Leadership Initiatives in Nuclear Medicine
IPET 15, IAEA, Vienna; 5-9 October 2015

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King Hussein Cancer Center, Jordan
Arab Society of Nuclear Medicine (ARSNM)
Leadership; Definition, styles, Characteristics

Medical leadership

Leadership initiatives at organization & regional levels

Leadership Initiatives at international levels
Leadership

The ability to develop vision that motivates others to move with a passion toward a common goal

Why & What

Management:
Is the ability to organize resources and coordinate the execution of tasks necessary to reach a goal in a timely and cost effective manner

HOW

change
To succeed as a leader, certain characteristics are needed

- Integrity
- Authentic
- Vision
- Committed
- Innovative
- Clear communication

As leader

- Know the right thing and do it
- Give credit to the contributions of others
- Know how to empower the followers
- Know how to delegate tasks
- Understand that some mistakes are inevitable.
Can Leadership be Learned???
Leadership Styles

- Democratic
- Coaching
- Commanding
- Pacesetting
- Contributory
- Flexible
Leadership; Definition, styles, Characteristics

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Medical Leadership

- Built on the concept of Shared Leadership
- Not restricted to who hold designated leadership roles
- A shared sense of responsibility for the success of the services
- Can come from anyone in the organisation, focused on the achievement of the group rather than individual
- Teamwork
Why do we need to develop Medical Leadership?

History of...
- Low levels of medical engagement in management and leadership
- Tensions between doctors and managers

Acknowledgment that...
- All doctors require management and leadership competences to be effective practitioners; some take on service leadership roles

Rank | Organization                                      | State | Name of CEO/President | Physician?
--- | ------------------------------------------------- | ----- | ----------------------- | ----------
1   | Johns Hopkins Hospital                           | MD    | Paul B. Rothman         | Yes
2   | Massachusetts General Hospital                   | MA    | Peter Slavin            | Yes
3   | Mayo Clinic                                      | MN    | John H. Noseworthy      | Yes
4   | Cleveland Clinic                                 | OH    | Delos M. Cosgrove       | Yes
5   | UCLA Medical Center                              | CA    | David T. Feinberg       | Yes
6   | Northwestern Memorial Hospital                   | IL    | Dean M. Harrison        | No
7   | New York-Presbyterian University Hospital of Columbia and Cornell | NY | Steven J. Corwin        | Yes
8   | UCSF Medical Center                              | CA    | Mark R. Laret           | No
9   | Brigham and Women's Hospital                     | MA    | Elizabeth G. Nabel      | Yes
10  | UPMC-University of Pittsburgh Medical Center     | PA    | Jeffrey A. Romoff       | No
Why Competent Leadership is Much Important in Health Sector?

- Unique Problems & Patient Variability
- Highly Complex Structures & Processes
- Immature & Incomplete Evidence Base
- Variable Layers of Responsibility
- Unpredictable Workloads & Case Mix
- Long work Hours & Fatigue
- Variable Employee Support Systems
To deliver appropriate, safe and effective services;

- Demonstrating personal qualities
- Working with others
- Managing service
- Improving service
- Setting direction

National Health Service (NHS)
# Three Major Levels for Clinical Leaders

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<tr>
<th>Institutional leader</th>
<th>Service leader</th>
<th>Frontline leader</th>
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<tr>
<td>Few</td>
<td>Moderate level of direct contact with patients</td>
<td>High level of direct contact with patients</td>
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<td>Overall identity</td>
<td>Passionate advocate for own service, feels responsible for clinical and financial performance</td>
<td>Great frontline clinician who focuses on delivering and improving excellent patient care</td>
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<td>Sources of power</td>
<td>Highly credible to colleagues, primarily as clinician; well connected, can tap into centers of excellence</td>
<td>Passionate about clinical work, credible to colleagues</td>
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<td>Selected leadership skills and knowledge required</td>
<td>Innovative, willing to take risks</td>
<td>Understanding of systems-and quality-improvement techniques—eg, process mapping, operational improvement</td>
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<td>Highly credible to colleagues as clinician and leader; able to communicate vision</td>
<td>Close to patients and frontline realities; can see opportunities for improvement</td>
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<td>Corporate-level strategic thinking, talent management, succession planning</td>
<td>Self-starter, able to work well in teams</td>
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<td>Political savvy; strong skills in negotiation and influence</td>
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**Health International 2009 Number 9**
Changing Skill Requirements

- Personal leadership skills
- Management skills
- Technical skills

Relative Skill Importance vs High / Low

Professional/Individual → Manager → Leadership
Acquisition of new knowledge, particularly related to clinical skills

Application of knowledge to improving service delivery and practice development

Decision-making
Leadership; Definition, styles, Characteristics

Medical leadership

Leadership initiatives at organization & regional levels

Leadership Initiatives at international levels
Sustainable Initiatives at Intra-institutional Level

- Investing in human resources
- Integrating into multidisciplinary approach
- Standardization & SOP
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<th>Nuclear Medicine</th>
<th>PET/CT Gallery</th>
<th>Webinars</th>
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Leaders in Nuclear Medicine should Focus on the following competencies in Teams

- Patient care and welfare
- Instrumentation with quality control
- Imaging techniques
- Reporting skills
- Radio-pharmacy
- Radiation protection
- Departmental organization
- Quality management
Outlines

- Leadership; Definition, styles, Characteristics
- Medical leadership
- Leadership initiatives at organization & regional levels
- Leadership Initiatives at international levels
Improving technology
Promoting health by advancing molecular imaging and therapy
Global collaboration in education and training
Harmonizing procedure guidelines and other policies
Improving quality and safety

Dear Prof. Hossein Jadvar,

As Presidents of AOFNMB, EANM and WFNMB, we are grateful for SNMMI providing information on the recent taskforce activity of the American Board of Radiology (ABR) and the American Board of Nuclear Medicine (ABNM). According to the information provided, the taskforce proposes to implement a combined 2+3 Nuclear Medicine/Diagnostic Radiology (NM/DR) certificate and to eliminate the current nuclear radiology (NR) fellowship programs, dissolving ABNM as an independent certifying body, and replacing it with a new NR fellowship under the ABR umbrella. This taskforce recognizes the need for appropriately trained physicians to serve as stewards of growth of the fields of Nuclear Medicine and Diagnostic Radiology, such as hybrid imaging and molecular imaging, in the current challenging financial and political climate. In addition, the job insecurity of ABNM-only certified physicians, and the inadequacy of 4 months training in Nuclear Medicine in the current Diagnostic Radiology training program, are clearly issues of great importance that require careful consideration and action. These opportunities and challenges of Nuclear Medicine training and credentialing are not limited to the United States, but are in fact highly relevant around the world. As the current President of the Asia Oceania Federation of Nuclear Medicine and Biology (AOFNMB), European Association of Nuclear Medicine (EANM) and the World Federation of Nuclear Medicine and Biology (WFNMB), we have a similar concern regarding the future of Nuclear Medicine globally. We firmly believe that the future of Nuclear Medicine will depend on the quality of our training programs, and the expertise and comprehension of knowledge of graduate physicians and scientists in our field. The experience in many countries around the world has shown that appropriate clinical training must encompass the full spectrum of diagnostic and therapeutic Nuclear Medicine procedures, including molecular imaging and hybrid imaging techniques. The minimum requirement, based on general standards, should be 2 or 3 years of full time training in Nuclear Medicine, with opportunities for additional training depending on specialty areas pursued. In this context, we believe that the 4 month training program for DR residency in the US is not consistent with the minimum requirements for contemporary Nuclear Medicine practice. In addition, we believe that the option of dual training, such as training in Nuclear Medicine as well as Diagnostic Radiology, or in Nuclear Medicine to other physician specialties (e.g., Internal Medicine, Cardiology, Endocrinology, Neurology, Oncology) is highly desirable, as this provides complementary experience that is directly relevant to the current practice of Nuclear Medicine. While hybrid imaging is clearly a vital part of Nuclear Medicine practice, nuclear cardiology as well as nuclear medicine therapy and neurology applications in nuclear medicine are integral parts of our specialty, and will continue to expand in number and importance in the future.

Strategically, the ability of Nuclear Medicine to have an ongoing and increased impact on medicine and science can only be achieved with careful integration of training programs with directed leadership, vision, and advocacy. Maintaining the independence of our specialty is essential to ensure that we have the greatest possible impact on healthcare and patient outcomes. We are concerned that the proposals of the taskforce of ABR and ABNM to merge Nuclear Medicine and Diagnostic Radiology training do not sufficiently take into account the full spectrum of expertise and requirements for contemporary Nuclear Medicine practice. There are many models of training around the world that can be used as examples upon which to base new programs. As the US is a major force in Nuclear Medicine worldwide, it is vital that it sets an example for training that ensures that we have a dynamic and vibrant Nuclear Medicine specialty, and contribute to global health and wellbeing. This will not be achieved with a training model that has been proposed by the taskforce. We therefore provide our strong support for SNMMI and the position it has taken on this issue.

In view of the relevance of this issue to many countries around the world, we also propose that clinical training in Nuclear Medicine be considered as a Global Initiative, which would provide an opportunity for high level discussion and planning for this highly important issue.

Yours Sincerely,

Prof. Henry Bom, President AOFNMB
Prof. Arturo Chiti, President EANM
Prof. Andrew Scott, President, WFNMB
Successful Nuclear Medicine Global Initiative

- Should center on topic that is of common interest and impact
- Has a high probability of success
- Has concrete deliverables
- Free of regulatory and political boundaries
- Can be completed in a reasonable time frame

Frederic H. Fahey, JNM • Vol. 54 • No. 1 • January 2013

- AOFNMB
- Australian and New Zealand Society of Nuclear Medicine
- Canadian Association of Nuclear Medicine
- Chinese Society of Nuclear Medicine
- EANM
- IAEA
- Japanese Society of Nuclear Medicine
- Korean Society of Nuclear Medicine
- Latin American Association of Societies of Nuclear Medicine and Biology
- Society of Nuclear Medicine, India
- SNMMI
- South Africana Society of Nuclear Medicine
- WFNMB
EARL FDG-PET/CT accreditation 2015

This is to certify that the

King Hussein Cancer Centre, Amman al Jubeiha
Scanner: Siemens Biograph mCT flow

is granted accreditation according to the requirements and specifications indicated in the EANM guidelines (FDG PET and PET/CT: EANM procedure guidelines for tumour PET imaging; updated version). FDG PET/CT accreditation ensures similar performance of PET/CT systems within a multicentre setting by harmonising acquisition and interpretation of PET/CT scans. Accredited PET/CT centres of excellence can compare, exchange and combine FDG PET/CT findings, including SUVs, since data are collected and processed in a standardised manner. The regular submission and approval of QC data, as required by EARL, is a condition for the maintenance of the accreditation.

Vienna, June 17, 2015

[Signatures]

Prof. Dr. K. Tatsch, MD
CEO of EARL

Andreas Bauer, M.A.
CEO of EARL
The Quality Management Audits of Nuclear Medicine Practices project QUANUM is a mean by which nuclear medicine facilities can demonstrate the level of patient care they provide by following a process of self and external evaluation (audits)
Successful Change

Vision + Skills + Incentive + Resources + Action Plan = Success

X Skills + Incentive + Resources + Action Plan = Confusion

Vision  X  + Incentive + Resources + Action Plan = Anxiety

Vision + Skills  X  + Resources + Action Plan = Gradual Change

Vision + Skills + Incentive + X + Action Plan = Frustration

Vision + Skills + Incentive + Resources  X  = False Start

*Slide courtesy of L. Dawson, MD