

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](http://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](http://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](http://www.abnm.org)) and SNM Lifelong Learning and Self Assessment Program (LLSAP) ([www.snm.org/llsap](http://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  
*(Continued on page 49N)*

play an important role in ensuring that our nation is well-prepared to prevent and respond to public health emergencies,” Leavitt said. Authorized by the Pandemic and All-Hazards Preparedness Act, the board held its first meeting on December 17 and 18 in

Washington, DC. Members include: Patricia Quinlisk, MD, MPH, Chair; Ruth L. Berkelman, MD; Stephen V. Cantrill, MD; Roberta Carlin, MS, JD; Albert J. Di Rienzo; Kenneth L. Dretchen, PhD; John D. Grabenstein, RPh, PhD; James J. James, Brigadier

General (Ret), MD, DrPH, MHA; Thomas J. MacVittie, PhD; John S. Parker, MD, Major General (Ret); Andrew T. Pavia, MD; Eric A. Rose, MD; and Patrick J. Scannon, MD, PhD.  
*U.S. Department of Health and Human Services*

*(Continued from page 35N)*

already participating in quality assurance and quality improvement (QI) activities. For example, the diplomate may survey patients about the quality of services or technologists about the strengths and weaknesses of the physician staff; hold follow-up conferences in which errors in interpretation are discovered or request formal independent second interpretations of a percentage of cases; have his or her practice independently inspected and accredited by an outside organization; or have processes in place to improve report signing times and decrease errors in reports. The main difference between PPA and QI activities is that the former are at the individual physician level rather than the departmental level. For each 3-year cycle, the diplomate will pick an area for improvement, measure baseline data, formulate an improvement plan, and then remeasure to document any improvement. Depending on the results, at the end of a 3-year cycle, the diplomate may decide to move on to another project or repeat the same project if additional improvement is possible. Part IV of MOC has been discussed frequently in Newsline, and information about Part IV can also be found on the ABNM Web site.

To inform SNM members of the new MOC requirements, Newsline has published monthly articles on MOC since

March 2007. These articles can be viewed in full on the ABNM and SNM LLSAP/MOC Web sites.

March 2007—New MOC Requirements in Effect

April 2007—ABMS Requires Lifelong Learning

May 2007—MOC Featured at Annual Meeting

June 2007—What is “My MOC”?

July 2007—Self-Assessment Credit: What SNM is Doing to Help

August 2007—Maintenance of Certification for ABNM Diplomates

September 2007—Part IV of MOC: What Is It?

October 2007—Part IV of MOC: How Will It Evolve?

November 2007—MOC Part IV: Practical Issues

December 2007—MOC: Frequently Asked Questions

January 2008—MOC Fees: An Inconvenient Truth

The majority of diplomates, including those with lifetime certificates, who are actively practicing nuclear medicine are participating in MOC. In the coming year, the ABNM will publish a list of milestones that must be met in order for the ABNM to classify a diplomate as actively participating in MOC. ✨