracer imaging/nuclear medicine, MRI, MRS, optical imaging, ultrasound, and others.

Getting the word out was our first order of business this year. We launched a monthly Molecular Imaging Update column in Newsline last February, and in December *JNM* began a series of short review articles called Focus on Molecular Imaging. A new Web site (www.molecularimagingcenter.org) was launched last summer and will be among the primary ways we provide "indispensable resources for education, knowledge exchange, training, and networking." We also launched a quarterly newsletter, *MI Gateway,* that is distributed to the entire SNM membership with every third issue of *JNM*. Another resource that will be indispensable to anyone who wants to keep up with the expanding molecular imaging field is our monthly e-mail service to MICoE members, which includes a list of the most relevant and recent research as well as other news in the field.

Martin Pomper, PhD

We took molecular imaging on the road with a presentation designed to inform industry partners about our activities and the funding opportunities available to them through the MI Bench to Bedside campaign.

We launched a program that provides free trial membership in the MICoE to anyone with an interest in MI.

Looking forward, a *JNM* supplement on molecular imaging is in the works, as is a series of brochures on the practical benefits of MI. Our new Speaker's Bureau is accepting applications from both speakers and organizations seeking speakers (see www.molecularimagingcenter.org to request a speaker or apply as a speaker).

We will be continuing and intensifying our media campaign and will be developing a "rapid action response" team to respond to timely issues, such as the recent isotope shortages, through op-ed contributions and media contacts. SNM recently launched a new e-mail news service to provide a daily overview of news on molecular imaging and other medical and governmental issues that affect our profession (sign up at www.smartbrief.com/signup).

Advocacy is an important part of our mission. In the past year we have met with federal legislators and staff members to make the case for more funding in basic nuclear medicine research, held meetings with key federal agencies, created an outreach database, and identified new funding sources. We will be working to strengthen strategic partnerships with organizations such as the American Society for Therapeutic Radiology and Oncology, the American Society of Cardiology, the American Chemical Society, the American Academy of Neurology, and the Cardiovascular Imaging Symposium. We intend to conduct educational forums with imaging advocacy coalitions and patient groups, as well as pharmaceutical companies and various National Institutes of Health Advisory Councils to which we hope to become an official liaison.

The educational activities at SNM meetings are expanding their focus on molecular imaging. At last June's

Annual Meeting, SNM hosted the first Molecular Imaging Gateway, a section of educational exhibits that lined the corridor leading to the exhibit hall. Next year we will repeat the MI Gateway exhibits, and molecular imaging will have its own educational track at the SNM Annual Meeting.

We are also supporting the education and training of the molecular medicine practitioners of the future through a series of new and expanded grants to residents and researchers. Our plans include creating more training workshops and online educational tools, reaching out to residency program directors, and developing MI scientist curriculum guidelines. We are also developing a scientific roadshow for chapter meetings or presentation to other organizations.

Our third MI summit will be held this month, immediately after the SNM Mid-Winter Meeting. Experts from industry, academia, and practice have been invited to "Molecular Imaging: The Future of Modern Medicine," where they will focus on how to move molecular imaging techniques into mainstream medicine. Translational medicine is a major theme in all of our activities. Last June we held an action planning retreat for some of the most promising technologies. Recommendations from that retreat are being prepared for publication, and we are planning a series of future retreats as well as advocacy activities to encourage the process of translating our science into techniques with practical benefit to patients.

Martin Pomper, PhD
President, MICoE

Maintenance of Certification: The Year in Review

Since the inception of the maintenance of certification (MOC) principle in 2001, the American Board of Medical Specialties (ABMS) has led and overseen the development of MOC programs for all 24 of its member boards. The development of MOC programs by member boards was not an option and was a prudent decision to ensure the integrity of all medical specialties and, most important, make certain the public has confidence that they are receiving high-quality medical care from physicians who are well trained and knowledgeable in the latest advancements, research, and technologies in their chosen specialty. In short, participation in MOC is a worthwhile activity for all medical practitioners, regardless of specialty or experience level. For more information on the history and development of MOC, visit the ABMS Web site (www.abms.org).

2007 was a watershed year for MOC. Medical boards expect all of their diplomates, including those with lifetime certificates, to participate in MOC. All 24 boards (including the American Board of Nuclear Medicine [ABNM]) have MOC programs that have been approved by the ABMS. To be acceptable to the ABMS, MOC programs must include a 4-part process for continuous learning.

(1) Part I—Licensure and Professional Standing: Hold a valid, unrestricted medical license;
(2) Part II—Lifelong Learning and Self-Assessment: Participate in board-approved educational and self-assessment programs;
(3) Part III—Cognitive Expertise: Demonstrate mastery of specialty-specific skills and knowledge; and
(4) Part IV—Practice Performance Assessment (PPA): Demonstrate use of best evidence and practices compared to peers and national benchmarks.

Parts I–III of MOC are quite similar to the requirements that were already in place in order for diplomates to renew time-limited certificates. Minor changes include:

(1) Part I: The ABNM must now actively monitor disciplinary action notifications issued by the Federation of State Medical Boards (www.fsmb.org). When a state medical board takes a serious action against an ABNM diplomate (e.g., revocation of a medical license), the ABNM will review the offense and determine the appropriate ABNM response (e.g., revocation of the diplomate's certificate).
(2) Part II: Diplomates are now required to document that they have met the continuing medical education requirements established by their board. A new requirement is to document completion of self-assessment modules (SAMs) that have been preapproved by the board. SAMs require the active participation of diplomates (usually in the form of answering questions). A list of SAMs that have been approved by the ABNM can be found on the ABNM (www.abnm.org) and SNM Lifelong Learning and Self Assessment Program (LLSAP) (www.snm.org/llsap) Web sites.
(3) Part III: Diplomates with time-limited and lifetime certificates must take the MOC examination (currently every 10 years) to qualify as active participants in MOC. Diplomates with lifetime certificates maintain their lifetime certificates.

The activity with the most potential utility is Part IV. To most of us, PPA sounds new—but most of us are probably

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