

ABNM Announces Results, New Alliances

The 61st meeting of the American Board of Nuclear Medicine (ABNM) was held in New Orleans, LA, December 10–13, 1999, with all 12 members present. The results of the 1999 certifying examination were reviewed. Of a total of 107 physicians who took the 250-question test, 67 passed. The number of candidates taking the test each year has not changed significantly in more than 20 years. ABNM certificates now carry a 10-year time limit. In the past 10 years almost 800 certificates have been issued with this restriction, and the first mandatory recertifying examination will be held in 2002.

The ABNM has reached out to other specialty boards to coordinate joint training programs that could lead to dual certification in several areas. The American Board of Radiology (ABR) and the ABNM have agreed to offer dual certification for candidates who have satisfactorily completed a combined total of 6 years of suitable accredited training in programs approved by both boards and who have successfully passed the certifying examinations of both boards. This dual certification must include 1 preparatory year in an American College of Graduate Medical Education (ACGME)-accredited program, 4 years of education in an ACGME-accredited radiology program that includes the necessary 6 months of nuclear medicine training, and 1 year of education in a combined nuclear medicine/nuclear radiology program. Of the 28 nuclear medicine programs in the United States, 15 are in medical centers with ACGME-accredited nuclear medicine programs. The practical result of this coordination will be that most board-certified radiologists who pass the ABNM examination will be eligible to receive a subspecialty certificate

from the ABR at the same time. Other opportunities for cooperation between the ABNM and the ABR are under discussion.

The American Board of Internal Medicine and the ABNM have agreed to offer dual certification to candidates who have completed 4 years of combined accredited training in internal medicine and nuclear medicine. Details are available from the ABNM Central Office, 900 Veteran Avenue, Los Angeles, CA 90024-1786. One other American Board of Medical Specialties (ABMS) member is in final negotiation with the ABNM to offer dual certification.

The ABNM is one of 24 members of the ABMS, an organization that provides the opportunity for staff and officers of all members boards to share concerns, ideas, protocols, and challenges. The ABMS provides a centralized data base on diplomats for all boards and a forum for discussion of common issues relating to new examination techniques, including computerized and oral examinations. All ABMS members are currently active in assessing and defining the requirements of recertification, a process that has evolved to be called "maintenance of competence." Elements defining competence will include:

- Evidence of good professional standing, including appropriate licensure, peer review, and reports of malpractice claims
- Evidence of life-long learning, including relevant continuing medical education and a self-assessment examination program linked to certification requirements
- Evidence of cognitive expertise in a proctored recertifying examination
- Evidence of practice performance, requiring a demonstration of continuous improvement in practice, using feedback from peer reviews, and the employment of nationally accepted care standards.

The ABNM will keep the nuclear medicine community informed of these important developments, as they will affect every practitioner in our specialty.

The ABNM remains financially and administratively strong in all areas. The board is especially grateful to Drs. William Blahd and Heinrich Schelbert and to Mrs. Gloria Gorden as the strong executive/administrative team that coordinates examinations. Production of the

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1999 ABNM Members

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Executive Director: William H. Blahd, MD

Associate Executive Director: Heinrich R. Schelbert, MD

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examination has been in the process of centralization over the last year at the ABNM office in Los Angeles, with completion scheduled for 2001. Turn-around time for grading and analysis of each candidate's performance has already improved significantly.

ABNM examinations are based on criterion referenced testing, in the belief that candidates should be measured against the skill and knowledge represented in each test question. All questions are single-response multiple choice items. The stem and responses for each question are written carefully to be clear and precise. Many questions with high-quality images requiring interpretation and explanation are meant to simulate practice conditions.

The ABNM is currently updating "Components of

Professional Competence of Nuclear Medicine Physicians," (*J Nucl Med.* 35:1994;1234-5). A new section on medical ethics will be added later this year. Format and contents will conform to recommendations of the ABMS Task Force on Competence and will be submitted for publication in the *Journal of Nuclear Medicine*.

International efforts at coordination among medical examining boards are ongoing. The ABNM is in contact with the Canadian Board of Nuclear Medicine, the European Board of Nuclear Medicine, and the Latin American Board of Nuclear Physicians and welcomes contacts with other boards.

—Edward B. Silberstein, MD, Chair,
American Board of Nuclear Medicine

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and Chair of the President's Council on Year 2000 conversion responded on January 2 to reporters' questions on Y2K by saying, "We've made it look too easy in many ways... it is important to put it in the right context as we go forward. And as I've said on numerous occasions in the past, individual companies did not spend in many cases hundreds of millions of dollars for public relations efforts. They are not susceptible to responding to hype. They actually spent that money because their systems were at risk."

Greg Mack, Information Technology manager for the American Chemical Society, who has worked extensively in nuclear medicine systems research, commented for Newsline on the Y2K effort in medicine: "Dramatic breakdowns did not occur in either medical apparatus or delivery precisely because so much planning and preparation were involved. And many of

the dollars spent on Y2K will pay future dividends in systems that are now more updated, more completely coordinated within their institutional networks and with outside sources, and more ready for unexpected events."

Where do these "non-events" leave the field of nuclear medicine? Ready to face the 21st century, whatever lies ahead. In the January 2000 Newsline SNM president Robert F. Carretta wrote, "We can know only one thing for certain: we must be prepared to deal strategically and effectively with rapid technological change and with the clinical, regulatory, and economic results that inevitably accompany such change." On January 1, a collective sigh of relief was breathed in nuclear medicine departments everywhere when it became clear that this century of change had begun not with medical meltdowns, but with fireworks, champagne, and hopes for a bright future.

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the complete genetic sequence of the bacteria *Deinococcus radiodurans* in the November 19 issue of *Science*. The organism's remarkable ability to repair DNA damage from radiation has made it the object of much speculation in the search to understand the mechanisms of cellular degradation and repair.

TIGR investigator Owen White led the team that sequenced the nearly 3.3 million individual chemical base units making up *D. radiodurans*' DNA. Kenneth W. Minton and Michael J. Daly from the Uniformed Services University of the Health Sciences performed the genetic engineering research and collaborated on the sequencing project. They examined the bacterium's cellular repair genes and discovered that, although *D. radiodurans* contained the usual complement of repair genes found in other radiation-sensitive bacteria, it has an unusually large redundancy of repair functions.

D. radiodurans was originally isolated from colonies of

nonpathogenic bacteria growing on samples of canned meat thought to be sterilized by gamma radiation. The microbe also withstands extreme desiccation and UV-irradiation. Since its discovery in 1956, *D. radiodurans* has been found to occur naturally.

The results of the DOE-funded sequencing of *D. radiodurans* have been cited as offering possibilities as diverse as nuclear waste clean-up and cancer research. "We anticipate a terrific boost for industrial and environmental microbiology," said TIGR President Claire Fraser. "Publication of the *Deinococcus* sequence will foster more research into cellular repair and damage resistance. We foresee its use for novel industrial processes that most bacteria cannot survive."

Photos of *D. radiodurans* and a detailed description of its genome are available through TIGR's Microbial Database on the World Wide Web at (www.tigr.org).

—Department of Energy