

From the Editor

My Experience Taking the "Last" MOC Traditional Proctored Examination 2017;10[1]:1-3

by Lane F. Donnelly, MD

As has been recently announced [1, 2], the ABR is in the process of developing a pilot of an online longitudinal assessment (ABR OLA) to replace the 10-year traditional proctored examination for meeting the Maintenance of Certification Part 3 requirement. The ABR OLA pilot will be rolled out initially for diagnostic radiology. With the OLA model, diplomates will receive weekly emails with links to question opportunities relevant to their registered practice profiles. For convenience, questions may be answered singly or, for a reasonable time, in small batches. After opening a web-based question, diplomates will be allowed a limited amount of time, appropriate to the question, to answer. Once they answer, they will be given feedback as to whether they are correct, along with a brief explanation and at least one reference [2].

ABR diplomates who needed to pass an examination in 2016 were the final group required to take the last large administration of the traditional proctored examination. Those required to pass an exam in 2017 or later have been deferred from completing the Part 3 requirement until the new OLA product is in place. The ABR will continue to administer the proctored MOC Exam through 2018 for those who previously did not pass it.

I was one of those folks who was required to pass an examination in 2016, and I would like to share my experience. The exam was to be administered on a Sunday in October, in both Tucson and Chicago. My main goal was to take the test without having to miss work on Monday (I had used most of my away time). Since I live in Houston, I originally thought Tucson would make sense as it is closer and has a low chance of weather issues. However, as I didn't know exactly how long it would take for me to finish the exam and still get to the airport on time, I was not able to safely book a late enough flight out of Tucson. This meant that I would have had to stay over Sunday night and miss work on Monday. To my surprise, I could actually get out of Chicago later on Sunday, so I booked my exam for Chicago. I did study a little bit the week prior to the exam, particularly reviewing parts of pediatric radiology that I do not practice, such as neuroimaging.

I flew to Chicago on Saturday. I had dinner that night and breakfast the next morning with several people from my former fellowship class, which was nice. It was also interesting to see which radiologists whom I knew from around the country probably trained the same years I did, and which were in progressive 10-year blocks behind me.

The ABR process the morning of the test was incredibly well organized. Luckily, I was scheduled in the first (7 a.m.) exam intake group. As part of the intake process, the ABR checked my identification and stored my belongings in a secure baggage room at the hotel. I had to turn in my cell phone and watch and was then shepherded into a holding area, escorted out the back of the hotel in a group, and brought to the exam center. I think everyone understands the necessity of these security precautions, which are set up to deal with outlier exam behavior.

The instructions for the exam noted that test takers could bring one two-liter plastic bag of food. I was impressed by the number of diplomates with such loot bags stuffed to bursting proportions with various types of snacks. When I saw these bags, I became concerned that I had not brought any food, so I bought a small bag of Peanut M&Ms at the hotel gift store to bring with me. I finished the exam so quickly that I never ate them.

The exam center was great and was impressively large. I found the noninterpretive skills (NIS) questions to be not as related to clinical practice as I had hoped, but the ABR has made efforts to improve those questions since they were written. Otherwise, the exam seemed fair and relevant. As I completed the exam in less than three hours, I was on the first bus of diplomates to return to the hotel. This enabled me to arrive at the airport early and get some much needed work completed, although disappointingly, I could not catch an earlier flight.

The new ABR OLA product eliminates the need for travel, time away from family and work, travel expenses, and associated inconveniences. It will also serve as a learning tool, as radiologists, radiation oncologists, and physicists will immediately receive feedback about their responses. We believe that these changes will be a large improvement to the MOC process and will be well received by the ABR diplomates. More details about OLA are described by Drs. Vince Mathews and Donald Frush in an article in this edition of *The Beam* [3].

References

- 1. Guiberteau MJ. ABR Improvement of MOC Part 3: Assessment of Knowledge, Judgment, and Skills. The Beam 2016;9:56-58.
- American Board of Radiology Announces Maintenance of Certification Part 3: Assessment of Knowledge, Judgment, and Skills Pilot. https://www.theabr.org/sites/all/themes/abrmedia/pdf/ABR_MOC_Part_3_Changes_Press_Release.pdf.

3. Mathews VP, Frush DP. Update on ABR Online Longitudinal Assessment. The Beam 2017;10[1]:9-10.



From the President

We're Here For You 2017;10[1]:4-5

by Lisa A. Kachnic, MD

On October 27, 2016, I took on a new challenge in my professional life when I became president of the American Board of Radiology (ABR). It is indeed an honor and a privilege to lead our team of governors, trustees, and staff in continuously improving the professional standards of our disciplines through certification of our candidates and diplomates. Most importantly, it's my utmost charge to ensure that we at the ABR are always here for you.

I'm glad to say that I've enjoyed working as an ABR volunteer for many years. As a radiation oncologist, I chaired item writing in gastrointestinal oncology for both the Initial Certification and Maintenance of Certification (MOC) exams. I then became an ABR trustee in 2010 and president-elect in 2014, and have served on numerous Board committees. As a result, I've learned a great deal about all four ABR disciplines. I recently told our executive director, Val Jackson, that I may know more about diagnostic radiology, interventional radiology, and medical physics than any other radiation oncologist! I've also seen "up close" how much time our governors, trustees, and all of our approximately 900 ABR volunteers devote to their work, and how dedicated they all are. I'd like to thank each of our volunteer board members (past and present) for preparing me for my current role as your president.

In addition to volunteering for the ABR, my current professional position is professor and chair of the Department of Radiation Oncology at Vanderbilt University. As such, I'm required to participate in numerous leadership development courses and to meet regularly with a professional coach. Recently, my coach asked me what I'd like to accomplish as ABR president, and what I hoped my legacy would be. While I could name many goals, I realized that the central theme throughout all of them was to improve communications and service to our candidates and diplomates.

We're already well on our way to achieving this overarching goal, as evidenced by several recent improvements:

- Annual Simplified Attestion (yes or no) in myABR to meeting requirements for the four parts of MOC. By the way, annual attestation is now open, and don't forget that the deadline is March 1!
- **Expanded options for satisfying Part 4 requirements**, with the addition of 16 Participatory Qualify Improvement Activities that diplomates are already performing as part of their practices or voluntary professional efforts.
- A new "Go Green" online invoice option that will allow you to review your annual statement, make your payment, and print out a receipt—all within myABR.
- The ABR Connections Center, staffed by a team of employees dedicated to excellent customer service in a timely manner. The Connections team works with ABR subject matter experts to provide the best answer to your question within two business days. If they aren't able to meet this goal, they will keep you notified with the reason and a new time frame. In addition, the ABR recently installed an electronic system that allows staff to enter your question and staff responses so that if you need to call back, you won't have to explain everything about your issue again.

In addition, we're currently working to develop other new projects in response to your survey suggestions:

- **ABR Online Longitudinal Assessment (ABR OLA),** which will replace the MOC Part 3 Exam and will allow you to meet Part 3 requirements by answering questions online with immediate feedback. For more information, see the "Focus on MOC" article in this issue of *The BEAM*.
- A newly designed public website (www.theabr.org) to make it easier for you to find the information you need.
- Improved navigation within myABR, including the ability to seamlessly go back and forth between myABR and the public site.

As I embark on my new adventure as ABR president, I want to assure you that we're all working hard to implement and steadily improve these positive changes, and to develop others in the future. At the same time, we'll continue to set appropriate and relevant standards so you may be proud of your ABR certification because it will continue to ensure the public that you're providing them with the best care possible.

We plan to communicate with you regarding these changes, and other ABR requirements, as clearly as possible and as frequently as needed (but not too much!). Please help us out by checking your email, including your spam folder, and reading the messages you receive from us. As suggested at our recent Initial Certification and MOC advisory committee meetings at RSNA, we will also work on offering text notification of important ABR information.

Finally, we know that good communication is a two-way street. If you have any questions, feel free to email us at information@theabr.org, call our Connections Center at (520) 790-2900, or send us a fax at (520) 790-3200. And please share with us any ideas you may have about improving our communications and services. We're here for you!



Focus on Diagnostic Radiology

Redesigned 16-Month ABR Pathway Leading to Certifications in Both Diagnostic Radiology <u>and</u> Nuclear Radiology

2017;10[1]:6-8

by M. Elizabeth Oates, MD, and Milton J. Guiberteau, MD

The purpose of this column is to inform the academic community that the ABR has approved conditions and requirements for a redesigned 16-month pathway within *any* Accreditation Council for Graduate Medical Education (ACGME)-accredited 48-month diagnostic radiology (DR) residency program. Effective July 1, 2016, this redesigned pathway leads to dual eligibility for primary certification in (DR) *and* subspecialty certification in nuclear radiology (NR). Resident applications and program sponsorship agreements will be available soon. **Major Changes in Pathway Criteria**

The redesigned 16-month DR/NR program contains changes intended to make it available to a broadened spectrum of DR residency programs.

- First, <u>any</u> ACGME-accredited DR residency program may now sponsor one or more of its residents in this pathway. A co-existing ACGME-accredited NR fellowship and/or nucler medicine (NM) residency program is no longer required for eligibility. Thus, the 16-month ABR pathway is now potentially available to the entire DR community.
- Second, the composition of the required 16 months of clinical NR/NM training has been modified.
 - While at least eight months must be comprised of dedicated NR/NM/molecular imaging (MI) experiences, up to four months may be spent in pre-approved NR/NM/MI-related disciplines. Related disciplines include but are not limited to: abdominal/body/cardiovascular/musculoskeletal/thoracic imaging; head and neck imaging; interventional radiology (e.g., ⁹⁰Y microspheres); neuroradiology; non-radioisotopic molecular imaging; oncologic imaging; and others, including limited research, on request.
 - Four months are still met through the core DR program requirements.

Thus, the 16-month pathway now consists of: eight dedicated NR/NM/MI months, plus four NR/NM/MI-related months, plus four core DR months. If necessary, some of the training requirements may be completed at affiliated institutions or through agreements with non-affiliated institutions with an ACGME-accredited DR training program, as long as the ABR is informed. Note that up to two months of NR/NM during PGY-1 may be counted toward the 16-month total if performed at an institution with an ACGME-accredited DR program.

NR/NM/MI-dedicated months	8
NR/NM/MI-related months	4
Core DR months	4
Total months	16

Redesigned 16-month DR/NR ABR Pathway

- Third, the 16 months of NR/NM training and experience may be completed <u>at any time</u> during the 48-month residency. There is no longer a requirement for 10 consecutive months. This change affords more flexibility to accommodate local program logistics in meeting the pathway curriculum.
- Fourth, clinical hybrid modality experience in <u>both</u> SPECT/CT and in PET/CT must be provided.
- Lastly, the pathway must fulfill or exceed the ABR requirements for Nuclear Regulatory Commission (NRC) training, including classroom and laboratory instruction, and experience necessary for Authorized User (AU) eligibility as specified in 10 CFR 35. 290, .392, .394 and .396. Aligned with the ACGME nuclear radiology fellowship requirements, therapeutic experience must include at least:
 - 10 oral administrations of Na ¹³¹I ≤ 33 mCi (≤ 1.22 GBq)
 - 5 oral administrations of Na ¹³¹I > 33 mCi (> 1.22 GBq)
 - 5 parenteral administrations of alpha emitter, beta emitter, or < 150 keV

This experience must be supervised and attested to by one or more Authorized Users (AUs) with corresponding AU statuses.

Resident Application and Pathway Sponsorship

An interested DR resident must submit an application to the ABR. It must be accompanied by a sponsorship agreement from the DR program director. The sponsorship agreement must express commitment to the resident's training in accordance with the ABR's redesigned 16-month DR-NR Pathway requirements and contain a detailed plan for providing the participating resident with the requisite training.

The sponsoring program must have at least one full-time faculty in NR/NM who possesses valid ABR-NR subspecialty certification and/or valid specialty certification by the American Board of Nuclear Medicine (ABNM). It must also have AUs or access to AUs in each section of the NRC regulations in which patient administration experience is required. One NR/NM faculty member

must be designated as the sponsoring faculty by the radiology department chair or, at the discretion of the chair, by the DR residency program director. The DR residency program director may serve as the sponsoring faculty, if appropriate. The sponsoring faculty member must commit to the planning and oversight of the required resident training, and, with the DR residency program director, will complete an ABR sponsorship agreement taking responsibility for the pathway. Furthermore, attestations required by the ABR regarding a resident's completion of such training shall be the responsibility of the sponsoring faculty. Should there be any change in the person assuming this role during a resident's participation in the 16-month pathway, the ABR must be notified within three months of the change.

Initial Board Certification and Maintenance of Certification

With appropriate documentation and attestations, residents completing the 16-month NR/NM Pathway (or those completing an accredited NR fellowship year and not yet DR certified) will be admitted to the ABR Certifying Examination at 15 months post-residency. They will have two options to achieve ABR certifications in <u>both</u> DR and NR.

Standard Option 1: Eligible candidates may first sit for the DR Specialty Certifying Examination, and, once DR-certified, sit for the NR Subspecialty Certifying Examination at the next available opportunity or at a later date at their discretion.

New Option 2: Eligible candidates may sit for <u>both</u> DR Specialty and NR Subspecialty Certifying Examinations *concurrently*. The candidates will take three appropriate NR modules plus any required DR modules. Option 2 is a new board certification process that might be available as early as fall 2017.

Diplomates certified by the ABR in DR and in NR may maintain <u>both</u> certifications in a single MOC program administered by the ABR.

Questions regarding the new DR/NR Pathway from interested programs may be directed to information@theabr.org or (520) 790-2900.



Focus on Maintenance of Certification

Update on ABR Online Longitudinal Assessment

2017;10[1]:9-10

by Vincent P. Mathews, MD, and Donald P. Frush, MD

Last May, the ABR announced that it would develop a pilot to establish a new MOC Part 3 assessment. This new product, known as ABR Online Longitudinal Assessment (ABR OLA), will replace the secure, proctored MOC Examination that was previously required every 10 years. ABR OLA will continue to support a meaningful credential, ensuring diplomate competence for patients and the public. It will also have many advantages for ABR diplomates:

- A continuous online process with much greater flexibility
- Elimination of travel expenses and time away from family and work
- Increase in the relevance of MOC Part 3 to diplomate practice
- Immediate feedback so diplomates can eliminate any gaps in knowledge

In the last issue of *The BEAM*, Dr. Milton Guiberteau described current plans for ABR OLA in detail [1]. Briefly, the process will be as follows:

- Diplomates will receive an email alert each week advising them of their available online question opportunities and their current progress.
- After answering a question, diplomates will be given immediate feedback, including the correct answer, rationale, and at least one reference so they can explore the topic in greater depth if desired.
- ABR OLA also will allow diplomates to give valuable feedback to the ABR regarding the relevance of the material provided, which will be used to continuously improve the ABR's Part 3 assessment of knowledge, judgment, and skills.

The ABR is currently forming item-writing committees for each specialty and subspecialty area and is also developing the software to facilitate delivery of the weekly question opportunities and other aspects of OLA. We have a great deal of work to do to make ABR OLA a reality but are confident that we will develop an excellent product for our diplomates. Our intent is to begin a limited pilot in the latter part of 2018 to test the functionality of the product with a subset of our diagnostic radiology diplomates. Based on pilot feedback, modifications, and completion, the ABR anticipates a full launch for all diagnostic radiology diplomates in 2019.

Launch dates for radiation oncology, medical physics, and interventional radiology diplomates will be announced in the future. The ABR's move to online longitudinal assessment is consistent with other American Board of Specialties (ABMS) member boards. The ABMS is developing a platform called Certlink for online longitudinal assessment, which will be used by eight of the smaller boards that are currently developing their pilots. A few of these will launch in 2017. In addition to the ABR, three other ABMS member boards are developing independent longitudinal assessments, including the Boards of Allergy and Immunology, Pediatrics, and Anesthesia. The American Board of Anesthesia has led the way in the movement to longitudinal assessment for MOC Part 3. They developed their initial pilot in 2014 and have engaged all their MOC diplomates in the ABA "MOCA Minute" pilot since January 2016. Each board is using a slightly different process for their online longitudinal assessment, but the ABMS is establishing a collaborative group to evaluate these programs and to research their impact on MOC and physician professional development.

Longitudinal assessment tools have been studied in other areas of adult education and have demonstrated utility not only in the assessment of knowledge, but also for improvement in learning. The immediate feedback provided by ABR OLA will assist our diplomates in guiding their continuing education (MOC Part 2), and being able to re-test areas of weakness will allow them to measure their learning over time. On a larger scale, ABR OLA will help us identify potential knowledge gaps common among groups of radiologists. This information can be given to our specialty societies, which can then develop educational tools to further benefit the field.

The ABR trustees and governors are very excited about ABR OLA and believe it will help us continue to make MOC more relevant and useful for our diplomates as we work together to assure the public that radiology is fulfilling its obligation to stay current in its various specialties.

Reference

1. Guiberteau MJ. Online Longitudinal Assessment Update: Work Begins on MOC Part 3 Revision. 2016;9:56-58.



Focus on Residents

Strategies for Success: Preparing for the Physics Portion of the Diagnostic Radiology Core Examination Why, What, How, and When?

2017;10[1]:11-13

by Donald J. Flemming, MD

Why physics?

A strong foundation in knowledge and understanding of medical physics is clearly important in the field of diagnostic radiology (DR). This foundation allows the clinical radiologist to optimize image acquisition, keep radiation dose as low as possible, assess equipment for purchasing, and counsel patients about the relative risk of radiation. Understanding of medical physics separates DR from the numerous other clinical specialties that use imaging in daily practice. In recognition of its importance in the practice of clinical radiology, physics has a significant footprint on the Core Examination.

Studying for the physics portion of the Core Examination can be challenging. This subject matter is not frequently discussed during daily work or typical clinically oriented lectures. As a result, the learner does not have a chance to refresh his or her memory, test theories, or participate in guided discussion about difficult concepts. Therefore, it is critically important that residents organize their approach to this material.

What do I need to know?

Today's residents have an enormous collection of physics educational resources at their disposal. This study material is available in both hard copy and electronic format, and its volume can be overwhelming. An excellent way to start the journey of learning this material is to begin by understanding what knowledge will be tested.

Resources that address what residents are expected to know include the following:

• Core Examination Study Guide

The study guide is written and updated by the trustees of the ABR. It provides a list of concepts and knowledge elements for the entire examination, including physics, and

defines the expected knowledge domain of physics.

• Physics "Blueprint" Document

This document describes how the domain of physics is distributed across the Core Examination. Physics items are embedded in specialty modules. The Core Examination physics questions are carefully crafted to ensure that they are clinically relevant, and numerous examples of item types are provided so the interested candidate may gain an understanding of the breadth and depth of expected knowledge.

• Core Practice Examination

The ABR maintains an online practice examination that can be found on the ABR website. Completing a practice examination provides the candidate with a realistic sense of the types of questions that will be asked.

How and when should I prepare?

This section will discuss resources and strategies to use in preparing for physics content in the Core Examination.

Resources

The ABR Core Examination Study Guide is a list of knowledge elements that define the domain of physics, but it does not provide details or explanation. Candidates must use other educational resources to learn the expected domain. Educational content resources available to candidates include the following:

• Medical Physicists

One of the best resources available to most residents is a medical physicist, regardless of whether he or she is embedded in the department or visits the department on a regular basis. The medical physicist can devise a curriculum that is thoughtfully delivered over the course of a residency. Passive didactic lectures may be of value in some situations. However, educational literature supports the use of interactive or learner-centered methodology, such as the flipped classroom, to optimize adult education. These active techniques require that the learner come to the "lecture" prepared in advance. The key is to be an active rather than passive learner, regardless of the type of didactic session.

• Textbooks

Textbooks are available for both general physics and specific modalities, such as helical CT and MRI. Textbooks offer the advantage of a comprehensive overview of the domain and are excellent reference resources. In the ideal situation, they should be used in conjunction with guided discussion and self-assessment questions and problems that test learning.

• RSNA modules

The RSNA and AAPM conjointly developed modules that cover important topics in

medical physics. The modules are currently being revised and updated. Residents are encouraged to use these modules, but they should not supplant lectures and guided discussions with a medical physicist.

• Radiographics ABR Diagnostic Radiology Core Examination Study Guide

The RSNA has created a "one-stop shop" of *Radiographics* articles that are relevant to studying for the Core Examination. A section of peer-reviewed educational articles that pertain to physics is available for review.

Review Courses

Attendance at a review course is a matter of personal choice. To maximally benefit from such a course, the learner should already have some understanding of most, if not all, of the concepts that will be taught so the experience is truly a review.

• Other

Other online resources are accessible on the Internet. A listing of relevant websites is available at www.radiologyeducation.com. Some of the listed websites offer simulations, tutorials, and questions and answers that may help the learner improve his or her understanding of medical physics.

Strategies

Clearly there are many resources available to a candidate who is trying to prepare for the Core Examination. This section will discuss the optimal use of these resources.

Recommended preparation for the Core Examination was covered in a previous edition of *The Beam.* Studying for physics should not be different from studying for any other topic. Ideally, a candidate should dedicate time and effort to this topic throughout his or her residency. A common error committed by both residency programs and residents is to delay efforts to learn physics until a short time before the examination. Delaying studying until just before any exam has been shown in the educational literature to be disadvantageous to the learner.

Use of passive studying techniques, such as just reading a textbook or modules, is also known to be an inefficient method for gaining knowledge and understanding of a topic. Active learning methods that include discussion; spaced, recurrent topic review; teaching of peers; and rigorous, regular self-assessment are much more likely to result in a deeper understanding of any topic. Residents are encouraged to form learning groups with their peers to help accomplish these goals. It is ideal if a medical physicist or faculty member with an in-depth knowledge of medical physics facilitates the learning group's discussion.

Summary

Medical physics is a subject that demands dedicated attention rather than a "binge-and-purge" approach. Residents are encouraged to take a long-term approach to learning and maintaining knowledge and skills in medical physics. Command of this topic helps radiologists provide the safest and most cost-effective care, which our patients deserve.

Source: *The BEAM*, Winter 2017 www.theabr.org Page 13 of 23



Focus on Radiation Oncology

Gearing Up for ABR OLA 2010;10[1]:14-15

by Paul E. Wallner, DO; Kaled M. Alektiar, MD; and Lynn D. Wilson, MD, MPH

The conceptualization of ABR Online Longitudinal Assessment (ABR OLA), a web-based product, and its rollout to radiation oncology diplomates has presented a favorable challenge for the radiation oncology (RO) trustees regarding clinical category volunteer committee logistics and ABR OLA item development. These eight RO committees were reorganized in 2012. Since then, they have functioned smoothly in developing items for the Initial Certification (IC) written qualifying examination and the certifying oral examination development, as well as in populating Maintenance of Certification (MOC) Part 3 content. Each committee has functioned with two co-chairs—one for written examination content and implementation and one for oral examination case content and administration. Committees also have a designated trustee liaison. With finalization of the conceptual framework for ABR OLA, it became clear that another modification of the committee structure would be essential to ensure a steady flow of new ABR OLA content and to maintain quality and consistency of that content.

The first step in committee revision involved a thoughtful assessment of past performance. The complement of each committee was between 13 and 15 members, and a new target of 15 to 25 members was established. Predetermined volunteer service term limitations were employed to provide available slots for new volunteers as senior volunteers rotated off. Scores of volunteers were considered for new assignments, and invitations to join existing committees will be circulated. As currently envisioned, five committee members will be assigned to ABR OLA content development. These item writers and all other committee members more than five years removed from Initial Certification will also serve as the pool of oral examiners.

All ABR OLA-designated item writers will be invited to ABR headquarters in Tucson for intensive training and will have additional instruction via webinars in which all committee members will be encouraged to participate. Direct supervision and review of ABR OLA content will be overseen by the qualifying examination co-chair with support from ABR staff. Final content review and approval will reside with the RO trustees. At this time, the ABR anticipates that all content will be of a "general" nature, without introduction of subspecialty modules, and will

consist of assessment of knowledge felt to be essential to the day-to-day practice of RO. As is the case with the current MOC Part 3 Examination, content will in part include non-clinical skills (bioethics, biostatistics, quality assurance, and patient safety) and identification of normal and pathologic anatomy. Two content categories will be included only as they relate directly to the clinic: 1) physics and 2) radiation and cancer biology.

The precise distribution of content across site-specific lines has not yet been determined, but a blueprint for this distribution will be developed based on the triennial Clinical Practice Assessment (CPA) survey distributed this past summer. That survey material is currently being analyzed, and results will be distributed to the profession. Analysis of previous CPA surveys in 2010 and 2013 led to 1) a de-emphasis of pediatric radiation oncology content based on a decrease in the number of facilities and practitioners involved and 2) a reduction in brachytherapy content due to progressively smaller use of that modality.

The ABR will provide diplomates with additional details regarding the precise logistics of the ABR OLA product as they become available (see "Focus on MOC" article in this issue of *The BEAM*). The ABR anticipates that the final traditional MOC Part 3 modular examination will be administered in April 2018 for individuals who did not pass and need to take the MOC Exam, or for those at risk of losing certification. Individuals who would have been required take their Part 3 examination in 2017 or beyond have been given a waiver of that requirement until the ABR OLA product is initiated. Please note that diplomates still must attest in myABR to meeting requirements of MOC Parts 1, 2 and 4. The attestation period is from January 1 through March 1 each year, and the ABR's annual review takes place on March 2.



Focus on Medical Physics

A Short History of ABR Initial Certification in Medical Physics 2017;10[1]:16-18

by Geoffrey S. Ibbott, PhD; Jerry D. Allison, PhD; Michael G. Herman, PhD; and J. Anthony Seibert, PhD

The year 2017 marks the 70th anniversary of the certification of medical physicists by the American Board of Radiology (ABR). The Radiological Society of North America (RSNA) began certifying medical physicists in 1934, and in the early 1940s, the logic of the situation dictated that the process be transferred to the ABR. This was delayed by the war but was finally accomplished in 1947. Since that time, the ABR has certified more than 5,269 diplomates in medical physics. The ABR is one of two American Board of Medical Specialties (ABMS) member boards that certify diplomates who are not physicians.¹

Early certificates like "Roentgen Ray and Gamma Ray Physics" and "X-Ray and Radium Physics" have long since been superseded, and currently the Board certifies in one of three specialties: 1) Diagnostic Medical Physics (DMP); 2) Nuclear Medical Physics (NMP); and 3) Therapeutic Medical Physics (TMP). TMP is the most common medical physics certification, and within the ABR, medical physics represents the second largest group of diplomates in recent years. The medical physics certification process has evolved from one that was somewhat ill defined in the early days into one that is well defined and similar to other professions.

(See charts on next page.)





In the 1990s, the Board noticed the variations in preparation for medical physics certification. A wide discrepancy was observed between well-prepared candidates and others. While the examination process was well defined, the preparation within the candidate pool was highly variable. To improve the situation, the Board announced in 2002 that, beginning in 2012, a CAMPEP²-accredited education would be required. At the urging of the American Association of Physicists in Medicine (AAPM) and after an in-depth consideration by the ABR, this was followed in 2008 with the announcement that beginning in 2014, a CAMPEP-accredited residency would be required. These steps have transformed the medical physics candidate





The older pathways to medical physics certification close in 2023. By then, preparation for medical physics certification will have been transformed from a process that was poorly defined and variable to one that is professional in nature and much improved. We are already seeing changes as the CAMPEP-trained residents significantly outperform those without a residency.

²CAMPEP—Commission on the Accreditation of Medical Physics Educational Programs. CAMPEP serves the role for medical physics that the ACGME and ACCME serve for physician education.

¹The American Board of Medical Genetics and Genomics is the other.



ABR Executive Director and Former Executive Director Honored with Endowed Professorships

2016;10[1]:19

The Indiana University School of Medicine's Department of Radiology and Imaging Sciences has announced four endowed professorships to honor **Valerie P. Jackson, MD, FACR**, executive director of the American Board of Radiology (ABR); **Gary J. Becker, MD, DABR**, **FSIR, FACC, FACR**, former executive director of the ABR; Dean. D. T. Maglinte, MD, FACR, FSAR; and Heun Yune, MD, FACR. Each honoree has a long history of excellence at Indiana University School of Medicine.

The endowed professorships were made possible through an endowment as part of the Indiana University Bicentennial Campaign. Four \$1 million contributions were made to perpetuate the legacy of the faculty members' contributions to the department.

Endowed professorships in education were established in the names of Valerie Jackson and Dean D.T. Maglinte. Director of the Residency Program, Darel Heitkamp, MD, was awarded the **Valerie Jackson Professorship.** Endowed professorships in research were established in the names of Gary Becker and Heun Yune. Director of Clinical Research, Matthew Johnson, MD, was awarded the **Gary Becker Professorship**. The Heun Yune Professorship is being reserved for the future as part of the planned expansion of the Research Division.

Valerie Jackson received her undergraduate degree, medical degree, and completed her residency at Indiana University. She served as chair of the department of radiology for 10 years and was the Eugene C. Klatte Professor of Radiology. In 2014, she became executive director of the ABR.

Gary Becker received his undergraduate degree, medical degree, and completed his residency at Indiana University. He spent 20 years at Indiana University and served as chief of the Vascular and Interventional Section and was professor of radiology. In 2007, he became executive director of the ABR. In his retirement from the ABR, he is active in the Community Food Bank of Southern Arizona.

Congratulations to Dr. Jackson and Dr. Becker!



2017 SIR Gold Medal to be Awarded to ABR Trustee Jeanne M. LaBerge, MD 2016;10[1]:20

The American Board of Radiology (ABR) congratulates **Jeanne M. LaBerge, MD, FSIR**, an ABR trustee for interventional radiology, who will be honored with the Society of Interventional Radiology's (SIR's) Gold Medal on March 5, 2017.

The SIR Gold Medal was established in 1996 and is the highest honor that can be achieved in the field of interventional radiology. This honor is bestowed for excellence and lifetime achievement in interventional radiology to individuals who have rendered exceptional service to the field. Gold Medal recipients exemplify those who have dedicated their past and present talents to advancing the quality of patient care through the practice of interventional radiology and who, by their outstanding achievements, also help ensure the future of the field.

Dr. LaBerge is a professor in residence at the University of California, San Francisco (UCSF), and chief of interventional radiology at UCSF's Mount Zion Campus. She is known for her interest in education and training, as well as for her clinical interests in portal hypertension and hepatobiliary interventional radiology. Dr. LaBerge has assumed several prominent roles within radiology leadership, such as her selection to the American Board of Radiology (ABR) Board of Trustees. She also served as a member of the Accreditation Council for Graduate Medical Education (ACGME) Residency Review Committee for radiology. In her leadership roles at ABR and ACGME, Dr. LaBerge has been instrumental in the development and implementation of the new IR Residency and ABR IR/DR certificate—a landmark achievement for interventional radiology and a transformative event in IR training.

Dr. LaBerge's other major contributions within SIR leadership have been in the development of an original syllabus series, the categorical course case-based review series, and the film panel at SIR annual scientific meetings (she served as the 2008 annual scientific meeting chair). She delivered the Dr. Charles T. Dotter Lecture in 2011 and has been a Fellow of SIR since 1992. Dr. LaBerge earned an MS in electrical engineering from Stanford University in 1976 and a medical degree from the University of Utah School of Medicine in 1980; she completed a residency in radiology from UCSF in 1984, followed by a fellowship in angiography/interventional radiology from UCSF in 1985.

Congratulations, Dr. LaBerge!



Stephen M. Hahn, MD, Selected to Serve on ACGME's Radiation Oncology Residency Review Committee 2017;10[1]:21-22

Stephen M. Hahn, MD, ABR trustee for radiation oncology, has been selected to represent the American Board of Radiology (ABR) on the Accreditation Council for Graduate Medical Education (ACGME) Radiation Oncology Residency Review Committee (RRC). His term will begin in July 2017.

The ACGME accredits sponsoring institutions and residency and fellowship programs, confers recognition on additional program formats or components, and dedicates resources to initiatives addressing areas of import in graduate medical education. The ACGME employs best practices, research, and advancements across the continuum of medical education to demonstrate its dedication to enhancing health care and graduate medical education. The ACGME is committed to improving the patient care delivered by resident and fellow physicians today, and in their future independent practice, and to doing so in clinical learning environments characterized by excellence in care, safety, and professionalism.

Dr. Hahn is chair and Henry K. Pancoast professor of radiation oncology at the University of Pennsylvania. In addition to his ABR radiation oncology certification, he is also certified in internal medicine and hematology/oncology. He earned a medical degree from Temple University School of Medicine and completed a residency and served as chief resident of internal medicine at the University of California, San Francisco. Dr. Hahn also completed a medical oncology fellowship and a radiation oncology residency at the National Cancer Institute (NCI) in 1994. Dr. Hahn previously served as chief of the NCI's Prostate Cancer Clinic, Clinical Pharmacology Branch, in Bethesda, MD, and as a senior investigator at the NCI. He also served as a commander in the NCI's U.S. Public Health Service.

A longstanding member of the American Society of Clinical Oncology, Dr. Hahn is also an active member of the Radiation Research Society, the American Society of Photobiology, the American Association for Cancer Research, and the University of Pennsylvania's John Morgan Society. He currently serves as associate chair for the Annual Meeting and Program Committee of the American Society for Radiation Oncology.

Congratulations, Dr. Hahn!



List of Society Attendance 2017;10[1]:23

The ABR sponsors a booth at numerous society meetings throughout the year. Printed materials are available, and ABR representatives are in attendance to answer your questions. To see a list of society meetings at which the ABR plans to have a booth in 2016, please click here.