EDITORIAL

Asian Nuclear Medicine Board, No Longer a Dream!

Durr-e-Sabih

On the 4th of November 2014, a small but significant event held at the Nakanoshima Center of the Osaka University in Japan, made nuclear medicine history in Asia with the first Asian Nuclear Medicine Board examination. Unlike other such examinations, the Asian Board is unique in that it has been designed as a tool for providing resources and opportunities for current Asian nuclear medicine physicians for nuclear medicine training and competency assessment. There is a hope and ambition that in time the board becomes an instrument for ensuring uniform training and competency for future Asian Nuclear Medicine physicians regardless of the strengths or weaknesses of their national training programs [1].

There were 27 candidates from 11 Asian countries with examiners from 11 countries and 2 observers from the European Nuclear Medicine Board (Tables 1 & 2). The Board exam found resonance with the Asian nuclear medicine community as can be judged by the large number of applicants with a total of 70 applicants.

The criteria for accepting applications were intended to meet the unique realities of Asian nuclear medicine physicians. There were 27 applicants who fulfilled the application criteria and sat for the exam The selection process made it easy for candidates in developing countries to apply, favouring younger physicians, especially those who had the attributes of leadership in their chosen field. While a formal postgraduate certification was not a prerequisite for the Board, an interest in professional development, teaching and research definitely were. The exam itself had

several unique features the such as requirement of writing a report as the candidate would in his own clinical environment. This was aimed at assessing the clarity of communication and clinical relevance of his/her nuclear medicine reporting skills. Whilst the medium of examination was English, it was understood that many Asian physicians would have a limited grasp of spoken English and interpreters were therefore arranged where the examiners felt that the problem lay with articulating in English rather than the Nuclear Medicine knowledge per se. Successful candidates were given an award of USD 1000 to cover the registration costs, and at least partially cover the cost of travelling and accommodation.

The examination was organized in two parts (see Table 3) with 100 MCQs and true/false questions followed by a clinical case-based oral exam with sequential interpretation as outlined in Figure 1. There were three clinical stations for the oral exam with one being a "critical" station, which meant that if a candidate failed here, it would have resulted in failing the whole exam.

At the conclusion of the exam, anonymous feedback was sought from the candidates. The response was overwhelmingly positive with appreciation for the format and conduct of the examination. A few suggestions have been incorporated into the policy guidelines for the next year.

That this piece is published in the *Pakistan Journal of Nuclear Medicine* is especially relevant as the idea of the board was first floated by

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Shankar Biswas	Bangladesh	Institute Of Nuclear Medicine & Allied Sciences
Zeenat Jabin	Bangladesh	National Institute of Nuclear Medicine & Allied Sciences (NINMAS)
Hua Wei	China	The First Hospital of Shanxi Medical University
Yaping Luo	China	Peking Union Medical College Hospital
Yumei Chen	China	Ren Ji Hospital, School of Medicine, Shanghai Jiao Tong University
Amitabh Arya	India	Sanjay Gandhi Post Graduate Institute of Medical Sciences
Madhavi Tripathi	India	All India Institute of Medicine Sciences
Manjit Sarma	India	Amrita Institute of Medical Sciences, Kochi, Kerala
Punit Sharma	India	Eastern diagnostics India Ltd.
Sellam Karunanithi	India	All India Institute of Medical Sciences, New Delhi
Hendra Budiawan	Indonesia	Mochtar Riady Comprehensive Cancer Centre - Siloam Hospitals
Kimiteru Ito	Japan	Tokyo Metropolitan Geriatric Hospital
Tadashi Watabe	Japan	Osaka University Graduate School of Medicine
Tomohiko Yamane	Japan	Saitama International Medical Center, Saitama Medical University
Yoshitaka Inui	Japan	National Center for Geriatrics and Gerontology
Ho-Young Lee	Korea	Seoul National University Bundang Hospital
Jin Chul Paeng	Korea	Seoul National University Hospital
Minki Yoon	Korea	Good Samaritan Hospital (Pohang Sunlin Medical Center)
Seong Young Kwon	Korea	Chonnam National University Hwasun Hospital
Anwar Al. Banna	Kuwait	Farwania Hospital Kuwait
Mehdi Raza	Pakistan	Armed Forces Institute of Pathology
Safdar Babar	Pakistan	Aseer Central Hospital, Saudi Arabia
Tahira Ejaz	Pakistan	Nescom Hospital
Eduardo Ongkeko	Philippines	St. Luke's Medical Center
Jefferson R. Pagsisihan	Philippines	St. Luke's Medical Center
Hamid Amer	Saudi Arabia	King Abdulaziz Hospital for National Guards

Table 1 First batch of fellows of the Asian Nuclear Medicine Board

the author, a Pakistani. One of the underlying reasons was to strengthen nuclear medicine competence after failing to bring about changes in the existing national training content and design. One realizes that national medical postgraduate programs have an inbuilt inertia that is not very easy to overcome due to technical as well as political reasons [2]; this does not however lessen the growing frustration among the young nuclear medicine physicians of the country with the quality of the available training opportunities [3]. Actually, this is a more widespread phenomenon: discussions with other Country Principals and Regional Representatives of the Asian School of Nuclear Medicine revealed that this is a shared concern. The situation needs rectification by offering an examination, which is more in tune with current and relevant knowledge. This need has been appreciated by the various Asian nuclear medicine forums including the ARCCNM (Asian Regional Cooperative Council for Nuclear Medicine), the ASNM (Asian School of Nuclear Medicine) and AOFNMB (Asia-Oceana Federation of Nuclear Medicine and Biology).

More emphasis on correlative and cross sectional imaging and anatomy as well as new developments and therapy, will ensure that the fellows are well versed in the recent trends and developments in nuclear medicine. The

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Gang Huang	China	Jiaotong University Hospital
Henry Bom	Korea	Chonnam National University Hwasun Hospital
Hussein Kartamihardja	Indonesia	Padjadjaran University, Bandung
Jun Hatazawa	Japan	Osaka University Hospital
Mizanul Hasan	Bangladesh	National Institute of Nuclear Medicine & Allied Sciences, Dhaka
Prasanta Kumar	India	Sanjay Gandhi Postgraduate Institute of medical sciences,
Qaisar Hussain Siraj	Kuwait	Farwania Hospital Kuwait
Raihan Hussain	Bangladesh	Institute of Nuclear Medicine and Ultrasound, BSM Medical
Seyed Rasoul Zakavi	Iran	Mashhad University, Iran
Sze Ting Lee	Australia	Austin Hospital, Australia
Teofilo O.L.San Luis, Jr.	Philippines	University of Santo Tomas Hospital
Ariane Boubaker	UEMS/EBNM OI	bserver
Trond Velde Bogsrud	UEMS/EBNM O	bserver

Table 2 Examiners of the first Asian Nuclear Medicine Board, Osaka Japan 2014

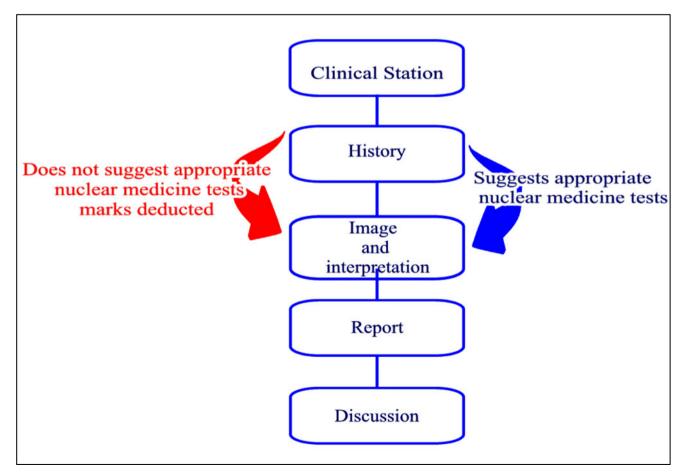


Figure 1 Sequence of Oral exam, at the 3 clinical stations

Table 3Exam organization

Written	100 MCQs and True/False
Oral	Suggest appropriate nuclear medicine tests after going through history and clinical findings
	Interpret nuclear medicine images, suggest further investigations and differential diagnosis
	Write a report
	Interview on nuclear medicine knowledge

fellowship will need to be re-validated after 5 years, which will promote a continued effort at maintaining competency and keeping abreast of the current knowledge and developments in the speciality.

The future is bright. The board examination has built in, content flexibility to enable it to reflect current concepts and strengths of nuclear medicine. Educational resources are being developed in parallel with the Board, to offer learning platforms: a basic nuclear medicine book is already available at the ARCCNM web site and additional resources are being added to this as well as the ASNM web site. The educational content of the two web sites shall point to the same content, enabling the pooling of the resources. ASNM campuses have been established, initially in Japan and China, where fellowships will be offered to young nuclear medicine physicians for learning the current practice of nuclear medicine. Some Asian countries have expressed interest in adopting the ANMB as their national board or recognizing the ANMB as certification of competence for recruitment.

The board recognizes two types of fellows: 1) those who can call themselves Fellows have earned the honour after passing an exam (this holds true for the initial core committee of the Fellows who were examined themselves by their peers) and 2) an Honorary Fellowship which is awarded to a very senior nuclear medicine physician in recognition of a lifetime of service to the profession. This year the first

honorary Fellowship was awarded to Prof. Kinichi Hisada of Japan. The first batch of fellows has already been invited to participate in subsequent fellowship exams as question contributors and, in time, these and other subsequent fellows, will become examiners and managers of the Board, ensuring continuity of quality when it is time for the current leaders and administrators to pass on the mantle to the next generation.

Preparations are already underway for the next exam in late October 2015 in Jeju, South Korea, to coincide with the 11th Asia Oceania Congress of Nuclear Medicine and Biology. I will encourage young nuclear medicine physicians to endeavour to undertake the Asian board examination and join the future leaders in this field in Asia.

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