

## The American Board of Nuclear Medicine, Inc.: Fifteen Years of Growth and Progress

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During the 1930s, clinical investigators began to evaluate the physiologic and metabolic processes of the human body in health and disease employing radioisotopically labeled materials. The demonstrated value of these "nuclear medicine" procedures soon led to their widespread introduction into clinical diagnosis and therapy, and in the 1950s and 1960s nuclear medicine became the most rapidly growing new area of medicine.

During these years, physicians engaging in the practice of nuclear medicine learned the use of this new modality in preceptorships with physicians, usually clinical investigators, who had developed these new methods. However, the number of physicians adequately trained by such preceptorships was insufficient to fill the need for well-qualified, practicing nuclear medicine specialists. No formal training programs existed, and there were no recognized standards of nuclear medicine education or practice. Recognizing these problems, in June 1967, representatives of the American Board of Radiology suggested to the President of The Society of Nuclear Medicine that the Society undertake the establishment of a specialty certifying board in nuclear medicine. With this stimulus and with the enthusiastic support of the Society, representatives of the Society explored the desirability and methods of establishing a certifying board of nuclear medicine. Since most of the practitioners of nuclear medicine were derived from the specialties of internal medicine, pathology, or radiology, the certifying board of each of these specialties as well as the Society were invited to participate in the development of the proposed certifying board of nuclear medicine. Two members from each of the following organizations were designated to constitute the Proponents of the American Board of Nuclear Medicine: the American Board of Internal Medicine (ABIM), the American Board of Pathology (ABP), the American Board of Radiology (ABR), and The Society of Nuclear Medicine (SNM). With the support of these four organizations, and following the suggestion of Dr. Jack Myers, Chairman of the ABIM at that time, the concept of a "conjoint board" was developed with the ABIM, the ABP, the ABR, and the SNM serving as sponsors of the conjoint Board of Nuclear Medicine.

In 1969, the Proponents of the American Board of Nuclear Medicine submitted a proposal for the establishment of the conjoint American Board of Nuclear Medicine to the Liaison Committee for Specialty Boards (LCSB). In May 1971, the LCSB recommended approval of the application of the Proponents of the American Board of Nuclear Medicine to the American Board of Medical Specialties (ABMS) and to the Council on Medical Education (CME) of the American Medical Association. In June 1971, the ABMS and the CME approved the application of the Proponents of the American Board of Nuclear Medicine. The ABNM was incorporated July 28, 1971. Its first organizational meeting was held October 23, 1971. In March 1985, in recognition of its accomplishments, the ABNM was voted Primary Board status by the ABMS, and now functions completely independently as one of the 21 primary medical specialty certifying boards authorized by the ABMS.

During the 15 years of its existence, the ABNM has established educational and training standards for the field of nuclear medicine. With the stimulus of the Proponents of the ABNM and with three members of the Proponents serving as chairman and members of the SNM Committee on Education and Training, a statement of *Components of Professional Competence of Nuclear Medicine Physicians* was developed and published in 1971. Nuclear medicine thus became the second medical specialty to publish a clear delineation of competencies requisite to a medical specialist.

Reflecting the growth and progression of the specialty of nuclear medicine, a revision and expansion of the *Components* was published by the ABNM in 1981 and again in 1986 (see page 863). These statements by the Board define the standards and requirements for competent practice in the field of nuclear medicine. Based upon these standards, the American College of Nuclear Physicians in 1981 published "Guidelines for Quality Assurance in Nuclear Medicine Practice," and in 1982 the American College of Nuclear Medicine published "Standards of Nuclear Medicine Practice."

The ABNM has co-sponsored the formation of the Residency Review Committee in Nuclear Medicine which has accredited 90 training programs in nuclear medicine, providing 275 nuclear medicine residency positions; it has independently evaluated the credentials of candidates to take its certifying examination; it has developed and administered a certifying examination annually; and, as of January 1986, it has awarded certificates of qualification as specialists in nuclear medicine to 3,423 physicians on the basis of examinations given from 1972 through 1985. The U.S. Nuclear Regulatory Commission recognizes all physicians certified by the ABNM for licensure for *all* nuclear medicine therapeutic and diagnostic uses (groups I through V) of radioactive materials without further requirements or examinations. This recognition for the entire span of nuclear medicine procedures is granted only to Diplomates of the ABNM. The Joint Committee on Accreditation of Hospitals stipulates that, for recognition, hospitals of 300 beds or more must provide nuclear medicine services under the supervision of a physician qualified in nuclear medicine. Currently, 3,300 hospitals are authorized to conduct nuclear medicine procedures, and such procedures are performed on at least 75% of all hospital admissions. The establishment of the ABNM made possible the specialty being represented in the Council of Medical Specialty Societies, and also made possible representation of the specialty in the House of Delegates of the American Medical Association and establishment of a Section Council of Nuclear Medicine in the AMA.

Since its incorporation in 1971, the Board has received no subsidy from any of its sponsors, and has supported itself entirely from the examination fees paid by candidates for certification. The entrance of the United States government into the funding of graduate medical education may have an adverse impact on residency training in nuclear medicine with the possibility of a reduction in the number of physicians adequately trained to qualify for the ABNM examination. However, the Board will ensure that all physicians it certifies will have the same high standards of excellence as those it has certified during the past 14 years.

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Nuclear Medicine