

Value of ABNM Certification and MOC to Diplomates and the Public

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Certification and maintenance of certification (MOC) provide assurance to our patients, our colleagues, and the public that we are experts in the practice of nuclear medicine. Much of the work and expense for the American Board of Nuclear Medicine (ABNM) is directed at providing credible assurance of diplomate qualifications.

Initial and periodic examinations are perhaps the most visible and credible mechanism for demonstrating expertise. Developing in-training, certifying, and MOC examinations consumes a major portion of the board's resources. Board members produce the images and graphics and write the questions used on all 3 of these image-rich exams. Questions are reviewed and edited by topic-based groups of board members. The exams are constructed from the question pools to represent the important aspects of current nuclear medicine practice. A psychometric consultant assists board members in making questions and exams psychometrically valid. Much of this work is done by e-mails and conference calls, but 2 face-to-face meetings each year are an important part of the process. A major diplomate benefit is that board members volunteer the considerable amount of time they spend on ABNM business.

The psychometric firm employed by the board evaluates exam results. The first part of the process is evaluating question performance. Based on the results of this evaluation, board members review the questions with the psychometric consultant and decide whether each question provides useful information about candidate performance. A portion of the questions (often 5%–10%) is discarded. The psychometric firm then provides a final ranking of candidates. The board determines a criterion standard for passing, using the Angoff method. The criterion standard is independent of the particular group of candidates taking the exam or the questions on the exam.

Certification and MOC are not just about passing exams. After all, practice is not about taking an exam, but treating patients. The certification application would be much shorter if certification depended only on the exam. The ABNM office, with the help of the executive staff and Credentials Committee, verifies training, recommendations of training directors, and professional standing for each candidate. In 2015, the ABNM received 58 inquires about training and eligibility for certification. Many inquiries came from physicians who were trained in nuclear medicine or radiology outside the United States and Canada.

Participation in MOC provides assurance to colleagues and the public that our diplomates are in good professional standing and meet current standards of specialty expertise.

The board verifies that the medical licenses of all diplomates remain valid without restrictions. The board receives reports from the Federation of State Medical Licensing Boards and the American Board of Medical Specialties (ABMS) about actions taken against a diplomate's medical license. In 2015, the ABNM reviewed actions taken against the medical licenses of 11 diplomates. In each of these cases the board determined the appropriate action to take, with possibilities including probation, suspension, or revocation of ABNM certification.

Participation in the ABNM's MOC program means that diplomates are staying current with continuing medical education (CME) and are completing self-assessments. Participation means that the diplomate's practice is remaining up to date through practice performance assessment. Tracking these activities by the ABNM provides credibility in assuring that the diplomate and the diplomate's practice are up to date.

Although the ABNM is a small board, it maintains a website that provides board information and regulations. The website records CME and self-assessment module credits. For those who take part in the Radiological Society of North America gateway, the transfer to the ABNM website is transparent. The website also supports electronic application for the certifying and MOC exams. The board tries to strike a balance between website functionality and cost. The bigger boards go through extensive testing and modification of their websites that would be prohibitive given our number of diplomates.

Four full-time employees located in St. Louis, MO, perform the work of the ABNM. The executive director, George Segall, MD, and an associate executive director, J. Anthony Parker, MD, PhD, who both actively practice clinical nuclear medicine, direct office operations. Twelve members serve as directors of the board, all of whom actively practice nuclear medicine.

The ABNM belongs to the ABMS, an umbrella organization for the major medical boards. In addition to providing a forum for the boards to share and learn from each other, the ABMS represents its members' interests to payers and regulators. Although we are a small board, we have a seat at the table, where we can make sure our special interests are heard. The ABMS evaluates each board's activities to provide additional credibility,



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(Continued on page 13N)

William H. Beierwaltes, MD, physician-in-charge of nuclear medicine at the University of Michigan from 1952 to 1986. He devised a method for radioiodine therapy for thyroid carcinoma in the 1950s and later developed ^{131}I NP-59 for imaging adrenal glands and ^{131}I -MIBG for diagnosis and treatment of pheochromocytoma.

Benedict Cassen, PhD, a physicist at UCLA. He developed the first medical directional gamma counter in 1949 and designed and built the first scintillation area (rectilinear) scanner in 1950.

Eliot Corday, PhD, director of nuclear medicine at Cedars–Sinai in Los Angeles in the late 1940s. He did some of the very early work in studies of cardiac blood flow and ischemic myocardium and was the first to adapt the Holter monitor for clinical use.

Charles L. Dunham, MD, chief of the Division of Biology and Medicine at the Atomic Energy Commission.

Clement A. Finch, MD, a hematologist and chairman of medicine at the University of Washington in Seattle.

Norman J. Holter, MA, MS, an independent inventor in Helena, MT, who developed the Holter monitor. He also served as a safety engineer on the Manhattan Project.

Howard B. Hunt, MD, chairman of radiology at the University of Nebraska. His research interests covered radiotherapy and oncology.

E. Richard King, Capt. USN (MC), chief of the radioisotope laboratory at the U.S. Naval Hospital in Bethesda, MD, in the early 1950s. He wrote one of the first books, *Atomic Medicine*, on the new specialty.

John H. Lawrence, MD, director of the Donner Laboratory of Medical Physics and Biophysics from 1948 to 1972. He became the first to employ artificial radioactivity for therapeutic applications, when he used ^{32}P to treat leukemia.

Warren K. Sinclair, PhD, head of physics at M.D. Anderson in Houston, TX. He helped develop one of the first ^{60}Co teletherapy units and became president of the National Council on Radiation Protection and Measurements.

Joseph Sternberg, MD, University of Montreal, was instrumental in establishing the World Federation of Nuclear Medicine and Biology.

Shields Warren, MD, a pathologist at New England Deaconess Hospital in Boston, MA. He did early work in studying the pathologic effects of radiation

Robert E. Zipf, MD, chief pathologist and head of nuclear medicine at the Miami Valley Hospital in Dayton, OH. He also used radiotracer techniques for research in NASA's Apollo space program and did toxicology studies in animals on the products of the atomic bomb.

(Continued from page 10N)

especially to other organizations and licensing bodies, that agreed upon standards are followed. The ABMS is currently supporting development of a new MOC assessment platform for use by member boards that would be much too expensive for the ABNM to develop by itself (1). The work of the ABMS is transparent to

most diplomates, but the value it provides is high compared to the cost for the ABNM.

REFERENCE

1. Parker JA. From the ABNM: Practice of nuclear medicine. *J Nucl Med.* 2015; 56(11):18N.