

# THE *Beam*

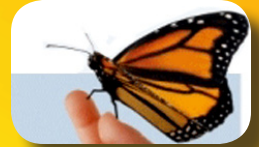
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## Letter from the Editor



George S. Bisset, III, M.D., Editor

If you have this in front of you, then you are a part of history. You are viewing the very first e-newsletter from the American Board of Radiology (ABR).

Dynamic changes in radiology practice, training, and certification demand better communication. We take this challenge seriously, and plan to do better than the ABR ever has in keeping you abreast of developments that affect you. Knowing that you are likely inundated with emails, *The Beam* (colloquially representing a stream of photons), will publish just two issues per year. Each edition will

feature letters from the editor and the executive director, plus articles of particular importance to trainees, and sections specific to diplomates in diagnostic radiology, radiation oncology, and medical physics (coeditors for those sections are Duane Mezwa, Bruce Haffty, and Stephen Thomas, respectively). We will address "hot topics" in a frequently asked questions (FAQs) section.

As for the maintenance of certification (MOC) program, we're all in this together as the program grows and matures. We'll keep you up to date on requirements

that come to us from our parent organization, the American Board of Medical Specialties (ABMS). We will alert you to policy updates that affect your ABR certification status, news regarding Nuclear Regulatory Commission (NRC) rulings, how-tos for Practice Quality Improvement (PQI), outcomes of recent summits and ABR meetings, and much more. We will also seek your feedback so that we may serve you better as we administer this program.

We hope that this is the beginning of a lifelong partnership between you and the ABR.

## Letter from the Executive Director

Welcome to *The Beam*, ABR's new e-newsletter and your source of information about certification and maintenance of certification (MOC) in diagnostic radiology (DR), radiation oncology (RO), and radiologic physics (RP). We hope you will trust *The Beam* to deliver insights into Board policies, complement our website content ([www.theabr.org](http://www.theabr.org)), introduce you to the ABR staff who can assist you with specific issues, and update you on important news from external authorities, including the Federation of State Medical Boards and the American Board

of Medical Specialties. Future articles will include insights on how matters are addressed within the ABR, information on practice quality improvement (PQI), the future computer-based core and certifying exams in DR, and more.

The ABR is led by a 24-member Board of Trustees, comprised of 15 members from DR and subspecialties, 6 from RO, and 3 from RP. Most members serve two 4-year terms on the Board. Current officers are listed on the last page. The Board has four Associate Executive Directors: Jennifer Bosma, Ph.D., for Administration;

Lawrence W. Davis, MD, for RO; Stephen R. Thomas, Ph.D., for RP; and we are currently interviewing for the DR position.

The ABR, based in Tucson, AZ, is comprised of 5 divisions. These divisions are: Administration, led by the Executive Director, Gary J. Becker, M.D. and Jennifer Bosma, Ph.D.; Initial Certification and Testing Services, led by Anthony Gerdeman, Ph.D.; Maintenance of Certification (MOC), led by David Laszakovits; Information Technologies, led by Mike Evanoff, Ph.D.; and Financial Services, led by Vicki Franz, C.P.A.



Gary J. Becker, M.D., Executive Director, ABR

Please do not hesitate to contact us with any questions or concerns at [information@theabr](mailto:information@theabr).



# ABMS Maintenance of Certification™

## Certification Matters

### What the Heck Is MOC?

Though it's been around for several years now, many people still don't have a clear idea of what maintenance of certification (MOC) is. Here are the basics: Increasing public demand for safe, high-quality healthcare and transparency and our own professional responsibilities as physicians have combined to impel a transformation in healthcare in the U.S. The objective is for certified diplomates of the member boards of the American Board of Medical Specialties (ABMS), including the ABR, to maintain their competence and to demonstrate that competence through Board-specific programs that feature time-limited certification. To maintain certification, physicians must satisfy all components of MOC. All member boards are required to participate. The evolution of

the ABR version of the program is detailed in the articles referenced at the end of this article. Diplomates who complete(d) radiology training after specified dates (per discipline) receive time-limited certificates and are thereby required to participate in MOC. These dates are:

1994—DR subspecialties in pediatrics & VIR

1995—RO, and DR subspecialty in neuroradiology

1999—DR subspecialty in nuclear radiology

2002—All DR and RP

Lifetime certificate holders are encouraged to participate in MOC. Participation will keep you current and serve as a bedrock for future delineation of your clinical privileges, pay-for-performance participation, and maintenance of state medical licensure.

There are four components that

must be fulfilled in the course of a 10-year cycle.

1. **Evidence of professional standing.** Maintain a valid, unrestricted medical license in at least one jurisdiction in the U.S., U.S. territories, or Canada, including any jurisdictions in which you practice.

2. **Evidence of lifelong learning and self-assessment.** Demonstrate that you are continuing to learn through the earning of CME credits and the completion of self-assessment modules (SAMs).

3. **Evidence of cognitive expertise.** Take a computer-based exam once within the 8th, 9th, or 10th year of the 10-year cycle.

4. **Evidence of evaluation of performance in practice.** The

ABR has dubbed this component "practice quality improvement (PQI)." The object is to participate in a project intended to improve some aspect of your practice. Projects may be individually designed or provided by a society or organization. Details on all the MOC components can be found on the ABR website: [www.theabr.org](http://www.theabr.org).

### Temporary Amnesty

*Hurry and pay any outstanding MOC fees!*

*Effective 1/1/09, there will be a \$100.00 late fee for all payments not received by the invoice due date.*

#### References:

The American Board of Radiology: Maintenance of Certification. *Radiology* 2005; 234(1):17-25  
The American Board of Radiology perspective on Maintenance of Certification: Part IV—Practice Quality Improvement for Diagnostic Radiology. *Radiology* 2007; 243: 309-313

Kun LE, Erickson B, Harris J, Hoppe R, Leibel S, Hattery R. Maintenance of Certification for Radiation Oncology. *Int J Radiat Oncol Biol Phys*, 2005 Jun 1; 62(2):303-8.

Kun LE, Haffty BG, Bosma J, Strife J, Hattery RR. American Board of Radiology Maintenance of Certification – Part IV: practice quality improvement for radiation oncology. *Int J Radiat Oncol Biol Phys*, 2007 May 1; 68(1):7-12

### Hospice & Palliative Care Certificate

It is now possible to earn certification in hospice and palliative medicine. A program has been developed jointly by the American Boards of Internal Medicine, Anesthesiology, Emergency Medicine, Family Medicine, Obstetrics and Gynecology, Pediatrics, Physical Medicine and Rehabilitation, Psychiatry and Neurology, Radiology, and Surgery. It is designed to recognize excellence among physicians who are specialists in the care of dying patients and those who are seriously ill or have life-limiting

illnesses. Hospice and palliative medicine encompasses the expanding scientific knowledge and skills required for symptom management when cure is not possible, and for appropriate care during the last months of life.

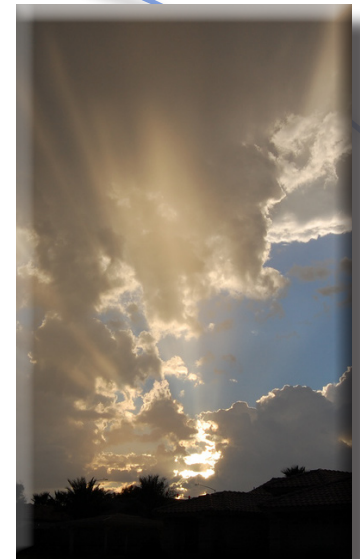
Certification is not required of practitioners in this field, and the certificate does not confer privilege to practice. It does, however, testify of a level of expertise that may be important in a physician's practice.

Each participating board will accept applications for their own diplomates. For the ABR, both

diagnostic radiology and radiation oncology diplomates are eligible. A biennial examination will be administered to candidates from all boards at the same time—the same exam, in the same testing centers. The registration deadline for this year's exam is May 1, 2008.

For details and registration information, refer to the ABR website ([www.theabr.org/HPC\\_Pri\\_Req.htm](http://www.theabr.org/HPC_Pri_Req.htm)).

Questions concerning the exam can be directed to Cathleen Kammerer at 520-790-2900 or [cathleen@theabr.org](mailto:cathleen@theabr.org).



# International Medical Graduates

Interest in specialty board certification of international medical graduates (IMGs) continues to increase. The primary path to certification is ACGME-accredited diagnostic radiology (DR) training and successful completion of the ABR's qualifying and certifying exams.

The number of non-U.S. citizen graduates of international medical schools participating in the match is reflected in table 1. The total number of IMGs has continued to trend upward since 2004, according to NRMP data.

J-1 visa waiver requests to practice in underserved areas

**Table 1 - NRMP Data**

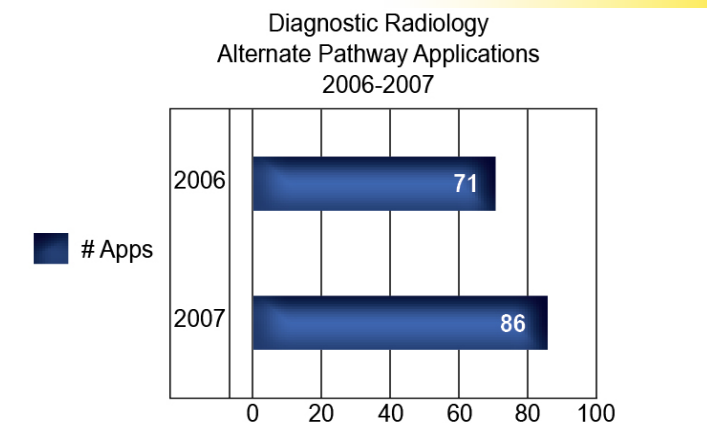
Year	Number of IMGs
2004	8,976
2005	8,943
2006	9,987
2007	10,710
2008	11,141

have increased from 70 in 1990 to 1378 in 1995. Recent data suggest that IMGs account for 25% of all MDs in the U.S., compared with 21% in 1980. The number of IMGs in graduate medical education continues to increase while the number of U.S. medical graduates has remained stable. The top four IMG primary specialties are internal medicine, anesthesiology, psychiatry, and pediatrics. Approximately 19% are in radiology.

### Alternate Pathway

The ABR has an alternate pathway for IMGs to achieve board certification. (Diagnostic radiology and radiation oncology have alternate pathways. The following applies only to diagnostic radiology.)

The alternate pathway program, which began in the 1990s, was not



organized. IMG pathways were not consistently defined, and training of individuals was often incomplete.

Recently, the ABR has seen an increased interest in the IMG alternative pathway to certification. The volume of email, phone calls, and traffic at the ABR booth at the RSNA Annual Meeting mirror the national trends affecting all specialties.

The current DR IMG alternate pathway is on the ABR website ([http://www.theabr.org/DR\\_IMG.htm](http://www.theabr.org/DR_IMG.htm)), where more detailed information for department chairs,

program directors, and program coordinators may be found.

The ABR is not the only ABMS Member Board to wrestle with the challenges posed by IMGs seeking certification. Other boards have developed alternative IMG pathways. The details of those programs can be reviewed on their websites.

In the coming months, the ABR will take steps to strengthen and formalize its alternate pathway, and to clarify the roles of the host departments and the ABR in this shared responsibility.



## PQI Moves Forward

August 9 will be the ABR's next maintenance of certification (MOC) summit in Chicago. The general topic is practice quality improvement (PQI) project development and the specific focus of this summit is radiation safety. This focus represents the most responsible approach our specialty can take to Part 4 of MOC; i.e., to tackle a national healthcare priority for which we (diagnostic radiology, radiation oncology, and radiologic physics diplomates) can be considered directly accountable (at

least in large measure). Pediatrics has similarly focused on asthma, and internal medicine has done the same with diabetes, hypertension, and other chronic conditions for which treatment requires adherence to practice guidelines. If all specialties were to tackle their most important national healthcare priorities, we could be well on our way to real improvement in quality and safety.

Objectives of the summit will be: 1) to encourage collaboration among and between organizations

in developing PQI activities, and 2) to make substantial progress toward the development of complete PQI templates and projects, with the expectation that they will be completed shortly after the meeting. The achievement of real dose reductions and universally applied safer approaches to diagnostic imaging will require extensive collaboration between practitioners, technologists, manufacturers, and regulators. We will also rely on technological solutions. This summit represents a great opportunity to effect real change.

"Image Gently" is a subject addressing pediatric radiation safety that will be highlighted at the meeting. Marilyn Goske, M.D. and her coinvestigators at the University of Cincinnati are preparing a pilot demonstration on this topic for the summit.

Also represented at the summit will be all of the specialty and subspecialty societies, leaders in radiology nursing and

technology, and invitees from NCRP, FDA, NEMA, and other critical organizations. It is our hope that the other major radiological societies will arrive prepared to play leading roles in several collaborative projects on radiation safety.



# ABR Calendar

Log in to your Personal Database today at  
[www.abronline.org](http://www.abronline.org)

- View your progress on CME, SAMs, & PQI •
- Locate SAMs • Get updates •
- Check your fee status •

## Exam of the Future

Current and future practice models in radiology are emphasizing subspecialty expertise to match the clinical demands of specialists in surgery and medicine. Because medical knowledge in subspecialty fields is advancing rapidly, radiologists must commit to lifelong learning, periodic self-assessment, and continuing practice quality improvement to keep pace. Training programs have already begun to evolve in this direction, and it is important that the initial certification process in diagnostic radiology reflect these changes.

Extensive discussions by the ABR diagnostic radiology trustees over the past 18 months has addressed these issues; as a consequence, the ABR plans to change the structure, content and timing of future initial certification examinations in diagnostic radiology. These changes will not affect residents currently in training. Rather, they will affect residents entering diagnostic radiology training (PGY2) in 2010. The principal changes will be as follows:

1. A new, image-rich, computer-based core examination will be given 36 months after the beginning of radiology residency training. Whether or not this core examination will be administered as separate physics and clinical components or as an integrated single examination has not been determined. This examination will require knowledge of anatomy,

pathophysiology and principles of radiological physics. The examination will include case presentations.

2. An image-rich, computer-based final certifying examination in diagnostic radiology will be administered 15 months after the completion of the diagnostic radiology residency (yearly in September/October). The ABR plans to make this examination widely available through commercial examination centers. This examination will be tailored to reflect the training emphasis, the experience, and the corresponding planned practice emphasis of the individual resident, who will be allowed to specify up to four areas of concentration. These areas of concentration will not, however, constitute the entire examination. Every examination also will include material pertinent to all diagnostic radiologists (referred to as General Content). More details about the new examinations will be provided in upcoming publications as information becomes available.

The ABR thanks the many organizations and individuals who have provided input to this important transition in the ABR examination process.

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|---|---|
| <b>March:</b><br>14 - Registration began for RO Physics, Biology, and Clinical exams  | <b>September:</b><br>8 - DR Physics exam<br>9 - DR Clinical exam  |
| <b>April:</b><br>14 - Registration begins for RP General, Clinical, Therapy, Diagnostic, and Nuclear exams<br>25 - RO MOC Exam                        | <b>October:</b><br>3 - RO MOC Exam  |
| <b>May:</b><br>9 - Registration begins for DR Physics and Clinical exams<br>May 31 (Saturday) - June 3 (Tuesday): Oral Examinations in Louisville, KY | <b>November:</b><br>9-10 - DR conditioned exams and subspecialty certification                          |
| <b>July:</b><br>9 - RO Physics exam<br>10 - RO Biology exam<br>11 - RO Clinical exam  | <b>December:</b><br>31 - 1998 Time-limited Certificates EXPIRE (RO and subspecialties)                  |
| <b>August:</b><br>20 - RP General and Clinical exams<br>22 - RP Diagnostic & Nuclear exams  | <b>2009</b><br><b>May:</b><br>May 30 (Saturday) - June 2 (Tuesday): Oral Examinations in Louisville, KY |
|   | <b>November:</b><br>8-9 - DR conditioned exams and subspecialty certification                           |

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