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August 1, 2014

Dear Ms. Dudes:

I am the new Executive Director at the American Board of Radiology (ABR) as of July 1. Thank you for your letter dated July 2, 2014. This letter is in response to your request for clarification of information regarding recognition of the ABR's look-up function on the ABR website as a means for the NRC to verify the validity of ABR diplomate certificates in Diagnostic Radiology, Radiation Oncology, Diagnostic Medical Physics, Nuclear Medical Physics, and Therapeutic Medical Physics.

As we stated in our letter of September 16, 2013, the information related to certificate validity "is updated daily." Maintenance of Certification (MOC), now called Continuous Certification by the ABMS, is a four-part continuous process with activities spread over months and years. The ABR checks annually, in March, for compliance with Parts 2, 3 and 4 of the ABMS/ABR MOC program. These parts are Lifelong Learning and Self-assessment, Cognitive Expertise, and Practice Quality Improvement. Compliance with these elements does not immediately affect a diplomate's certification status, since MOC compliance proceeds at different paces for different diplomates and there are built in make-up periods in the program. The one element that may change quickly is Part 1 of MOC, which is state licensure status (Professional Standing). The Federation of State Medical Boards immediately notifies the ABMS of any licensure issues and the ABMS DANS system notifies the ABR immediately of any irregularities involving our diplomates. We then investigate and act upon this information to modify the individual's board certification status and post this on our website immediately after any ABR action is taken affecting the validity of a diplomate's certificate. Thus, for the granting of AU status based on valid ABR specialty certificates, the website information is accurate and up to date.

As you have pointed out, there are several phrases used to indicate the diplomate's certification and MOC status. We use the terminology specified by the ABMS for tracking purposes. *ALL* ABMS boards, including the American Board of Nuclear Medicine, now are obligated to use this same system, including website posting, used by ABR. Prior to 2002, all ABR diplomates were issued lifetime certificates with no MOC requirement for continued validity and are listed as "Certified, Not Required to Participate in MOC." However, many lifetime certificate holders have voluntarily enrolled in MOC and their listing is "Certified, Meeting MOC Requirements." From a certificate validity point of view, there is no difference between these two groups. All diplomates who became certified in 2002 and beyond have time-limited certificates and are required to participate in MOC. Therefore, they would be listed as either "Certified, Meeting MOC Requirements" or "Certified, Not Meeting MOC

Valerie P. Jackson, MD, Executive Director

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Requirements." Again, from a certificate validity point of view, both designations indicate continued validity of the underlying certificate as both are "certified" categories. The remainder of the description is simply for MOC tracking purposes. The important element here for AU-granting purposes is a third designation, certificate "lapsed," which means that the diplomate's certificate is not currently valid. This certification status is required by ABR to be posted on the website as soon as this change occurs. Again, this is required ABMS-standardized language that all ABMS boards must employ on their websites. This website method of listing certificate validity is a considerable improvement over reliance on the physical paper certificates as has been done in the past and, in fact, is similar in concept and intent to NRC's transition from a static listing of recognized specialty board certificates in Subpart J of the 10 CFR 35 regulations to a dynamic, up-to-date posting of specialty board certificate recognitions on its Specialty Board Certificate Recognition web page. The overall result of the new ABMS certificate reporting requirements has been an accurate and up-to-date display of the validity of ABR's certificates.

I understand that these issues seem complicated and I hope I have adequately explained the operational components of our program as well as conveyed the importance we place on the accuracy and timeliness of our certificate-status postings. I would be happy to discuss any questions you or your staff may have by phone (520-790-2900) or email (vjackson@theabr.org). Thank you very much for your attention to this matter.

Sincerely,

Valerie P Jackson, MD, FACR

Executive Director

The American Board of Radiology

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