As the new president of the Society, nothing gives me greater pleasure than to announce that the House of Delegates of the American Medical Association on June 22nd approved The Revised Essentials for Approved Medical Specialty Boards which includes the definition of a new type of specialty board called a conjoint board. This is defined as a body established under the joint sponsorship of not less than two primary boards for the purpose of setting training standards and of evaluating competence of individual candidates in an area of specialty practice common to the self-same group. This approval clears the way for formal consideration by the Liaison Committee for Medical Specialties and the Council on Medical Education of the AMA of the establishment of an American Board of Nuclear Medicine in the fall of this year. Sponsorship of the nuclear medicine board will be by the three primary boards of Radiology, Medicine and Pathology.

Dr. Merrill Bender and his associates have worked long and hard to make this a reality, and while we must still keep our fingers crossed, there is every reason to be optimistic.

To bring you up to date on the present activities of the proponents of the ABNM: The proponents have tentatively established the requirements for certification in the specialty. Some of the more important specific requirements are as follows:

1. That the applicant represent himself to be a specialist in nuclear medicine and devote his professional time principally and primarily to nuclear medicine.
2. That the applicant has completed an approved clinical internship and at least 1 year training in an approved residency in clinical pathology or radiology, or alternatively has successfully completed the required training for and has passed the qualifying exam of the American Board of Internal Medicine.
3. That the applicant has completed a 2-year residency training program in nuclear medicine which includes at least 18 months of training in clinical nuclear medicine and the equivalent of 6 months training in the allied basic sciences.

The above requirements were developed for physicians who enter approved residency training program in the future. As of July 1, 1970, approximately 100 resident physicians were available in programs found to be compatible with The Proposed Essentials for Nuclear Medicine Residency Programs which were circulated to the physician membership of the Society early this year. Formal approval of these programs, however, must await the establishment of a Nuclear Medicine Residency Review Committee, and this cannot be set up until the ABNM has received final approval as a conjoint board. Therefore the proponents of ABNM have proposed alternative requirements for certification that will permit physicians currently practicing nuclear medicine or receiving nuclear medicine training to be eligible to take a written examination leading to certification. The proposed alternative requirements are:

1. An internship and 10 years experience in nuclear medicine.
2. An internship, 1 year approved residency training in internal medicine, pathology or radiology, and 5 years experience in nuclear medicine.
3. Certification by any American medical specialty board with 1 year training in nuclear medicine or 3 years experience in nuclear medicine.
4. An internship plus 1 year of residency and 2 years training in nuclear medicine.
It is further proposed that the above alternative requirements remain in force for a period of 5 years after the Board is established. Current medical specialty board requirements prohibit certification without examination, and therefore anyone wishing to be certified by the proposed board must pass the examination, including the members of the proposed board. It should be emphasized that the above requirements are tentative, and they must be approved in final form by the three sponsoring boards, the Board of Trustees of SNM, the Liaison Committee for Medical Specialties, the Council on Medical Education of the AMA and the American Board for Medical Specialties. If you have any suggestions, the proponents of ABNM would be delighted to receive them. The suggestions should be sent to Dr. Bender care of the national office of SNM.

Thus the Society of Nuclear Medicine continues to grow and mature. We hope it will continue to be a hospitable environment for creative men and women, for physicians and nonclinical scientists, professionals and technologists. The new officers who will be working with me this year are Wil B. Nelp (vice president), James J. Smith (secretary) and Kenneth R. McCormack (treasurer). Helping the new officers of the Society will be the following chairmen of key special committees. Some are relative newcomers to the field, while others have many years of experience. We hope that we have achieved an optimum balance of the two groups.

Chairman, Scientific Program Committee—Ronald G. Evens, M.D.
Chairman, Committee on Legislation—J. R. Maxfield, M.D.
Chairman, Technologists Affairs—James Cooper
Chairman, Technologists' Scientific Program and Teaching Sessions—Thomas Haynie, M.D.
Chairman, Committee on International Affairs—Joseph Sternberg, M.D.
Chairman, Joint Commission on Accreditation of Hospitals—J. J. Smith, M.D.
Chairman, Scientific Exhibits—A. Everette James, M.D.
Chairman, Committee on Socio-Economic Affairs—Gerald DeNardo, M.D.
Chairman, Teaching Sessions Committee—Thomas Mitchell, Ph.D.
Chairman, Local Arrangements 1971—Frederick George, M.D.
Chairman, Local Arrangements 1972—Harold Chandler, M.D.
Chairman, Committee on Bylaws—John Laughlin, Ph.D.
Chairman, Technologists’ Training & Credentials Committee—W. Newlon Tauxe, M.D.
Chairman, Meeting Site Committee—J. R. Maxfield, M.D.
Chairman, Committee on Liaison between SNM and the World Federation of Nuclear Medicine and Biology—Monte Blau, Ph.D.
Chairman, Committee on the Allied Health Professional in Nuclear Medicine—John U. Hidalgo, M.S.
Chairman, Committee on Radiopharmaceuticals—E.J. Potchen, M.D.
Chairman, Committee on Special Postgraduate Courses—R. Holmes, M.D.

As this year progresses, we officers and committee chairmen will continually ask ourselves whether we are doing the job we were asked to do and whether we are doing it well. If any member does not believe he is getting his full measure of Society leadership, he is invited to communicate with any or all of the officers and committee chairmen. If any member recognizes problems that face members of the Society, we would like to know about them immediately. We will try to calm those who want to change everything, and stimulate those who want to change nothing. John Gardner has stated, “When organizations and societies are young, they are flexible, fluid and not paralyzed by rigid specialization and willing to try anything once. As an organization or society ages, vitality diminishes, flexibility gives way to rigidity, creativity fades and there is a loss of capacity to meet challenges from unexpected directions.” Let us hope that we can achieve a balance between the enthusiasm of youth and the maturity of age. Our Society is growing up, and we should be doing grownup things.

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