

## ABNM Celebrates 40th Anniversary

**F**orty years ago, in May 1971, the Liaison Committee for Specialty Boards recommended the approval of the application by proponents of the American Board of Nuclear Medicine (ABNM) to the American Board of Medical Specialties (ABMS) and to the Council of Medical Education of the American Medical Association. In July 1971 the ABNM was incorporated as a conjoint board sponsored by 3 separate boards (the American Boards of Radiology [ABR], Internal Medicine, and Pathology [ABP]) and the Society of Nuclear Medicine (SNM). The first organizational meeting of the ABNM board was held on October 23, 1971.

Three types of certification were initially provided: 1 by the conjoint board, 1 in nuclear imaging provided by the ABR, and 1 in radioisotope pathology sponsored by the ABP. In 1985, the ABMS granted the ABNM primary board status. Since that time, the ABNM has functioned independently as 1 of the 24 ABMS-recognized medical specialties. Through the ABMS, the boards continue to work together to establish common standards for physicians to achieve and maintain board certification. The ABMS and the specialty boards are accountable both to the public and the medical profession through:

- Helping patients by providing information about the board certification process and which doctors are board certified;
- Supporting physicians by creating programs that assist doctors in staying current in their field and improving their practices;
- Collaborating with health care leaders to foster initiatives for the promotion and monitoring of health care quality; and
- Transforming health care by increasing awareness of the importance of board certification and lifelong learning in assuring quality care.

What factors led to the establishment of the ABNM? During the 1930s radionuclides were being used experimen-

tally in medicine to study physiologic and metabolic processes in the body. In the late 1940s, with the advancement of nuclear technologies, radionuclides became much more available and were introduced more widely into clinical practice, helping in diagnosis and therapy. In the 1950s and 1960s nuclear medicine became 1 of the most rapidly growing new areas of medicine; however, there were no nuclear medicine residency training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME). Most physicians interested in nuclear medicine learned by apprenticeship, mostly that sponsored by the U.S. Atomic Energy Commission, the predecessor of the Department of Energy. In June 1967, recognizing the need for more formal training, representatives of the ABR suggested to the SNM president that the society establish a certifying board in nuclear medicine. At that time, the most common applications of nuclear medicine included diagnosis and treatment of thyroid disease, radioimmunoassay, and diagnostic imaging. As a result, the specialties of internal medicine, pathology, and radiology were invited to participate in the development of the new specialty of nuclear medicine.

During the “grandfathering” period, between 1972 and 1976, approximately 2,800 physicians already practicing nuclear medicine were certified. The first ACGME-accredited nuclear medicine residency training programs were approved in 1974. From 1977 to 2010, the ABNM certified an additional 2,500 physicians, for a total of 5,328 certified physicians.

From the time that the specialty of nuclear medicine was created until today, some have questioned whether nuclear medicine should be an independent specialty separate from diagnostic radiology. Medical specialties are defined by their core knowledge. The core knowledge required for nuclear medicine is use of the tracer principle, most often with radiopharmaceuticals, to evaluate molecular, metabolic, physiologic, and pathologic conditions of the body for the



**Attendees and founding members at the first ABNM meeting in 1971: Front row, L to R: Joseph F. Ross, MD, Merrill A. Bender, MD, Henry N. Wagner, Jr., MD, W. Newlon Tauxe, MD. Back row, L to R: David Kuhl, MD, Richard E. Peterson, MD, E. Richard King, MD, Paul Harper, MD, Tyra T. Hutchens, MD, Ralph M. Kniseley, MD, Frederick Bonte, MD, Joseph P. Kriss, MD.**



**American Board of Nuclear Medicine, 2011: Front row, L to R: Kirk Frey, MD PhD, Lalitha Ramanna, MD, Helen Nadel, MD, Janis O'Malley, MD, Leonie Gordon, MD, Louise Thomson, MBChB, Harvey Ziessman, MD. Back row, L to R: Eric Rohren, MD, PhD, Marcelo DiCarli, MD, George Segall, MD, David Mankoff, MD, PhD, Jerold Wallis, MD, Henry Royal, MD, Barry Shulkin, MD, MBA.**

purposes of diagnosis, therapy, and research. This core knowledge is quite different from the core knowledge required for radiology. In most other countries, nuclear medicine is an independent specialty without affiliation to radiology. Although hybrid technologies, such as PET/CT, have led some to again question whether nuclear medicine is a distinct specialty from radiology, the core knowledge for nuclear medicine remains the same, and this core knowledge is distinct from knowledge required for other specialties. Medical specialties are defined by this core knowledge, not by their technologies—which are certain to change over time.

During its 40 y of existence, the ABNM has set the educational standards and evaluated the competence of physicians in nuclear medicine, which now includes fusion imaging (PET/CT and SPECT/CT), radionuclide and radiopharmaceutical therapy, and molecular imaging. It has responsibility for establishing requirements for certification and maintenance of certification, for con-

ducting examinations leading to certification and maintenance of certification in nuclear medicine, and for issuing certificates to those who fulfill its requirements. The ABNM ensures that all physicians who participate in its certification and maintenance of certification programs practice high standards of excellence in nuclear medicine and molecular imaging. Given the increasing importance of maintenance of certification and the emphasis on quality and patient safety in health care, the future of the ABNM and its diplomates remains bright.

*Leonie L. Gordon, MD*

*Director*

*Henry D. Royal, MD*

*Executive Director*

*David A. Mankoff, MD, PhD*

*Chair*

*American Board of Nuclear Medicine*