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If you have any suggestions for improving *The BEAM* or ideas for topics you'd like us to cover, please email dbreckenridge@theabr.org.
Happy 2018 to ABR Candidates, Diplomates, and Volunteers
2018;11[1]:2

by Lane F. Donnelly, MD, Editor, The BEAM

Happy 2018 to all candidates, diplomates, volunteers, and staff involved with the ABR. This year marks the 84th anniversary of the founding of the ABR in 1934. The beginning of each year is a time to reflect on what has been accomplished during the previous year and what is planned for the upcoming year.

The ABR achieved many things in 2017, including release of the new ABR website, elimination of the traditional 10-year examination for Maintenance of Certification (MOC), work on creating the ABR Online Longitudinal Assessment (OLA) – which will go live in 2019 – and launch of the new ABR specialty in Interventional Radiology/Diagnostic Radiology (IR/DR). One of the articles in this issue of The BEAM reflects on the first administration of the IR/DR Exam.

This issue of The BEAM also touches on many of the activities planned for 2018, such as moving the non-physics component of DR Core Examination to pass/fail and an update on activities related to creation of the new OLA. We hope you find this edition of The Beam both informative and helpful.
Focus on Maintenance of Certification

Don’t Forget to Attest to Meeting MOC Requirements
2018;11[1]:3

by ABR Trustee Vincent P. Mathews, MD

January 1 through March 1, 2018 is the period in which all diplomates participating in the ABR’s Maintenance of Certification (MOC) program need to attest to meeting MOC requirements for Parts 1, 2 and 4. The attestation process in myABR was simplified in 2016; entering detailed data and uploading documents are no longer required. Diplomates need only to attest that they meet the requirements, which are described for each part.

A survey regarding MOC attestation is regularly undertaken to ensure we are meeting the needs of our diplomates. The 2017 survey found that approximately 90 percent of diplomates were able to complete the attestation process in less than 15 minutes, and 73 percent were able to complete the process in 10 minutes or less.

Eighty-five percent of the surveyed diplomates indicated they were aware of the need to attest after receiving an email communication from the ABR. The majority of the remainder of the diplomates indicated they depended on their administrative staff to remind them. Eighty-eight percent of surveyed diplomates agreed or strongly agreed that communication about the attestation from the ABR had been adequate.

Most surveyed diplomates indicated that the attestation process was easy to understand and navigate. Only 3 percent indicated that the Part 1 attestation was not easily completed. The Part 2 attestation was not easily understood by 8 percent. Part 3 and Part 4 attestation had the highest levels of diplomates reporting difficulties in completing, at 17 percent and 16 percent, respectively.

Those who experienced some confusion over the attestation process may find it useful to spend a few minutes viewing the instructional video and FAQs on the ABR website before completing the process. In 2017, only 17 percent of survey respondents had viewed the video. Of those respondents, 90 percent indicated it was useful in completing the attestation. The ABR Certification Services Department can address any questions or concerns you have about MOC attestation. Call 520-790-2900 or email information@theabr.org.

Source: The BEAM, Winter 2018 www.theabr.org
Page 3 of 16
Focus on Residents

Changes to Diagnostic Radiology Core Exam Scoring
2018;11[1]:4-5

by ABR Trustee Donald J. Flemming, MD

The ABR Board of Trustees is constantly striving to improve the quality of all exams we administer. To that end, the trustees recently voted to change the diagnostic radiology Core Exam to a pass/fail grading model, except for the physics category, which can still be conditioned.

At its inception, scoring for the Core Exam was set up to recapitulate prior requirements for becoming board certified. A candidate therefore needed to pass a minimum threshold across 18 categories that included clinical disciplines, radiologic modalities, and physics. A grid was established to ensure that clinical and modality content was evenly distributed across all subspecialty areas. In the old scoring model, a candidate could theoretically condition up to five different categories (clinical areas and/or modalities) and would not have needed to repeat the entire exam.

Since its first administration in 2013, the outcomes of the Core Exam have been remarkably consistent. More than 5,000 candidates have taken the exam, and the only category that has been conditioned is physics. Not a single candidate has failed to meet the minimum threshold for passing in another category. When a candidate fails the Core Exam, they do so because they perform poorly on the entire exam rather than in a few domains.

The consistency of these results allowed the trustees to consider other scoring models, and the best option without increasing the length of the exam was to move to a pass/fail system. The pass/fail scoring model is a worthwhile change for two major reasons: 1) the outcomes to date are, in effect, already pass/fail, and 2) exam content can be improved without constraints imposed by rigid grid requirements.

To maintain the hard-earned face validity of the Core Exam, the number of items will remain the same, ensuring that the entire domain of radiology is adequately evaluated. This should encourage a candidate to study across the entire field as every correct answer is valuable for passing the exam.
The Core Exam has proven to be a highly reliable and valid test of knowledge and image interpretation. The change to a pass/fail scoring system offers a chance to make a very good exam even better. However, alterations to a known process can generate anxiety about the future. The trustees understand the importance of being thoughtful and vigilant in times of change.

The new scoring model will be compared to the old one over several administrations to ensure that future outcomes mirror those of the past. We expect qualified candidates to pass the Core Exam at a rate similar to that of prior administrations.
Online Longitudinal Assessment (OLA) Update

by Donald P. Frush, MD, Chair, ABR Board of Trustees

In keeping with the American Board of Medical Specialties’ affirmation of a move toward continuous assessment, the ABR is fully engaged in the design, testing, and launch of its new Online Longitudinal Assessment (OLA) product for Part 3 of Maintenance of Certification (MOC). The American Board of Anesthesiology first advanced continuous certification for MOC Part 3 with its 2016 launch of MOCA Minute® [1]. Diagnostic radiology (DR) will be the first of the four ABR specialties to implement OLA; however, most of the discussion below also applies to OLA for interventional radiology, medical physics, and radiation oncology, which will follow DR as soon as possible.

DR OLA resonates with the “maintenance” part of MOC as a sustaining, continuous process, as opposed to the previous proctored MOC Exam required every 10 years. Part 3 is now aligned with the three other parts of MOC, including annual licensing (Part 1), continuing medical education (Part 2) and regular participation in practice quality improvement (Part 4). In addition, the OLA format provides flexibility in participation (when items may be answered); immediate feedback (correct response, brief discussion, and reference information); and elimination of additional examination expenses such as travel and time away from work.

OLA has been previously introduced in several issues of The BEAM [2-4], but an update is timely and worthwhile. In short, OLA development is moving ahead rapidly. The original target of 2019 for DR diplomates to begin OLA as the preferred pathway for MOC Part 3 is still very real.

Activity in design and development, as well as work in progress, includes the following:

1. ABR Board members and staff continue to collaborate and share knowledge with other specialty boards.
2. We now have 11 DR OLA committees with 110 question writers and 55 reviewers who have been preparing OLA content. More than 1,200 questions have already been developed.
3. Design continues for the OLA diplomate dashboard, to include diplomate progress, performance, and remediation opportunities when necessary. Preparation of instructional material through various formats such as video is also ongoing.

4. ABR staff and board members will pretest the OLA product this spring, and a formal pilot of OLA with groups of diplomates from all specialities will begin in July 2018.

5. The current OLA status will be fully reviewed at the winter ABR board meeting in March 2018.

The development of OLA is complex and engenders a great deal of dialogue surrounding the “whys,” “why nots,” and “what ifs.” A balance among IT requirements, content required for certification, and the perceptions and expectations of end users is necessary. ABR board members and staff possess an unremitting commitment to ensure that OLA is reliable, reasonable, relevant, and meaningful. This commitment to diplomates is also reflected in the sustained responsibility of the ABR to the public to certify that our diplomates demonstrate the requisite knowledge, skill, and understanding of their disciplines to the benefit of patients.

2. http://files.ctctcdn.com/26b8c02b001/708ca739-a32d-448e-afa4-d3c24684929d.pdf
3. http://files.constantcontact.com/26b8c02b001/033ed1f8-cae0-46c5-b15e-2443e872210a.pdf
**Update on Interventional Radiology/Diagnostic Radiology**

**Inaugural Oral Exam, VIR Certificate Conversion, and the New Transition Pathway**

*2018;11[1]:8*

by ABR Trustee John A. Kaufman, MD

**Inaugural Interventional Radiology/Diagnostic Radiology (IR/DR) Certifying Exam**

In early October 2017, we successfully administered the first IR/DR Certifying Exam (computerized and oral components) in Tucson, Arizona. Thanks to the efforts of the 48 volunteer IR oral examiners and 25 ABR staff, we successfully delivered the IR/DR Certifying (Oral) Exam to 264 candidates. We greatly appreciate our volunteers, and we congratulate all the candidates who passed the exam and were issued specialty certification in IR/DR!

**IR/DR Certificate Conversion**

An important part of the transition of interventional radiology from a subspecialty to a specialty has been the conversion of the legacy vascular and interventional radiology (VIR) subspecialty certificate to the new IR/DR specialty certificate.

On October 16, 2017, we successfully converted the certificates of almost all diplomates who previously had specialty certification in DR and subspecialty certification in VIR. We’re happy to report that 97 percent of eligible diplomates chose to convert and are now listed as IR/DR certificate holders. Those diplomates are also beginning to receive their new IR/DR certificates in the mail.

**IR/DR Transition Pathway**

Beginning in 2018, those certified in diagnostic radiology or general radiology who completed an ACGME-accredited VIR fellowship more than 10 years ago, but were not certified in VIR, are eligible to take the oral component of the IR/DR Certifying Exam. Successful ABR candidates will be awarded a continuous ABR specialty certificate in IR/DR. This pathway will be available for a limited time only, with applications being accepted until April 30, 2020.

For more information on this pathway and its requirements, please visit the IR/DR Transition Pathway page on the ABR website.
Focus on Radiation Oncology

Significant Changes Afoot in Radiation Oncology Exam
Development and Delivery
2018;11[1]:9-10

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

Development and administration of the Initial Certification (IC) qualifying (written) and certifying (oral) exams and the soon-to-be-retired Maintenance of Certification (MOC) Part 3 Exam for radiation oncology (RO) would not be possible without a cohort of dedicated and motivated volunteers working alongside ABR staff. Item inventory needs for creation of ABR MOC Online Longitudinal Assessment (OLA), to be rolled out for RO in 2020, place additional demands on volunteer time and effort. As part of a constant search for efficiencies that improve the exam development and administration processes and reduce the burden on our volunteers, the RO trustees have approved the first major change in clinical category logistics since 2012.

Before 2012, RO clinical volunteers served in one of eight categories, essentially on an ad hoc basis. Trustees, staff, and committee chairs developed exam blueprints, and then a large group of volunteers submitted items for consideration. Item-writing training was limited, so many submitted items were eventually found to be unusable. Oral examiners were invited to submit clinical cases and to serve at the exam on a similar ad hoc basis.

In 2012, category teams were formalized, with each category having two co-chairs—one for written exams and one for oral exams. Category members were appointed for specific terms, with general responsibilities of written item and clinical case submission. Webinars were initiated for training in item writing, and all oral examiners were selected from standing category members. The quality and utility of submitted written items and clinical cases progressively improved, and the uniformity of oral exam delivery and evaluation was strengthened.

Regular feedback from RO volunteers indicated general satisfaction with the revised system, but a sense that expectations across exam development and delivery functions were somewhat burdensome. To address these concerns, the RO trustees, working with category chairs and staff, will immediately launch significant changes. Going forward, the categories and co-chair...
structures will remain unchanged, but rather than assuming general tasks, each volunteer will be assigned to one of three permanent committees, with responsibility only for the tasks assigned to that committee. The committees include: 1) IC item submission, 2) OLA item submission, and 3) Oral Exam case submission. The oral examiner pool will consist of all committee members. Term of service will remain at three years, with an option for a second three-year term. The membership target for each category will be 24, with eight volunteers assigned to each committee.

A second significant change in the RO exam process will be relocation of the oral exam venue. Beginning in 2019, after 38 continuous years in Louisville, Kentucky, the exams will be administered in Tucson, Arizona, in hotels immediately adjacent to ABR headquarters. Availability of all ABR staff, a more centralized location, and improved hotel relationships should provide an excellent exam milieu for volunteers and candidates.
Focus on Medical Physics

Diversity and Fairness Within the American Board of Radiology

by ABR Trustee Kalpana M. Kanal, PhD

I began my role as the diagnostic medical physics trustee for the American Board of Radiology (ABR) in October 2017 at the ABR Fall Retreat in Tucson. I am excited about being the ABR’s newest medical physics trustee because I truly believe that ABR certification is at the heart of clinical medical physics. I replaced J. Anthony Seibert, who is now serving on the ABR Board of Governors. At the October meeting, we said goodbye to Geoffrey S. Ibbott, who completed his term as governor and as ABR secretary/treasurer. We will greatly miss Tony and Geoff, whose many contributions and sage advice have been very important to us.

During a recent meeting at which we assembled one of our exams, I noticed that two-thirds of the participants were women. This started me thinking a bit more about diversity within the ABR. While I am the first woman who has served as a medical physics trustee, women and women physicists have a long and distinguished history in the organization, as well as a strong role today. At present, 27 percent of our 142 medical physics committee members are women. A little more than 20 percent of our oral examiners are women, and four of seven panels at the last Oral Exam were chaired by women.

Regarding women in ABR leadership, our executive director, Dr. Valerie Jackson, and our president, Dr. Lisa Kachnic, are women. One-third of our associate executive directors and 44 percent of our directors are women. Women are also well represented on the Board of Governors and the Board of Trustees (see https://www.theabr.org/about/meet-board-governors and https://www.theabr.org/about/meet-board-trustees).

We recently checked the performance of medical physics candidates on the Part 2 and Oral exams by gender. Women perform slightly better on the Oral Exam, and men perform slightly better on the Part 2 Exam. Neither difference is statistically significant.
There is also some interesting history. The ABR began examining radiologists in 1934. Shortly thereafter, it decided that medical physics should be part of the radiology Oral Exam and asked Edith Quimby (photo) to be an examiner in 1936. She remained an oral examiner for more than 50 years. In those early days, medical physicists were certified by the RSNA. However, when the ABR began certifying medical physicists in 1947, Dr. Quimby was in the inaugural class. A couple of years later, Dr. Rosalyn Yalow was also certified by the ABR, and she remains the only diplomate of the ABR to receive the Nobel Prize.

I am very pleased with the diversity, both historic and current, that exists within the ABR and will work to continue to enhance it. The ABR is always committed to increasing its diversity. If you would like to volunteer, an application is available on our website at www.theabr.org/medical-physics/volunteer.
ANNOUNCEMENTS

Congratulations!
2018;11[1]:13

ABR Executive Director Valerie P. Jackson, MD, is currently serving as president-elect and secretary-treasurer of the Radiological Society of North America (RSNA). She was also appointed to the Board of Directors for the Commission on Accreditation of Medical Physics Education Programs (CAMPEP).

ABR Trustee John A Kaufman, MD, will receive the Society of Interventional Radiology (SIR) Gold Medal at SIR's annual meeting next month. He also became the inaugural chair of the new Department of Interventional Radiology at Oregon Health and Science University (OHSU) last July. ABR

Trustee Patricia H. Hardenbergh, MD, a radiation oncologist for the Shaw Cancer Center in Edwards, Colorado, became an ASTRO fellow in September 2017.

At the Radiological Society of America (RSNA) Convention held in Chicago in November, the ABR held a raffle drawing to win five ABR annual fee waiver of up to $340. The lucky winners are Medical Physicist Phillip C. Berry, PhD, Albuquerque, NM; Diagnostic Radiologist Subha Ghosh, MD, Solon, OH; Diagnostic Radiologist Nidhi Jain, MD, New York, NY; Interventional/Diagnostic Radiologist Amjad A. Safvi, MD, Villa Park, IL; and Radiation Oncologist John M. Watkins, MD, Iowa City, IA.
ABR Earns Guidestar Platinum Certification  
2018;11[1]:14

The ABR has received the Guidestar Platinum Seal of Transparency for 2017. Guidestar's mission is "to revolutionize philanthropy by providing information that advances transparency, enables users to make better decisions, and encourages charitable giving." The ABR's report includes information about our programs, financials, and operations. To set up a Guidestar account and view our information, please click here.
The American Board of Medical Specialties (ABMS) has begun its Continuing Board Certification: Vision for the Future Initiative. The 25 Vision Initiative Commission members are responsible for assessing the status of continuing board certification. They will then make recommendations to help enable the current process to become a system that:

- demonstrates the profession's commitment to professional self-regulation,
- offers a consistent and clear understanding of what continuing certification means, and
- establishes a meaningful, relevant, and valuable program that meets the highest standard of quality patient care.

Feedback will be obtained from various stakeholders through multiple methods, including a survey. The Commission will hold hearings and seek feedback on concepts and ideas during the process and will periodically release public reports about their findings. The Commission's final recommendations will be submitted to the ABMS and its member boards on February 1, 2019.

Stakeholders interested in sharing their feedback, ideas and suggestions are encouraged to submit comments. For more information, see visioninitiative.org.
List of Society Attendance
2018;11[1]:16

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 2018, please click here.