# Certification Exam to be Offered in Nuclear Cardiology

n an effort to assure minimum competence to practice nuclear cardiology, the Certification Council of Nuclear Cardiology (CCNC) is offering an examination this fall to physicians who perform cardiac nuclear medicine studies as part of their practice. The CCNC is an organization which was founded by the American Society of Nuclear Cardiology (ASNC) in 1996 for the purpose of developing and administering a practice-related exam in nuclear cardiology.

"Cardiologists have been using Nuclear Regulatory Commission licenses as a means to practice nuclear cardiology," said Frans Wackers, MD, PhD, president of the CCNC and chairman of the training and credentials committee of the ASNC. Nuclear medicine leaders are all in agreement that NRC licensure does not provide evidence of competence in nuclear medicine. "ASNC leaders were unhappy with this [practice] and with the fact that there is a wide variation in how nuclear cardiology is practiced throughout the country. There is a need to set standards of quality, which is why we designed the exam," said Wackers.

The certification process has not been endorsed by the Society of Nuclear Medicine (SNM), the American Board of Nuclear Medicine (ABNM) nor any other nuclear medicine or radiology organization. It is not recognized by the American Board of Medical Specialties (ABMS) as a certification process. "It is a voluntary exam to measure competence in nuclear cardiology—not a board exam," said Wackers.

In December of last year, ASNC had invited the Society to appoint a representative to serve as a member of the CCNC. At the SNM Midwinter Meeting in January, the House of Delegates elected to discuss the issue. After an exhaustive debate, the House voted not to send a representative. Instead, the House voted to approve a resolution directing SNM to work with ASNC and the ABMS-approved boards of radiology, nuclear medicine and internal medicine to develop an ABMS-approved certification process for cardiovascular nuclear medicine.

After the Midwinter Meeting, R. Edward Coleman, MD, past chairman of ABNM, was selected to be the Society spokesperson for communicating with ASNC. He was asked to share this responsibility with a senior representative of the SNM Cardiovascular Council (Raymond Taillefer, MD). Coleman has held discussions with representatives from

the SNM Cardiovascular Council and ASNC to discuss the possibility of an ABMS-approved nuclear cardiology certification. ASNC leaders are willing to consider this a long term goal, but they plan to proceed with the certification exam that will be given in the fall.

The Cardiovascular Council—which is an integral part of SNM but contains many members who

belong to ASNC—hopes to serve as the liaison between SNM and ASNC, according to D. Douglas Miller, MD, president of the SNM Cardiovascular Council. "An increasingly important role of the Council will be to keep up communication lines between SNM and ASNC," said Miller.

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 Frans Wackers, MD, PhD, President of the Certification Council of Nuclear Cardiology.

"We want to come to an understanding as to how both [ABNM and CCNC] certifications can coexist or how the new exam can be integrated into the ABMS approval process." He said "discussions are imminent" within the next few months, although no date has been set yet for a meeting between the three representatives.

### **CCNC Exam Eligibility Requirements**

In order to meet the exam's eligibility requirements, physicians must be licensed by a state and be board certified in cardiology or nuclear medicine or radiology. If applicants complete their training before July 1998, they must have training or experience equivalent to Level 2 in nuclear cardiology, as defined by the published 1995 American College of Cardiology/American Society of Nuclear Cardiology training guidelines (J Nucl Cardiol 2: 167,1995). These guidelines define Level 2 as 4 to 6 months of training at an academic institution. In addition, they must also offer proof that they have provided nuclear cardiology services involving at least 300 nuclear cardiology cases, of which 30 have angiographic correlation. The guidelines do not specify that the training must take place in a nuclear medicine or radiology training program accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Applicants slated to complete their training after (Continued on page 18N)

# Abass Alavi, MD (continued from p. 17N)

accomplishments, his wife, Mitzi, has matched his steadfast belief in the importance of education with her own commitment to the ERF.

Bill and Mitzi have left an everlasting mark on the field of nuclear medicine through their tireless efforts on behalf of the foundation. Both have been great advocates for this worthy cause and have functioned as the most vocal spokespeople for this organization. Together, they have thought of imaginative and creative ways to collect funds for the Foundation. For example, they came up with the idea of publishing a cookbook, which was successfully marketed by the SNM in the 1970's. As close family friends of Benedict Cassen, PhD,—the inventor of the rectilinear scanner—and Mrs. Cassen, Mitzi and Bill were instrumental in making the Cassens aware of the importance of the Foundation for future developments of the specialty.

Following Dr. Cassen's death, through the encouragement of Mitzi and Bill, Dr. Cassen's widow graciously donated a substantial amount of money to the Foundation. This fund supports postdoctoral and student fellowships, a major award for an individual who has made substantial contributions to the field and subscriptions to *The Journal of Nuclear Medicine* for underdeveloped countries. It also funds pilot projects and many other worthy undertakings. Additionally, a family friend of the Blahds, Frank Tick, PhD, a historian, recently established another fund to support education and research activities in the Foundation.

Nuclear medicine practitioners owe so much to both Bill and Mitzi for their unprecedented dedication to the future of the field. They have started a tradition that we should all emulate if we share their views and are concerned about the survival of our specialty.

Dr. Alavi is the chairman of the Education and Research Foundation and is chief of the division of nuclear medicine and professor of radiology, neurology and psychiatry at the University of Pennsylvania School of Medicine in Philadelphia.

# Conrad Nagle, MD (continued from p. 17N)

create the Alavi-Mandell Prize. Their funds will encourage future improvements in medical care through the specialty of nuclear medicine.

Plans for the money are to award a \$200 prize to nuclear physician residents and fellows who have published outstanding original papers in *The Journal of Nuclear Medicine* as first authors. They hope to provide 6 to 7 prizes every year. The award will be given during SNM Annual Meetings. By awarding these prizes, Drs. Alavi and Mandell hope to encourage others to join the field of nuclear medicine.

I encourage each member of the Society to become involved in preserving the benefits of nuclear medicine for patients and the growth of our specialty by supporting the E&R Foundation. If you can't make a large financial contribution, make a small one. Every dollar counts towards strengthening education and research efforts. If you can't give financially, donate your time to the Foundation to aid in fund-raising. Giving your time and/or money to the E&R Foundation will not only benefit others but could one day benefit your own practice of medicine.

Dr. Nagle is the editor of Newsline and is the chief of the nuclear medicine department at William Beaumont Hospital in Troy, Michigan.

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July 1998 must have at least Level 2 training in nuclear cardiology as defined by the guidelines and cannot be "grandfathered in" with equivalent experience. Physicians from foreign countries and those who are boarded in other specialties will be evaluated for eligibility by CCNC on a case-by-case basis.

Nuclear medicine leaders have taken issue with the requirements for the exam, specifically with the minimum level of training required to be eligible to sit for the examination. All ABMS-approved certifications for subspecialties require a minimum of one year of additional training in an ACGME accredited training program—not 4 to 6 months. "The traditional medical education process in the United States requires a basic educational core curriculum developed by the medical field—usually through its scientific bodies such as the Cardiovascular Council of SNM. It also requires an autonomous certification body such as ABNM to assure that the educational requirements are fulfilled and that individuals have an acceptable level of basic knowledge as determined by an examination and participation in an accredited ACGME training program," said ABNM Chairman James J. Conway, MD.

Wackers conceded that a certification process approved by ABMS would be ideal and that one year of training in nuclear cardiology is better than 6 months. He did not, however, feel that one year of training is necessary for clinical competency and thought the requirement would deter cardiologists from taking the exam. "Although I personally support one year of training, it's not realistic because most cardiologists performing nuclear medicine studies don't have the additional year," Wackers said. "We're concerned about people practicing nuclear cardiology with inadequate training. This is more a difference of details than of concepts. We want to measure clinical competence against uniform standards of quality."

The CCNC is currently working in collaboration with a consulting firm to finalize the exam questions. An absolute passing score will be determined by an independent committee of experts. The exam room has the capacity for 450 registrants. As of presstime, 200 physicians have registered for the exam, according to Wackers. The four-hour exam, comprised of 200 multiple choice questions, will take place in Washington, D.C. on September 10, 1996. The registration deadline is July 16. For more information, contact the CCNC office at (301) 320-0399.