The ABNM recognizes that many retired diplomates or certificants may have questions about the ABNM Health Care Program, the ABNM’s acceptance of other certifying bodies, or if they have any other concerns. Please email your comments to:

abnm@abnm.org

Their questions will be reviewed by the Executive Director before being answered through a message in Tracers or any other issues affecting the practice of nuclear medicine. You are encouraged to comment at any time.

The ABNM welcomes comments from diplomates and residents regarding issues or concerns they may have. Your location and your ABNM profile are located at https://www.abnm.org/account/profile/login. Access to your ABNM profile is located at https://www.mycertlink.org/Dashboard/Login.aspx. (CertLink) provides our diplomates with a means to receive continuing education credits for activities such as in-training examinations and maintenance of certification (MOC). CertLink (CertLink) provides our diplomates with a means to receive continuing education credits for activities such as in-training examinations and maintenance of certification (MOC). CertLink is available at a Pearson VUE CBT location.

MOC Exam Schedule and Fees...

CE Exam Procedure

CertLink Participation Agreement

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Frequently Asked Questions (FAQ)
Message from the Chair

Ruth Lim, MD – Chair, American Board of Nuclear Medicine

Dear ABNM Diplomates,

I hope that you and your loved ones have continued to stay safe and healthy since our last issue of Tracers. The rollercoasters of the pandemic, natural disasters, and humanitarian crises continue to churn around us. Hopefully our professional communities can provide some grounding and support as we navigate these challenges. Those who depend on you are grateful, whether it’s expressed or not, so do take a moment to feel proud of all that you do.

In-training Nuclear Medicine physicians face their own unique challenges, and the ABNM is pleased to have updated its Leave Policy for trainees. Details of the policy can be found on the ABNM website, which also includes an FAQs sheet. As in the past, the ABNM continues to support the use of an individual educational plan in situations requiring compensation for lost educational time.

In other exciting news, the ABNM’s transition to a new question database system is well underway. The first noticeable change will be the conversion of the In-Training Examination (ITE) from paper to electronic delivery beginning in 2022. We hope that this change will lead to not only an improved experience for trainees, program directors, and ABNM staff, but it will also be one step toward greener operations and a smaller carbon footprint.

The ABNM recently “met” for our 105th Board Meeting, which was the third meeting to be conducted remotely due to Covid-19. One of the more meaningful tasks during the meeting was the selection of new board members. This year, we received 28 nominations for 3 open positions. The nominees were all exceptionally talented, highly qualified individuals from the U.S. and Canada. We conducted detailed, thoughtful discussions, and nonetheless found it very challenging to narrow the list of nominees to only 3 names. For the nominees who were not selected this cycle, please be assured that this result is not a reflection of your ability or accomplishments. The needs of the board are dynamic: changing based on the expertise and demographics of the out-going members.

We strive for a board membership that mirrors the characteristics of our diplomates, and that possesses expertise in the entire range of nuclear medicine sub-topics. As such, our selection process is based predominantly on balancing the board’s composition rather than selecting nominees with the most impressive CVs. We are looking forward to welcoming our 3 newest members in February and extend our heartfelt gratitude to all who made the effort to submit their nominations. Your contributions to our specialty are recognized and valued.

In closing, I share with you my hope that we will be in a position to meet in person again in the coming months. Until that time arrives, we will continue to make the most of things while wishing good health to our diplomates and their loved ones.

Ruth Lim, MD
Chair

Ruth Lim, MD
Chair
The ABNM has certified 5,962 physicians since 1972, including 1,063 who are deceased and 1,193 who are retired (see Figure 1). Retired physicians account for 32% of all diplomates certified by the ABNM.

The ABNM recognizes that many retired physicians continue to work in some capacity after retirement, while others are no longer professionally active. Physicians who continue to work after retirement may or may not need to continue their certification, while others may wish to continue certification after retirement as confirmation of career-long commitment and expertise, or may return to work in the future. The ABNM has a policy on retired diplomates that recognizes one size does not fit all.

The ABNM has adopted the American Board of Medical Specialties (ABMS) definition of a retired diplomate:

- Possession of an active certificate at the time of retirement,
- No license restrictions at the time of retirement in any jurisdiction due to disciplinary actions,
- Attestation to no longer being actively engaged in direct, indirect, and/or consultative patient care, overseeing medical laboratories, or supervising in a medical field, and
- Not performing any function for which board certification is required.

**Figure 1. Number of Active, Retired and Deceased ABNM Diplomates 2015-2022**
Table 1: MOC Requirements for Retired ABNM Diplomates

<table>
<thead>
<tr>
<th></th>
<th>Active</th>
<th>Retired– Participating in MOC</th>
<th>Retired – Not Participating in MOC</th>
</tr>
</thead>
<tbody>
<tr>
<td>2022 Annual Fee</td>
<td>$450</td>
<td>$205</td>
<td>$0</td>
</tr>
<tr>
<td>Professionalism and Professional Standing</td>
<td>Current, full, and unrestricted license to practice medicine in all jurisdictions where the physician is licensed</td>
<td>No license restrictions at the time of retirement in any jurisdiction due to disciplinary actions</td>
<td>No license restrictions at the time of retirement in any jurisdiction due to disciplinary actions</td>
</tr>
<tr>
<td>Life-Long Learning and Self-Assessment</td>
<td>A minimum 5-year average of 25 CME AMA category 1 credits per year, which include a minimum average of 17.5 credits related to Nuclear Medicine, which in turn include a minimum average of 8 self-assessment credits per year.</td>
<td>A minimum 5-year average of 25 CME AMA category 1 credits per year, which include a minimum average of 17.5 credits related to Nuclear Medicine, which in turn include a minimum average of 8 self-assessment credits per year.</td>
<td>Not Required</td>
</tr>
<tr>
<td>Assessment of Knowledge, Judgment and Skills</td>
<td>CertLink®, or MOC exam</td>
<td>CertLink®</td>
<td>Not Required</td>
</tr>
<tr>
<td>Improvement in Medical Practice</td>
<td>Participate in quality improvement activities as part of routine clinical practice, such as participation in a peer review process, attendance at tumor boards, or membership on a radiation safety committee. Can be waived for diplomates with no clinical responsibilities.</td>
<td>Not Required</td>
<td>Not Required</td>
</tr>
</tbody>
</table>

ABNM diplomates who are retired but remain professionally active in Nuclear Medicine must meet the same Maintenance of Certification (MOC) requirements as non-retired diplomates. Retired diplomates who are not professionally active, but wish to maintain their certification, must keep up to date with continuing medical education requirements, and participate in CertLink®, ABNM’s longitudinal self-assessment program. Documentation of activities related to medical practice improvement are not necessary, and the annual MOC fee is reduced from $450 to $205 in 2022. There are no requirements for physicians who do not want to maintain their certification. This information is summarized in Table 1.

Physicians should notify the ABNM office when approaching retirement, but no later than the year in which they retire. They should also update their profile on the ABNM webpage by logging into “My Profile” and updating their employment status as retired in the information for MOC Part 1. The ABNM wishes all retired diplomates a happy retirement, and thanks them for their support.
The new longitudinal assessment (CertLink) provides our diplomates with the flexibility to maintain certification at your own pace amidst the demands of your busy life. It was launched in April 2018 as a pilot program and was approved as a continuing certification assessment tool by American Board of Medical Specialties in November 2021. It is an alternate for the ten-year MOC examination. There were 292 diplomates participating in CertLink in the initial cohort. Enrollment deadline for diplomates with certificates expiring in 2018-2021 was November 2017. Diplomates could choose to enroll in the pilot or take the MOC examination. If they chose to enroll in the pilot, the expiration date of their certification was extended to 12/31/21. Diplomates who missed the enrollment deadline could start participating after the launch in April 2018 but needed to pass the MOC examination before the expiration date of their original certificate. Diplomates who chose to enroll in the pilot needed to start participating in April 2018 and were expected to answer 9 new questions and up to 4 repeat questions per quarter. Questions not attempted or unanswered were automatically marked as incorrect. When questions were presented more than one time, the answer to the question on final presentation replaced the previous answer. The assessment period for the pilot was April 2018 - December 2020. Diplomates with CertLink scores at or above a psychometrically determined passing score could re-certify without taking the MOC examination if they also met all other MOC requirements. Diplomates below the passing score were informed they needed to pass the 2021 MOC examination to re-certify.

Recently, ABNM board with the help of ABMS psychometricians analyzed questions delivered from the formal launch of CertLink in April 2018 through December 2020. A small number of questions were deleted from scoring after statistical analysis of their performance, or due to technical problems with delivery. Scoring results were quality controlled by ABMS and ABNM staff to ensure their validity. There were 90 primary questions delivered during the assessment period. Questions were selected from a larger pool of questions, so diplomates did not all receive the same questions. Seven questions were deleted from scoring. The number of questions deleted from scoring (0 - 7) varied among diplomates depending on which questions they received. To determine the passing score, a committee of content matter experts provided an estimate of question difficulty, based on the percentage of “minimally competent physicians” (physicians that fall right at the pass-point) that would be expected to answer the question correctly. These ratings were averaged across all items. The psychometrically determined passing score was 57% of questions answered correctly on final presentation.

The score shown on the CertLink dashboard shows how diplomates compare to their peers. The score is not equal to the final score because it does not include unanswered questions in some cases and does not include questions deleted from scoring for all diplomates because of issues detected at the end of the assessment period. 329/292 diplomates did not achieve a passing score (11.3%), but 20 diplomates answered fewer than 81 questions. Excluding these 20 diplomates who did not fully participate, the pass rate was 259/272 (95.2%). ABNM plans to analyze the data earlier in subsequent years to allow those diplomates who may need to take the MOC examination more time to prepare. Currently there is no additional cost to diplomates to take the MOC examination.

ABNM feels that by adding CertLink improved our continuing certification program and hopes the experience supports your ongoing educational efforts while helping you demonstrate to your patients and the public that you’re keeping up with advances in nuclear medicine.
How I Became Interested in Nuclear Medicine

Barry L. Shulkin, MD, MBA – Faculty Member, Diagnostic Imaging Department and the Comprehensive Cancer Center at St. Jude Children’s Research Hospital, Adjunct Professor of Radiology, University of Tennessee Health Science Center, Memphis, TN and Lifetime Board Member, ABNM

In medical school and medical residency, my favorite studies were endocrine – the thinking doc's subspecialty. After completing residency in internal medicine at the University of TX Southwestern Affiliated Hospitals – Parkland Memorial Hospital and the Dallas VA, I took a fellowship in endocrinology at University of North Carolina Chapel Hill and studied under a superb mentor, Robert (Bob) Utiger, MD. Bob was an expert endocrinologist and thyroidologist who subsequently became editor of the Journal of Clinical Endocrinology and Metabolism, and a few years later a deputy editor for New England Journal of Medicine. My principal clinical interest was thyroidology, in particular the treatment of Grave's hyperthyroidism with I-131. It turns out that despite my preceptor's expertise in treatment of hyperthyroidism, patients who received I-131 were often followed in a nuclear medicine clinic separate from our endocrine clinic. I decided I needed to have the skills and training to treat patients with I-131 and follow my patients with hyperthyroidism.

I expected to join a large group practice in Dallas and figured having nuclear medicine training would add expertise to the group. Meanwhile, the jobs available during my endocrine fellowship were not very appealing (translation – apply for funds before you get to your new job, apply for funds as soon you get there and apply for more and more funds). I was familiar with the work done at University of Michigan using I-131 mIBG for detection of pheochromocytoma from the article of Jim Sisson and many others of the University of Michigan group in the New England Journal. The idea of going to another college town for additional training with an endocrine focus on thyroid and adrenal diseases was very appealing. I applied and got an early morning phone call from Dr. Beierwaltes inviting me to visit. Dr. B told me they were beginning to treat patients with pheochromocytoma with high doses of I-131 mIBG. I interviewed at UM and was very impressed to meet some of the greats in nuclear medicine on faculty at that time – including William H. “Bill” Beierwaltes, Jim Sisson, Milt Gross, Richard Wahl, Brahm Shapiro, and Harvey Ziesman who was finishing fellowship there.

I entered fellowship in nuclear medicine seeing myself as an endocrinologist who would have nucs training, expecting to go into a private practice in Dallas. After a few days of nuclear medicine and exposure to physiologic imaging, such as diuretic renal scans, stress myocardial perfusion studies, MUGAs, thyroid scans, I knew I was going to be a nucs guy with training in endocrinology and medicine rather than the other way around. It was a very rapid transition in self-assessment. At the end of 2 years training, I was interested in joining an upscale thyroid practice in the Detroit metropolitan area. At the last minute, it fell through and with only a month left, I didn’t have a position.

I recalled that Dr. Beierwaltes had written in the minutes of a faculty meeting, which were distributed to the fellows too, that he would allow one of the fellows to stay on a year to start the new pediatric nuclear medicine satellite clinic at the adjacent Mott Children's Hospital while he – Dr. B, stepped down as division chief and David Kuhl moved from UCLA to Ann Arbor to become division chief. That would allow Dave some time and flexibility to recruit someone to become full time faculty and director of the pediatric nuclear medicine satellite clinic and would let me stay in Ann Arbor another year, prepare for ABNM examination, and author a few papers with some of the above mentioned highly prestigious bigwigs in nuclear medicine, anticipating more opportunities arising in the next year.

The chairman of medicine, Bill Kelley, interviewed me briefly as he would any other new faculty member, and said something to the effect that he would support whatever Dave and I worked out, greenlighting me for a longer faculty position. I didn't think much of that because at the time I expected to leave after a year and didn't think I was a candidate likely to achieve success at the highly academic UM. Dave kept me on and with the luck of working with Don Wieland and Markus Schwaiger, I had the fortune to remain at UM and in Ann Arbor for 20 years in one of the absolute best nuclear medicine groups in this country, continent, hemisphere, planet, solar system. There have been only 3 permanent chiefs of nuclear medicine at UM since 1948 each, galactic superstars in their own right: Bill Beierwaltes, Dave Kuhl, and Kirk Frey. I am humbled and grateful to have served under each of them.
# 2021 In-Training Examination (ITE) Statistics

<table>
<thead>
<tr>
<th></th>
<th>United States</th>
<th>Canada</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examinees</td>
<td>94</td>
<td>21</td>
<td>115</td>
</tr>
<tr>
<td>Programs</td>
<td>34</td>
<td>9</td>
<td>43</td>
</tr>
</tbody>
</table>
The American Board of Nuclear Medicine (ABNM) has received inquiries from physicians who plan to retire and would like to continue their certification during retirement. The reasons for continuing certification include the importance of professional identity, confirmation of career-long commitment and expertise for potential return to work in some capacity, as well as supporting the mission of the ABNM. Retired physicians, however, may not have the means or desire to continue full medical licensure, fulfill all the requirements of Maintenance of Certification, and pay annual fees.

What does it mean to be retired? Retired academic physicians (emeriti) may be recalled to work. Some physicians may do occasional consulting. Any physician may do volunteer clinical work, teaching, or writing. The 24 member boards of the American Board of Medical Specialties (ABMS) have a policy on retired status, with the following definition and requirements:

- Possession of an active certificate at the time of retirement;
- No license restrictions at the time of retirement in any jurisdiction due to disciplinary actions;
- Attestation to no longer being actively engaged in direct, indirect, and/or consultative patient care, overseeing medical laboratories, or supervising in a medical field; and
- Not performing any function for which board certification is required.

The ABNM has certified 5,972 physicians since 1972. The board issued lifetime certificates until 1991 and started issuing 10-year certificates in 1992. The ABNM does not require diplomates to report retirement, so the precise number of retired diplomates is unknown. Approximately 29% of diplomates with lifetime certificates are retired. The proportion of retired diplomates with time-limited certificates is less than 2%.

Physicians who wish to continue certification after retirement should notify the board. Physicians must meet the ABMS criteria listed above to receive retired status. Physicians who wish to maintain certification after their current certificate expires must meet the requirements of Maintenance of Certification. Diplomates with no clinical responsibility can request a waiver of the requirement for Improvement in Medical Practice. The requirements for medical licensure, continuing medical education, and assessment of knowledge, skills, and judgment are unchanged. Physicians may conveniently fulfill the third requirement by participating in CertLink, ABNM’s longitudinal assessment program. Retired physicians who meet these requirements will continue to be designated as certified on public websites. Retired physicians who do not want to continue certification will be designated as retired. Physicians who let their certificates expire without notifying the ABNM will not be listed.

It is important to note that ABNM diplomates certified by more than 1 ABMS member board cannot maintain different statuses with each board. The ABMS will notify all member boards of any changes for diplomates who have certifications issued by more than 1 board. The ABMS will display retired status for all of the physician’s certifying member boards on public websites and professional databases.
Starting in July 2021, all American Board of Medical Specialties (ABMS) member boards with training programs of 2 or more years duration will allow for a minimum of 6 weeks away once during training for purposes of parental, caregiver, and medical leave, without exhausting time allowed for vacation or sick leave and without requiring an extension in training. In July 2020, the ABMS announced the adoption of a progressive leave policy offering all residents and fellows more flexibility and increased autonomy in making life decisions, especially regarding family and parental leave. Creating a policy that was more realistic and compassionate, the ABMS member boards believed it would improve quality of life for residents and fellows and support women physician trainees by allowing greater leave flexibility and (hopefully) help narrow the gender gap in career advancement. The new policy applies to all trainees in programs of 2 or more years duration and to eligibility for Initial Certification.

The development of the new ABMS Policy on Parental, Caregiver, and Family Leave was initiated following a report from the Accreditation Council on Graduate Medical Education (ACGME) Council of Review Committee Residents in June 2019. An ABMS Task Force on Parental Leave was established, and ABMS and ACGME cosponsored a workshop on resident and fellow parental and family leave in early February 2020 that brought together more than 80 multidisciplinary stakeholders to explore this issue and make recommendations for improvement. There was a high level of engagement from ABMS boards to address this important issue for physicians in training, and the new policy reflected the member boards’ commitment to maintaining high standards for physician training while preserving trainees’ physical and emotional well-being. The consensus from participants was that improving current leave policies was not only an appropriate but a necessary advancement to improve the training environment for residents and fellows.

The ABMS-approved policy offered all member boards, such as the American Board of Nuclear Medicine (ABNM), the flexibility to create a parental, family, or medical leave protocol that best suits the training required for each specialty. ABMS policy applies to training programs that are 2 years or longer, and so does not apply to nuclear medicine training programs of 12–16 months. Some examples are international medical graduates who need 12 months of nuclear medicine training in the United States, radiologists in a 12-month nuclear radiology fellowship program, diagnostic radiology residents in a 16-month nuclear radiology pathway during residency, and radiologists in the American Board of Radiology alternate pathway. ABNM leave policy states that leave for any reason, such as vacation, illness, or family leave, may be taken as permitted by the local institution’s graduate medical education office or equivalent, and/or applicable rules of the ACGME. In the absence of such rules, up to 6 weeks (30 working days) of leave are permitted per academic year. When nuclear medicine training is longer than 1 year, the average length of leave should not exceed 6 weeks per academic year. If leave exceeds these limits, as permitted or required by state or federal regulations, the program director must have a plan approved by the ABNM to compensate for lost educational time.

Many boards, as well as residents and fellows, were encouraged and relieved at the change in policy and believed it to be long overdue. By recognizing the importance of time away for birthing parents, non-birthing parents, adoptive/foster parents, and surrogates, the policy acknowledges that families come in different forms and that each parent plays a vital role in the development of a child.

Allowing greater leave flexibility for women physicians in training is a critical step toward gender equity in medicine. Many women have contended with the consequences of taking too much leave, including perceived burdens on co-residents, delayed graduation, lost fellowships, or inability to meet board certification requirements. These consequences have undoubtedly affected the career trajectory of women physicians, but the hope is that greater leave flexibility will not force someone to choose between having a child and career advancement.

Learn more about the new ABMS policy at: https://www.abms.org/policies/parental-leave/ and about ABNM training requirements at: https://www.abnm.org/index.php/exam/training-requirements/.
The American Board of Nuclear Medicine (ABNM) is celebrating its first 50 years as a certification board for nuclear medicine physicians. The ABNM was the first conjoint board established under provisions of the “Essentials for Approval of Examining Boards in Medical Specialties” of the American Board of Medical Specialties (ABMS). It was sponsored by the American Board of Internal Medicine, the American Board of Pathology, the American Board of Radiology, and the Society of Nuclear Medicine. The ABNM was incorporated on July 28, 1971, and had its first meeting on October 23 of the same year. The ABNM became a primary certifying board in 1985 and is currently 1 of 24 member boards of the ABMS.

The ABNM has certified 5,917 physicians since the first certification examination was given in 1972. Certificates issued between 1972 and 1991 were valid for life. There are currently 1,681 active physicians (not retired or deceased) with lifetime certificates. The ABNM began issuing time-limited certificates in 1992. Diplomates initially certified between 1992 to 2017 were required to pass the Maintenance of Certification (MOC) examination every 10 years to maintain certification. There are currently 1,996 active physicians with time-limited certificates. The ABNM introduced CertLink® in 2018, a longitudinal assessment pilot program, as an alternative to the MOC examination. Currently 1,172 diplomates are participating in CertLink, most with certificates expiring prior to 2027. The number of participating diplomates is expected to significantly increase next year, because the ABMS approved CertLink in 2021 as a regular part of the ABNM’s MOC program, and the board will require all ABNM diplomates who do not wish to take the MOC examination for recertification to begin participating in CertLink by January 2022.

CertLink is only a part of the ABNM MOC program. Other parts are professionalism, lifelong learning and self-assessment, and practice improvement. The ABNM has taken several steps to make MOC easier and more valuable for physicians. Diplomates should log onto their profiles on the ABNM website at least once each year to update their information and see the latest news. All 24 ABMS member boards are reevaluating their MOC programs following the report issued by the ABMS Commission on Continuing Certification: Vision for the Future (https://visioninitiative.org/). The far-reaching report made several recommendations to make certification a “meaningful, contemporary, and relevant professional development activity for diplomates that ensures they remain up-to-date in their specialty.” The ABMS and member boards have begun a process to implement the recommendations, starting with a revision of the standards that all member boards must follow. The ABMS board of directors will vote on the final standards in October. The ABNM has already made changes to comply with the recommendations of the ABMS commission and the draft standards, which include adoption of CertLink. One of the potentially most significant impacts of the new standards, if approved, is the adoption of a uniform assessment cycle of 5 years for diplomates of all 24 member boards.

The practice of medicine and health care economics have dramatically changed over the past 50 years, and nuclear medicine has grown to include hybrid imaging, molecular imaging, and theranostics. The ABNM has made significant changes in certification standards to keep up with these and other changes, including support for training leading to dual certification in Nuclear Medicine and Diagnostic Radiology because of the importance of hybrid imaging and revision of the requirements for radionuclide therapy following the approval of several new radiopharmaceuticals for targeted radionuclide therapy. The ABNM has also made significant changes to keep up with society at large, including a process to select new board members that supports diversity, equity, and inclusion, and revision of the leave policy during training to support trainees who need to take medical/parental/caregiver leave. Other challenges remain to be addressed, such as attracting more young professionals into the specialty and maintaining high standards for certification that differentiate a nuclear medicine physician from other specialists doing the same work.

Nuclear medicine has a bright future, and the ABNM is prepared to meet the opportunities and challenges of the next 50 years.