

ABNM: The Year in Review

It seems I am always writing about change. The only thing that I am certain will not change is that change will continue to occur at an increasingly rapid rate.

Anyone who has been reading Newsline knows that the major focus of American Board of Nuclear Medicine (ABNM) activities has been maintenance of certification (MOC). Over the past year, the ABNM has published updates on ABNM activities. These updates are listed below and are available both in *The Journal of Nuclear Medicine* Newsline archives and on the ABNM Web site (www.abnm.org/index.cfm?PageID=6848).

- January 2008—MOC Fees: An Inconvenient Truth
- February 2008—MOC: Year in Review
- March 2008—MOC Part II: Frequently Asked Questions
- April 2008—Participating in MOC
- May 2008—MOC, ABNM, and the Public Trust
- June 2008—Professionalism and MOC
- July 2008—Maintenance of Licensure and Maintenance of Certification
- September 2008—The 6 Competencies and MOC
- October 2008—ABMS Celebrates 75th Anniversary
- November 2008—ABMS: What Is It, and Why Should I Care?

The board and its diplomates continue to be concerned about the cost of MOC. As discussed in the January 2008 Newsline article, the ABNM believes that its diplomates are committed to lifelong learning and continuous quality improvement. Broad recognition that it takes more than cognitive knowledge to be a good doctor has expanded the board's role in evaluating diplomates to include all 6 competencies (patient care, medical knowledge, interpersonal and communication skills, professionalism, systems-based practice, and practice-based learning and improvement). Unfortunately, our current health care system mainly provides disincentives for diplomates who are committed to lifelong learning and continuous quality improvement. Diplomates not only must pay MOC fees and fees for continuing medical education, but they also know that every hour spent on MOC activities is an hour they cannot spend earning a living or enjoying time with their families. This lack of alignment between the incentives and the primary goal of our health care system (to maximize benefits to patients) is the root cause of the health care crisis.

Recognition that our health care system is dysfunctional and unsustainable is creating enormous pressure for change. Change is certainly coming—major changes are likely in 2009. Will the changes improve our health care system or make it worse? The ABNM maintains that changes to the health care system are more likely to be beneficial if the medical profession can participate in this change. In order for the health care profession to play a significant role in

reforming the system, the public must have confidence that we are acting in their best interest and not out of self-interest.

Most practicing physicians are unfamiliar with the organizational structures in medicine. For example, the roles of the ABNM and SNM are not clearly understood. The ABNM and SNM are completely autonomous organizations with very different goals. The ABNM's major goal is to increase the value of certification by assuring the public that diplomates certified by the ABNM are well trained in the practice of nuclear medicine and have documented their commitment to lifelong learning and continuous quality improvement. In contrast, the SNM's primary goal is to promote education and research in nuclear medicine. The policies of the ABNM are determined not by its diplomates but by its board of directors. Unlike SNM, the ABNM's board of directors is not elected by its diplomates; the ABNM's directors are nominated by current and prior ABNM directors based on the current needs of the board and the leadership that nominees have demonstrated in the past. Because the ABNM's major goal is to assure the public, the public must be convinced that the ABNM is acting in their best interest and not out of self-interest (see May and June 2008 Newsline articles).

As we all know, nuclear medicine is a small specialty in medicine, and it is unlikely that we will have a major impact on health care reform. That said, the ABNM's influence is amplified by the fact that we are 1 of the 24 primary boards of the American Board of Medical Specialties (ABMS) (see October and November 2008 Newsline articles). Because about 85% of all physicians are certified by the ABMS and because all of the 24 boards act in the public's interest, it is likely that the ABMS will be an important representative of the health care profession during these times of change. I served on the ABMS board of directors for the last 4 y, and George Segall, MD, a new ABNM director, will replace me in 2009.

I wish I could say that all of the coming change in health care will be for the benefit of our patients—but all changes will result from compromises reached by the many stakeholders in health care. Compromise does not always result in an optimal system. The ABNM will do whatever it can to ensure that the changes are for the better.



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