

MI Activities at SNM Annual Meeting

This is a big month for molecular imaging. Mailing with this issue of *JNM* is a supplement dedicated to noninvasive imaging of cell-mediated therapy for the treatment of cancer. Edited by Sanjiv Sam Gambhir, MD, PhD, director of the Molecular Imaging Program at Stanford University (CA), this extensive publication examines radioisotope-based and non-radioisotope-based molecular imaging technologies.

Also, in this issue of Newline you will find the complete proceedings of our second industry/expert summit, held in February following the SNM Mid-Winter Educational Symposium. Specific details on how SNM plans to address recommendations developed at the summit will be outlined during the coming months.

One of the recommendations that came out of the summit was to hold a hybrid/multimodality molecular imaging summit February 9–10 following the SNM 2009 Mid-Winter Educational Symposium in Clearwater, FL.

Molecular imaging is a recurring theme in all the educational tracks at the 2008 SNM Annual Meeting starting Saturday, June 14, in New Orleans, and the Molecular

Imaging Center of Excellence (MICoE) is sponsoring a number of activities devoted exclusively to non-radioisotope-based and multimodality imaging. On Saturday we are sponsoring an all-day categorical course on molecular imaging. Three scientific paper sessions (oncology; optical and bioluminescent imaging; and PET/MR, MR, and ultrasound imaging) are scheduled for Sunday and Monday, along with a scientific review session on Sunday afternoon and a continuing education (CE) session on Wednesday morning covering contrast agent toxicity. The MICoE business meeting will be held Monday during the break between scientific paper sessions. All members are welcome to join us for lunch and presentation of our new molecular imaging awards. Individuals who want to join the MICoE may sign up for a complimentary membership at the business meeting.



**Marybeth Howlett,
MEM**

(Continued on page 81N)

MAINTENANCE OF CERTIFICATION

Professionalism and MOC

Prior to 1992, all that diplomates had to do to maintain their certificate was pass a once-in-a-lifetime exam.

Diplomates who were certified after 1992 were required to be reexamined every 10 y. Maintenance of certification was introduced in 2006 in recognition of the fact that there is much more to being a good nuclear medicine physician than knowledge alone. The American Board of Medical Specialties, the umbrella organization for all primary certifying boards, and the Accreditation Council for Graduate Medical Education, the umbrella organization for physician training programs, have agreed that all physicians should be evaluated using 6 competencies (patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice). Most will agree that these are important competencies to possess. Professionalism will be discussed in more detail below. The other competencies will be discussed in future Newline articles.

What is professionalism? Some characteristics include having compassion, integrity, and respect for others; being responsive to patient needs even when they supersede self-interest; respecting patient privacy and autonomy; being accountable to patients, society, and the profession; being sensitive and responsive to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.



Henry D. Royal, MD

How will the boards evaluate professionalism? Within the last several years, boards have been given a tool to evaluate professionalism, the disciplinary action notification system. The Federation of State Medical Boards, the umbrella organization of state medical boards, has a national database of all disciplinary actions taken by

(Continued on page 81N)

the American Medical Association (AMA) Physician's Consortium on Quality. This achieved a significant early success when members voted unanimously to pass 2 bone scan measures. We are now awaiting quality organizations to perform their own review to decide whether or not to accept these measures. Once that is complete, CMS must give final approval before the measures can be implemented. Although the process of developing quality measures continues to be a challenge, SNM is committed to working with the AMA and other stakeholders to develop the best measures possible to improve the quality of patient care.

It is astounding how quickly time has flown. So many of our big initiatives of a year ago can be encompassed in a few

short lines of type. We accomplished much, but much remains for us to do. We face many opportunities and challenges in our mission of advancing molecular imaging and therapy, and I know the society will be in good hands under its 2008–2009 leadership: Robert W. Atcher, PhD, SNM president; Michael Graham, PhD, MD, SNM president-elect; and Mark Wallenmeyer, MBA, CNMT, RT(N), SNMTS president. They will continue to build on the successes of this and previous years as they keep us focused on the future.

Alexander J. McEwan, MD
SNM President

(Continued from page 78N)

We are also pleased to be joining forces on Tuesday, June 17, with the American Society for Clinical Oncology (ASCO) to present the CE session, "Optimizing Clinical Trials and Clinical Practice," hosted by Alexander McEwan, MD, president of SNM, and Richard Schilsky, MD, president of ASCO. Details about these and other activities can be found online using the interactive meeting planner (www.snm.org/meetingplanner), keywords "molecular imaging."

We hope you will join us for some of these activities—and be sure to drop by the poster hall to check out the MI Gateway exhibits. The MI trade meet-the-author session is Monday afternoon. A Gateway/Poster Session Mixer will be held from 6:30 to 8:30 PM on Sunday night, cosponsored by MICoE and the SNM Radiopharmaceutical Sciences Council.

Marybeth Howlett, MEM
Director, MICoE

(Continued from page 78N)

state medical licensing boards. These actions are reported to all of the state medical licensing boards and to the certifying boards. If a physician has had his or her license revoked, it is likely that the board certificate will be revoked. It is important to all diplomates that boards take this action. Failure to act would devalue certification for all diplomates.

In the future, it is likely that additional tools will be used to evaluate professionalism. One tool under development is a standardized set of surveys for peer physicians, referring physicians, trainees, technologists, and patients.

These comprehensive surveys are often referred to as 360° surveys, because they allow everyone around a physician to give the physician feedback about performance. Most of us already participate in 1 or more surveys. The goal in the future is to develop national standardized surveys so that the results of these surveys can be used to develop national benchmarks. National standardized surveys should also eliminate the redundancy of having many local surveys.

Henry D. Royal, MD
Executive Director, American Board of Nuclear Medicine