



CAR Residents' Report

*American College of Radiology
Annual Meeting and Chapter Leadership Conference
Washington, DC
April 20-25, 2012*

OVERVIEW

We were privileged to have had the opportunity to attend the 2012 American College of Radiology Annual Meeting and Chapter Leadership Conference (AMCLC) as resident delegates to the Resident and Fellow Section (RFS). The conference took place over 5 days in Washington, D.C.; the following report briefly outlines our experiences at the meeting.

BACKGROUND

What is the American College of Radiology (ACR)?

The American College of Radiology (ACR) is an organization that represents over 35,000 members, including radiologists, radiation oncologists, medical physicists, interventional radiologists, nuclear medicine physicians and allied health professionals. The mission of the ACR is to serve patients and society by maximizing the value of radiology, radiation oncology, interventional radiology, nuclear medicine and medical physics by advancing the sciences of radiology, improving the quality of patient care, positively influencing the socio-economics of the practice of radiology, providing continuing education for radiology and allied health professions and conducting research for the future of radiology.

The college is organized around the following five pillars: advocacy, clinical research, economics, education, quality & safety. The ACR devotes its resources to making imaging safe, effective and accessible to those who need it.

What is the Resident and Fellow Section (RFS)?

All residents and fellows training in the United States or Canada receive complimentary membership in the ACR, and are considered members-in-training; therefore the RFS is composed of over 5,000 members. The ACR-RFS represents radiology and radiation oncology residents within the ACR and other specialty organizations including the American Medical Association (AMA), the American Alliance of Academic Chief Residents in Radiology (A3CR2) and the American Board of Radiology (ABR).

The RFS is led by the RFS Executive Committee, comprised of 6 members, who hold office for one year. Elections for the committee positions are held during the AMCLC. The positions include: Chair, Vice-Chair, Secretary, A3CR2 representative, AMA representative and Communications Officer. The RFS has five voting councillors to the ACR. The ACR-RFS also maintains fellowship positions available to radiology residents to facilitate exposure to areas including economics, health policy and government relations.

CONFERENCE DETAILS / RFS SPEAKERS

“Business Leadership Course for Residents”

Drs. Frank Lexa, Jonathan Berlin and Lawrence Muroff

Today's dynamic healthcare landscape demands strong innovative leaders who are ready to shape the future of radiology. For the first time, the field of radiology has its own professional development and leadership academy. The Radiology Leadership Institute delivers advanced leadership courses – designed for various levels of professional experience – that build to high

proficiencies of leadership acumen. The implementation of this type of institute is important because of a demographic and economic crisis; decreased reimbursement, bankrupt government takeover, power shift away from doctors towards hospitals and payer groups, slowing of medical innovation. Residents are highly encouraged to get involved in leadership roles.

What are really important to patients are safety, convenience, reassurance and personal contact. Quality is important, but it is not what patients think about when they consider if the care provided to them was "good". Potential ways to improve service include taking the time to explain the study or results directly to patients, posting reports online so patients can view them in the privacy of their own home, and web based scheduling.

"ACR Leadership Address"

Dr. Manuel Brown (President, ACR) and Dr. John Patti (Chair, ACR Board of Chancellors)

The ACR has a unique role as a political force; this is something we do not have to this degree in Canada, partially because it would be illegal. The ACR advocates on behalf of the radiology profession and ACR membership with Congress, federal agencies and state legislative and regulatory bodies. The ACR is monitoring the following federal legislative issues: Multiple Procedure Payment Reduction (MPPR) and H.R. 3269, Teleradiology, Mammography Quality Standards Act, Medicare Reimbursement – Sustainable Growth Rate, Inappropriate Utilization of Diagnostic Medical Imaging Modalities.

Interestingly, there is a lot of talk of shifting to being "physicians first and radiologists second", not just image readers, but also educators to the community, patient advocates and embracing the role of the consultant. This is very reminiscent of the CanMEDS roles, and the ACR seems to be taking notice of these competencies and how they relate to the evolving practice of radiology.

"Young Physician Panel: Transitioning to the Real World"

Four new to practice radiologists held a Q/A session discussing their experience following residency/fellowship. It seems the most important thing would be to decide if you want to be in an academic or community setting, though crossover is still possible. All four young physicians had completed a fellowship and felt it was certainly helpful in finding a job.

"Radiology Reporting: Tips and Myths for Quality, Compliance, and Reimbursement"

Dr. Richard Duszak

Described This was very interesting, as Canadian Residents we were a bit confused as the majority of this discussion centered around the correct use of billing codes and how to ensure the IRS doesn't come after you for over billing.

"ABR Update and Q & A"

Dr. James Borgstede (ABR President-Elect)

Requires The mission of the American Board of Radiology is to serve patients, the public, and the medical profession by certifying that its diplomats have acquired, demonstrated, and maintained a requisite standard of knowledge, skill, understanding and performance essential to the safe and competent practice of diagnostic radiology, radiation oncology, and medical physics.

Most of the discussion centered around the "exam of the future", which will first be administered starting September 2013

The core exam will be a computer-based, image rich exam, taken after 36 months of radiology training (early PGY5). There will be 18 categories with physics incorporated throughout the exam.

The certifying exam will also be computer based, image rich and be taken 15 months after the completion of radiology residency. The candidate will be evaluated in three modules in any practice area as selected by the candidate, all three can be in the same practice area, but the questions will become increasingly difficult. Physics will also be built into the certifying exam.

Administration of the exams will be at a central location, either Chicago or Tucson.

*****There will be a Core Pilot Exam June 20-21, and 24-25, 2013, at the Chicago and Tucson Exam Centers. The ABR will offer two administrations to accommodate all residents who wish to take the pilot. Each administration consists of two 5.25 hour sessions over two days for a total of 10.5 hours, which duplicates the length of the Core examination. Candidates eligible for the pilot will be those that are PGY4 residents and are eligible to take the first Core Exam in October 2013. Candidates will be able to register for the pilot exam beginning in early 2013. Instructions will be made available at that time. The ABR will use the data gathered from the pilot to evaluate the performance of the overall exam, and make appropriate adjustments in content configuration and/or scoring approach prior to the first administration of the Core Exam in October 2013. Individual results of the pilot will not have an impact on the actual Core exam.*****

This was the most helpful piece of information to come out of this session, there is a lot of worry surrounding the new ABR and the ability to participate in the pilot certainly helped calm some fears. As of the time of the conference, the pilot will be free to take, but the candidate must pay for travel and accommodations at the test site.

“RADPAC Update”

Ted Burnes (Director of RADPAC), Dr. Kurt Scherer (Resident, Florida Radiological Society)

Stressed The RADPAC is the Radiology Political Action Committee, it is the second largest medical specialty PAC and the fifth largest health professional PAC. In 2011, the RADPAC raised \$1,454,028 in hard money contributions. The RADPAC participates in a spectrum of activities, from direct campaign contributions, to imaging policy discussions at fund raisers, to hands-on education of Members of Congress at radiologists' practice sites, providing the ability for our specialty to directly and effectively advocate our important issues.

As Canadians we were not able to donate to the RADPAC, but we would say that most of the American residents at the AMCLC had donated.

IMPRESSION

We were privileged to have had the opportunity to attend the 20th RFS at the 89th Annual AMCLC of the ACR. It was eye-opening to see the issues facing radiologists practicing in the United States, and how the ACR is proactively examining and tackling these issues. Many of these issues also face Canadian Radiologists, and there is a lot that can be learned from the work the ACR has done. We would encourage Canadian residents to attend this meeting, the resident and fellow section is a strong and growing voice within the ACR, and is reflective of the importance of current actions on the future of all radiology trainees.

Respectfully submitted,

Nicolette Sinclair, PGY3 University of Saskatchewan

Nevin De Korompay, PGY2 University of Manitoba