

ABNM International In-Training Examination Program

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The Nuclear Medicine Residency Review Committee of the Accreditation Council for Graduate Medical Education requires residents to take the American Board of Nuclear Medicine (ABNM) In-Training Examination (ITE). The board has expanded the ITE program, allowing diplomates who will be taking the Maintenance of Certification (MOC) exam in October to practice by taking the ITE exam. The goal is to lessen the anxiety of diplomates about the MOC exam, especially those diplomates who have not recently taken a multiple choice test.

Training programs in other countries have also used the ITE for resident evaluation. Nuclear medicine residents in Australia and New Zealand used the ITE first in 2010. The Academy of Medicine in Singapore used the exam in 2013. With success in these 2 programs, the board reached out to a few other countries, and next year the exam will be used for resident evaluation in Australia and New Zealand, Singapore, Kuwait, and South Africa.

The American Board of Medical Specialties (ABMS), the ABNM parent organization, has incorporated a wholly owned subsidiary, ABMS International™, to provide support and added value to governments and organizations around the world striving to set high standards for assessing and certifying medical specialists. In addition, some of the member boards have reached out to international certifying organizations. The ABNM international ITE program is in line with this broader effort.

The ITE is a 3.5-hour paper-based exam. The 12 members of the ABNM Board of Directors write questions that are used on the certifying exam, the MOC exam, and the ITE. The questions are edited by committee and then placed in 2 pools: 1 for the certifying and MOC exams and 1 for the ITE. Questions on all 3 exams are quite similar, emphasizing current or emerging clinical practice.

The ITE also has a few questions that test knowledge needed to learn the principles of nuclear medicine and to become lifelong learners.

The certifying and MOC exams are administered by an international testing agency, Pearson VUE (Bloomington, MD). Residents who are admitted to the certifying exam and diplomates who need to take the MOC exam may sit for the exam throughout the world. This flexibility is useful not only for diplomates currently living in foreign countries but also for diplomates serving in the military who are posted abroad. To minimize costs for the ITE, the board uses a paper-based exam. This limits the availability of the ITE exam for foreign-based diplomates to locations at which the exam is given for residents.

The ABNM has been pleased with the response to this program and hopes to expand the use of the ITE to other international nuclear medicine training programs.



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base of stakeholders. As health care manufacturers merge, reorganize their sales forces, and evolve their contracting models, should trade associations develop comparable new relationships? Certain societies representing radiology subspecialties, such as the Society of Breast Imaging and Society of Computed Body Tomography and Magnetic Resonance, have become affiliated with the ACR. Other societies, like SNMMI, are increasingly anchored by their international relationships. Smaller societies, like ARR and ASNC, may distinguish themselves through innovative business models.

All societies, small and large, identified the need to develop registries and appropriate use criteria as the new pillars for quality in health care. Once again, this could lead to competing standards. However, the drive for standardization across the U.S. health care system is likely to favor the larger medical societies that dominate the quality “marketplace” through their access to bigger

resources, larger audiences, and commanding influence. Standardization also seemed to be the message emerging from the meetings with the FDA and Congressional staffers. Smaller societies may be able to compete only through innovation and flexibility rather than a copycat approach.

Major changes taking place in the American health care environment are challenging traditional medical societies and health care associations with a push to adopt new business models, develop new affiliations, and reach out to new partners. The American Society of Association Executives may provide a logical forum in which many of these new approaches can be vetted, evolved, and tested. Responding to the rapid changes in today’s health care marketplace will be a significant challenge to those medical societies that are more wedded to tradition, averse to change, and anchored by silo mentalities.