Dear Michigan State Radiological Society Board members, ACR Councilors, and fellow society members,

The following resolutions were created as part of a collaborative multi state, multi radiologist/ACR councilor effort in order to engage with and further direct the ACR and its policies.

Our aim was to do so in a way that will ultimately benefit fellow ACR members, current trainees, and of course our shared patients, while also taking into account the current and expected future challenges of the US healthcare system.

In light of Michigan State Radiological Society's long history of advocacy and engagement on behalf of your membership and your fellow Michiganders, we hope you will consider ***supporting and officially sponsoring and/or cosponsoring these resolutions***.

Thank you for your time and consideration!

This is a time sensitive request as, per correspondence with ACR staff:

As you plan to submit resolutions for 2025, please be aware of the submission deadline of ****February 3, 2025.**** You may submit resolutions via an online submission form this year available at https://docs.acr.org/, click on "Resolution Submissions", and then "Add Policy." I am happy to assist with the submission.

RESOLUTIONS

1. **Preserving Physician Leadership in Radiology Organizations**
2. **Opposing the Use of the Term "Provider" for Physicians**
3. **Developing Model Legislation on Corporate Ownership in Radiology and Supporting Related Legislative Efforts**
4. **Title Transparency in ACR Career Center**
5. **Addressing the Regulation and Control of Artificial Intelligence (AI) in Radiology**
6. **Reaffirming ACR policy on Non physician radiology practitioners**
7. **Preserving the Integrity of Medical Image Interpretation**
8. **Support of the Radiology Residents and Fellows as Highly Valued Members**
9. **Preserving Access to Procedural Training for Radiology Trainees and Protecting the Integrity of Physician-Led Education**
10. **Increasing Education on Physician-Led Care and Advocacy in Radiology Residency Training as a Standard Formalized Training Requirement**
11. **Establishing a Searchable Database for Prior Resolutions and Accepted Policies**
12. **Defining Resident and Fellow Terms**

RESOLUTION 1

Preserving Physician Leadership in Radiology Organizations

RESOLUTION NO.

Title: Preserving Physician Leadership in Radiology Organizations

Referred to: Reference Committee

Whereas, radiologists as physicians strive for the highest degree of patient care and professionalism which has been achieved through self-governance and self-regulation [(1)]; and

Whereas, non-physicians serving in executive and board leadership roles in physician organizations is contrary to the principles of physician self-regulation and self-governance; and

Whereas, the president and CEO of the National Resident Matching Program (NRMP) is a non-physician, holds the following credentials D.H.Sc., M.B.A., B.S.N., has never participated in the MATCH, has never completed a residency or fellowship, and yet, has held prior leadership positions overseeing accreditation of physician residency and fellowship programs, was an executive director at the Accreditation Council for Graduate Medical Education (ACGME), and held the position of designated institution official (DIO) for a graduate medical education (GME) program [(2)]; and

Whereas, the newly elected vice chair of the National Board of Medical Examiners (NBME) is a non-physician, holds the following credentials R.N.,Ph.D., received a bachelor of science in nursing, received a master of science in nursing education, received a doctor of philosophy in theory development and research in nursing, has never taken any NBME examination for board certification, and yet now holds the position of vice chair for the organization [(3)]; and

Whereas, the current Chair of the ACGME is a non-physician, holds the following credentials M.A., and is co-founder of a strategic human resource consulting firm [(4)]; and

Whereas, the recently elected President and current Vice President of the American College of Cardiology (ACC) is a non-physician, holds the following credentials R.N., M.S.N., and is president and CEO of Cardiovascular Management of Illinois, a cardiology physician practice management company [(5)]; and

Whereas, non-physicians, who do not experience physician education, accreditation, certification, licensing, and credentialing, may have difficulty appreciating the needs and challenges of physician trainees and practicing physicians, and therefore, should not be making major decisions for physicians or representing physicians in the highest roles of our organizations; and

Whereas, The American Board of Radiology (ABR) board of governors, has a “public member” on their board with voting rights; and

Whereas, non-physicians can participate as a public member and provide input/advice without leading these organizations in the highest roles; and

Whereas, our ACR has partnered with the AMA in the “stop scope creep” campaign, educating legislators about the differences in training between physicians and non-physicians and having non-physicians lead radiology physician organizations, is contradictory to the ACR message about scope creep and the importance of physician-led teams; [6,7] and

Whereas, our advocacy to legislators about the importance of physician education is compromised by a conflict of interest if we ever had non-physicians in the highest roles of our radiology organizations determining physician standards and leading our organizations; and

Whereas, having these non-physicians lead national standard-setting organizations in our physician profession undermines physician confidence in these organizations and could result in a decline in physician membership and future participation; and

Whereas, there is a coordinated effort by nurses to install nurses as the leader of physician organizations [8]; and

Whereas, there are currently highly qualified physicians that excel in these leadership roles in our radiology organizations and should continue to do so going forward; and

Whereas, the ACR bylaws are very clear and well written defining our organization leadership positions (commissions, committees, task forces, and the Board of Chancellors (BOC)) and those eligible for each category [9]; and

Whereas, there is potential variability in the specificity and leadership requirements written in the bylaws of various other radiology organizations and societies; therefore

BE IT RESOLVED, that our ACR collaborate with other radiology organizations and societies to advocate for physician-led organization leadership (i.e. allied health and public members retain a non voting advisory role) and encourage other radiology organizations and societies to make the associated bylaws changes required to ensure they are always physician-led; and

BE IT FURTHER RESOLVED, that the ACR in collaboration with other radiology organizations advocate for non-physicians to have consulting and non voting roles.

BE IT FURTHER RESOLVED, that our ACR create a task force with the mission to increase physician (M.D. or D.O. or foreign equivalent) participation in, awareness of, and opportunities in radiology organization and society leadership positions through mechanisms including but not limited to mentorship programs, leadership training programs, board nominations, and publicizing these opportunities to the membership.

References:

1. Bauchner H, Fontanarosa PB, Thompson AE. Professionalism, Governance, and Self-regulation of Medicine. JAMA. 2015;313(18):1831–1836. doi:10.1001/jama.2015.4569.
2. https://www.nrmp.org/about/board-of-directors/president-and-ceo/
3. https://www.nbme.org/news/nbme-announces-new-officers-and-members-elected-its-board-directors
4. https://www.acgme.org/about-us/board-and-staff/board-of-directors/
5. https://www.acc.org/About-ACC/Leadership/Officers-and-Trustees
6. https://www.ama-assn.org/practice-management/scope-practice/advocacy-action-fighting-scope-creep
7. https://www.acr.org/Practice-Management-Quality-Informatics/ACR-Bulletin/Articles/Aug-2021/Chair-column
8. Al-Agba, Niran, and Rebekah Bernard. *Patients at Risk: the Rise of the Nurse Practitioner and Physician Assistant in Healthcare*. Universal-Publishers, Inc., 2020.
9. https://www.acr.org/-/media/ACR/Files/Governance/Bylaws.pdf

Fiscal Note

Preserving Physician Leadership in Radiology Organizations

To support the resolution for **Preserving Physician Leadership in Radiology Organizations**, the ACR would incur the following estimated costs:

Costs:

Line items $ (est.)

To be determined by ACR Staff; drafter may provide notes to assist in development of the fiscal note.

RESOLUTION NO. 2

Title: Opposing the Use of the Term "Provider" for Physicians

RESOLUTION NO.

Title: Opposing the Use of the Term "Provider" for Physicians

Referred to: Reference Committee

Whereas, the practice of medicine is built upon years of rigorous education, training, and dedication to patient care, requiring the completion of medical school, residency, and often additional fellowship training; and

Whereas, the term "physician" denotes a specific role with legal, ethical, and clinical responsibilities unique to medical doctors (MDs), doctors of osteopathic medicine (DOs) and their foreign equivalent; and

Whereas, the ABR defines a radiologist as “a physician who uses imaging methodologies to diagnose and manage patients and provide therapeutic options”[1]; and

Whereas, the term "provider" is frequently applied indiscriminately to a wide range of healthcare professionals, blurring the lines of responsibility, accountability, and qualifications in patient care, and is used by multiple stakeholders to falsely equate vastly different levels of training, thereby promoting confusion among patients; and

Whereas, patients deserve clear communication the qualifications and training of those who are involved in their care, which can be undermined by the generic use of the term "provider"; and

Whereas, the term "provider" emphasizes the transactional, business nature of healthcare delivery and may contribute to the corporatization and depersonalization of healthcare, potentially undermining the physician-patient relationship; and

Whereas, many other physician organizations have issued statements opposing the use of “provider” to describe physicians[2-15]; and

Whereas, many physicians express dissatisfaction and concern when referred to as "providers," feeling that it undermines their professional identity and the physician-led model of care; therefore

BE IT RESOLVED, that the ACR issue a statement on the importance of using the term "physician" in both professional and public discourse to properly distinguish their unique role in the healthcare system and oppose the term “provider”; and

BE IT FURTHER RESOLVED, that healthcare institutions and stakeholders be encouraged to adopt policies and language that reflect the distinction between

physicians and other healthcare professionals, fostering a respectful and accurate representation of all roles within healthcare.

References:

1. https://www.theabr.org/about/radiology-specialties
2. https://www.ama-assn.org/system/files/a-23-omss-resolution-5.pdf
3. This health system says calling physicians “providers” is not OK | American Medical Association (ama-assn.org)
4. Truth in Advertising Survey Results (ama-assn.org)
5. Promoting Trust and Morale by Changing How the Word Provider Is Used: Encouraging Specificity and Transparency | Health Care Workforce | JAMA | JAMA Network
6. Provider, Use of Term | AAFP
7. Opposing the Use of the Term "Provider" | ACEP
8. https://www.acep.org/siteassets/new-pdfs/policy-statements/opposing-the-use-of-the-term-provider.pdf
9. Defining our identity does not include the ‘P word’ | I.M. Matters from ACP (immattersacp.org)
10. Principles for the Physician-Led Patient-Centered Medical Home and Other Approaches to Team-Based Care: A Position Paper From the American College of Physicians | Annals of Internal Medicine (acpjournals.org)
11. American Psychiatric Association Position Statement on Use of the Terms Client and Provider – Internet and Psychiatry
12. Position-Client-Provider.pdf (psychiatry.org)
13. AAEM Position Statement on the Term "Provider" - AAEM
14. The Problem with "Provider" - Physicians for Patient Protection
15. Please Stop Saying ‘Provider’! - Physicians for Patient Protection

Fiscal Note

To support the resolution for **Opposing the Use of the Term "Provider" for Physicians**, the ACR would incur the following estimated costs:

Costs:

Line items	$ (est.)

To be determined by ACR Staff; drafter may provide notes to assist in development of the fiscal note.

RESOLUTION 3

Title: Developing Model Legislation on Corporate Ownership in Radiology and Supporting Related Legislative Efforts

RESOLUTION NO.

Title: Developing Model Legislation on Corporate Ownership in Radiology and Supporting Related Legislative Efforts

Referred to: Reference Committee

Whereas, the increasing involvement of corporations in healthcare, including radiology practices, has raised concerns about the impact of profit-driven ownership on the quality of patient care, physician autonomy, and the financial sustainability of healthcare services; and

Whereas, corporate ownership in healthcare may prioritize short-term profits over long-term patient outcomes, potentially leading to reductions in staff, increased workloads, and diminished quality of care, which could be detrimental to patient safety and the practice of radiology; and

Whereas, corporate ownership in radiology can lead to consolidation of practices, reducing competition, increasing costs for patients, and limiting access to care, particularly in underserved areas; and[3]

Whereas, the proposed **Corporate Crimes Against Healthcare** bill aims to address the growing corporate influence in healthcare by holding corporations accountable for actions that jeopardize patient care and lead to unethical practices in the healthcare system; and[1]

Whereas, the American College of Radiology (ACR) is committed to advocating for policies that prioritize patient care, support physician autonomy, and promote ethical business practices in healthcare; and

Whereas, the ACR has a unique opportunity to develop model legislation that addresses the specific challenges and risks associated with corporate ownership in radiology, offering solutions that protect patients, preserve physician-led practices, and ensure the financial sustainability of radiology services; therefore

BE IT RESOLVED, that the American College of Radiology (ACR) develop and share model legislation aimed at regulating and addressing the potential harms of corporate ownership in radiology and other healthcare sectors, with a focus on maintaining high standards of patient care, physician autonomy, and transparency in healthcare ownership; and

BE IT RESOLVED, that model legislation to oppose the corporate practice of medicine be developed by the ACR and shared with state medical societies for their use in state level legislation to protect employed physician without carved out exemptions; and

BE IT FURTHER RESOLVED, that the ACR actively work to support legislative efforts such as **Corporate Crimes Against Healthcare** bill and other similar bills that seek to hold corporations accountable for practices that negatively impact the healthcare system, ensuring that the interests of patients and physicians are protected; and

BE IT FURTHER RESOLVED, that the ACR engage with legislators, policymakers, and other healthcare organizations to advocate for laws and regulations that limit the influence of corporations in healthcare, ensuring that patient care and physician-led practices remain the primary focus in the delivery of healthcare services; and

BE IT FURTHER RESOLVED, that the ACR educate its members and the public about the potential risks of corporate ownership in radiology, providing resources and support for practices seeking to navigate these challenges while advocating for policies that promote ethical and sustainable healthcare business models.

References:

1. https://www.warren.senate.gov/newsroom/press-releases/senators-warren-markey-introduce-the-corporate-crimes-against-health-care-act-of-2024
2. Lee CI, Davis MA, Lexa FJ, Liao JM. JACR Health Policy Expert Panel: Private equity investment in radiology. Journal of the American College of Radiology. 023;20(9):940-942. doi:10.1016/j.jacr.2023.01.014
3. White Paper: Corporatization in Radiology - Journal of the American College of Radiology

Fiscal Note

To support the resolution for **Developing Model Legislation on Corporate Ownership in Radiology and Supporting Related Legislative Efforts**, the ACR would incur the following estimated costs:

Costs:

Line items $ (est.)

To be determined by ACR Staff; drafter may provide notes to assist in development of the fiscal note.

RESOLUTION 4

Title Transparency in ACR Career Center

RESOLUTION NO.

Title: Title Transparency in ACR Career Center

Referred to: Reference Committee

Whereas, the ACR career center is the premier, most utilized, most trusted site for radiology job postings for its members, and as such it is important to maintain its usual level of integrity regarding sources of information and promote transparency[1]; and

Whereas, currently there are nearly 2,000 job opportunities on the ACR job site, far greater than available radiologists; and

Whereas, the inability to filter nationally active private equity owned or publicly traded companies hinders members in their job search and forces them to seek other sources of accurate information; and

Whereas, groups claiming to be 'radiologist owned' in an ACR job posting should reflect groups where >50% of the voting shares are equally distributed among radiologists who work with the group, not a single owner or minority number of radiologists holding all the shares; and

Whereas, members have specifically requested further transparency on job postings and the majority ownership or private equity; therefore

BE IT RESOLVED, the ACR should take all feasible steps to ensure transparency and offer the ability to identify and filter job postings to fit the needs and desire of applicants for private practice, physician owned groups, private equity owned/affiliated groups, hospital employed positions, and government positions.

References:

1. https://jobs.acr.org/

Fiscal Note

To support the resolution for **Title Transparency in ACR Career Center**, the ACR would incur the following estimated costs:

Costs:

Line items $ (est.)

To be determined by ACR Staff; drafter may provide notes to assist in development of the fiscal note.

RESOLUTION 5

Addressing the Regulation and Control of Artificial Intelligence (AI) in Radiology

RESOLUTION NO.

Title: Addressing the Regulation and Control of Artificial Intelligence (AI) in Radiology

Referred to: Reference Committee

Whereas, artificial intelligence (AI) in radiology has the potential to enhance diagnostic accuracy, improve workflow efficiency, and support clinical decision-making when appropriately integrated with physician oversight; and

Whereas, the rapid development and adoption of AI technologies in radiology present both opportunities and challenges, including concerns about patient safety, data security, and the ethical use of AI in clinical practice; and

Whereas, AI algorithms may vary in performance and accuracy across different populations, imaging modalities, and clinical settings, raising concerns about the generalizability and reliability of AI tools in diverse patient populations; and

Whereas, the use of AI in radiology should complement, not replace, the expertise and judgment of radiologists, who are uniquely trained to interpret complex medical imaging and manage patient care; and

Whereas, regulatory oversight of AI technologies in radiology is essential to ensure that AI tools meet rigorous standards of safety, efficacy, and accuracy before they are integrated into clinical practice; and

Whereas, the ethical use of AI in radiology includes the need for transparency in AI development, validation, and deployment, as well as clear guidelines on the accountability and responsibility of radiologists when using AI in clinical decision-making; and

Whereas, deployment of AI-powered technologies in the workplace has the potential for harm; and creators of AI technologies bear uncertain liability regarding accuracy and reliability of their product; and

Whereas, it is critical for radiologists to be actively involved in the development, validation, and regulation of AI technologies to ensure that these tools are designed to address real-world clinical challenges and improve patient outcomes; therefore

BE IT RESOLVED, that the ACR promote the development of guidelines and standards for the ethical use of AI in radiology, emphasizing the need for AI to complement, rather than replace, the expertise of radiologists in patient care; and

Guidelines

A. That the ACR encourages collaboration between radiologists, AI developers, and regulatory agencies to ensure that AI tools are developed with the input of practicing radiologists, validated for real-world clinical use, and designed to address the specific needs of radiology practices; and

B. That the ACR supports the development and implementation of AI technologies in radiology that adhere to the highest standards of clinical validation, ensuring these systems are rigorously tested for accuracy, reliability, and safety;

C. That AI tools in radiology should always be used only under the supervision of licensed radiologists, who are capable of and qualified to perform the original task unaided with this technology, with the final responsibility for patient diagnosis and management resting with the radiologist; and[2],[3]

D. That the ACR create ethical and legal guidelines for storing AI interpretation data in the medical chart and PACS; and

E. That the ACR calls for ongoing post-market surveillance of AI applications by regulatory bodies concordant with level of risk to ensure compliance with privacy, security, and safety standards, while also safeguarding against potential bias in AI algorithms[4].

F. That the ACR calls for accountability among the developers of AI technology for maintenance and ongoing quality control of their products, as hallucination, drift and bias. impact current and future patient care; and[5]

G. That the ACR calls for transparency of data sources and uses, ethical storage of outputs for documentation and disclosure of performance; and

H. That the ACR will encourage accreditation in the ARCH AI registry, to inform best practices and implementation with AI.

References:

1. Federal AI legislation: An evaluation of existing proposals and a road map forward | Economic Policy Institute (epi.org)
2. https://www.fda.gov/medical-devices/letters-health-care-providers/intended-use-imaging-software-intracranial-large-vessel-occlusion-letter-health-care-providers
3. https://pubmed.ncbi.nlm.nih.gov/38608500/
4. https://pubs.rsna.org/doi/full/10.1148/rg.230067
5. https://www.europarl.europa.eu/RegData/etudes/BRIE/2023/739342/EPRS_BRI(2023)739342_EN.pdf

Fiscal Note

To support the resolution for **Addressing the Regulation and Control of Artificial Intelligence (AI) in Radiology**, the ACR would incur the following estimated costs:

Costs:

Line items $ (est.)

To be determined by ACR Staff; drafter may provide notes to assist in development of the fiscal note.

RESOLUTION 6

Reaffirming ACR policy on Non physician radiology practitioners

RESOLUTION NO.

Title: Reaffirming ACR policy on Non physician radiology practitioners

Referred to: Reference Committee

Whereas, the ACR and individual radiologists recognize that non-physician radiology practitioners (NPRPs) such as Radiology Practitioner Assistants (RPAs) and Registered Radiology Assistants (RRAs) differ from other Non-Physician Practitioners (NPPs) such as NPs, PAs and CRNAs, as they possess formal training through the American Registry of Radiology Technologists (ARRT) and American Society of Radiology Technologists (ASRT) to perform basic radiology procedures under physician supervision; and [1, 2]

Whereas, RPAs and RRAs have been touted as a way to counteract radiologist burnout, they are not qualified to 'substitute' for a radiologist as their training and qualifications differ significantly from those of radiologists; and [3-8]

Whereas, although RRAs and RPAs, through their organized societies and in collaboration with the ACR, have agreements to not perform image interpretation nor pursue independent practice, these agreements are easily broken, as evidenced by i.e. physician assistants (PA) who originally promised the AMA they would never pursue independent practice however are now pursuing legislation in multiple states to change their title, practice independent of physician supervision, and essentially sever the physician-led team. This has historically been preceded by achieving payment from CMS, a critical step in the pathway toward independent practice by multiple groups of NPPs; and [3-6, 8]

Whereas, scope of practice is a major concern in all areas of medicine and an established priority of the ACR, which was one of the first organized medical societies to offer grants to state radiological societies to combat scope creep by non-physician providers; and [9]

Whereas, the American College of Radiology is committed to maintaining the highest standards of patient care and advocating for the central role of radiologists in providing expert interpretation and supervision in all radiologic practices; and

Whereas, short term fixes have involved the utilization of NPPs and NPRPs in interpretative roles outside their scope of practice, with recent publications confirming that NPPs are increasingly interpreting radiographic and advanced radiology studies with one study revealed an increase in image interpretation by NPPS of up to 441% over a 12 year period despite the ACR's strong stance against image interpretation by non-physicians; and [10-12]

Whereas, the increasing radiology volumes, widespread corporatization in healthcare, and revenue gained from increased radiology ordering by NPPs will encourage hospitals and other facilities to seek NPPs and NPRPs as a cheaper sources of labor for radiologists' tasks if permitted by legislation, a precedent already set by some major academic institutions; and [13]

Whereas, the ACR currently maintains a 'neutral' position on the Medicare Access to Radiology Care Act (MARCA), which would provide payment at 85% of the physician fee schedule to the supervising radiologist for RPA and RRA services performed in a facility setting (resulting in a 15% decrease in payment for the same services currently billed under the radiologists); and [1]

Whereas, given continuous cuts in CMS medicare reimbursement and the priority of the ACR to

optimize reimbursement for radiology services, allowing NPRPs to bill independently but at a decreased rate may lead to further declines in reimbursement for radiology practices; therefore

BE IT RESOLVED, that the ACR oppose any legislative or regulatory efforts that seek to expand the scope of practice for non-physician practitioners in radiology without physician supervision; and

BE IT FURTHER RESOLVED, that the ACR oppose, or at a minimum remain neutral on, any legislative or regulatory efforts that seek to allow independent billing for radiology services performed by nonphysicians; and

BE IT FURTHER RESOLVED, that the ACR engage in active communication with legislators, regulatory agencies, and the public to emphasize the critical importance of radiologists' oversight in ensuring the safe and accurate delivery of radiologic services.

References:

1. The Medicare Access to Radiology Care Act (MARCA) | American College of Radiology (acr.org)
2. What is an RRA? | American College of Radiology (acr.org)
3. ISCT: New professional positions could relieve RT workforce strain | AuntMinnie
4. https://abp.assembly.ca.gov/system/files/2024-04/04-09-24-b-p-hearing-agenda-analyses.pdf
5. https://www.auntminnie.com/practice-management/radiologic-technologist/article/15668977/whats-brewing-in-rt-and-rra-legislation-policy-and-standards
6. Current Perspectives on Radiology Workforce Issues and Potential Solutions (diagnosticimaging.com)
7. Harry E, Sinsky C, Dyrbye LN, et al. Physician task load and the risk of burnout among U.S. physicians in a national survey. *Jt Comm J Qual Patient Saf*. 2021;47(2):76-85.
8. Azour L, Goldin JG, Kruskal JB. Radiologist and radiology practice wellbeing: a report of the 2023 ARRS Wellness Summit. *Acad Radiol*. 2024;31(1):250-260.
9. ACRA State Scope of Practice Fund Criteria | American College of Radiology
10. Trends in Diagnostic Imaging by Nonphysician Practitioners and Associations With Urbanicity and Scope-of-Practice Authority - ScienceDirect
11. Office-Based Diagnostic Imaging Interpreted by Nonphysician Practitioners: Characteristics, Recent Trends, and State Variation - Journal of the American College of Radiology
12. Radiology Study Finds Increasing Rates of Non-Physician Practitioner Image Interpretation in Office Settings
13. Emergency Department Radiology: Study Shows Higher Imaging Orders by NPPs

Fiscal Note

To support the resolution for **Reaffirming ACR policy on Non physician radiology practitioners**, the ACR would incur the following estimated costs:

Costs:

Line items $ (est.)

To be determined by ACR Staff; drafter may provide notes to assist in development of the fiscal note.

RESOLUTION 7

Preserving the Integrity of Medical Image Interpretation

RESOLUTION NO.

Title: Preserving the Integrity of Medical Image Interpretation

Referred to: Reference Committee

Whereas, the final interpretation of medical images requires advanced knowledge of anatomy, pathology, physiology, and clinical correlation, which is the exclusive domain of board-certified radiologists and other appropriately trained physicians; and

Whereas, radiologists and other specialized physicians are uniquely qualified to interpret medical imaging, combining imaging findings with patient history, physical examination, and laboratory results to provide accurate diagnoses and clinical recommendations; and

Whereas, radiologic technologists, including X-ray, CT, MRI, and ultrasound technologists, are trained to acquire high-quality medical images but do not have the specialized medical education, training, and certification required to interpret these images; and

Whereas, allowing radiologic technologists to interpret medical images, even informally, risks leading to incorrect, incomplete, or delayed diagnoses, thereby compromising patient safety and the quality of care; and

Whereas, the practice of interpreting medical images by radiologic technologists could blur the professional boundaries between technologists and physicians, undermining the physician-led model of care and compromising patient outcomes; and

Whereas, there are significant ethical and legal implications of allowing radiologic technologists to interpret imaging and affects their scope of practice, putting their professional liability at risk; and

Whereas, the ASRT (American Society of Radiologic Technologists) and ARRT (American Registry of Radiologic Technologists) code of ethics prevents radiologic technologists from imaging interpretation[3,4,8]; and

Whereas, there are examples from other countries where this practice of opening interpretation to radiologic technologists has led to a slippery slope of losing interpretation by a radiologist altogether[1,6,7]; and

Whereas, the American College of Radiology (ACR) is committed to maintaining the highest standards of patient care, ensuring that diagnostic imaging studies are interpreted solely by physicians who are trained and credentialed to do so; therefore

BE IT RESOLVED, that the ACR oppose any practice that allows radiologic technologists to interpret medical images in any capacity, and advocate for the clear delineation of responsibilities between technologists and physicians; and

BE IT FURTHER RESOLVED, that the ACR encourage healthcare facilities to adopt and enforce policies that prohibit radiologic technologists from interpreting images.

References:

1. U.K. radiographers find time, and history, on their side | AuntMinnie
2. Oklahoma's Norman Regional Health System, physicians will pay $1.6 million to settle Medicare fraud allegations | Healthcare Finance News
3. The ASRT Practice Standards for Medical Imaging and Radiation Therapy
4. Ethics Requirements - ARRT
5. code-of-ethics.pdf (kc-usercontent.com)
6. https://www.jacr.org/article/S1546-1440(24)00453-8/abstract
7. https://www.neimanhpi.org/press-releases/imaging-market-share-analysis-shows-28-of-image-interpretation-performed-by-non-radiologists/?fbclid=IwY2xjawGA3q1leHRuA2FlbQIxMAABHcQ5xYzlzo0WrcxocXMvnw6ft5reoeDzWRCIQmAU5mEpZIdBGFTwHIOx_g_aem_Y1meLo9_p-kjmEy7aeaFTw
8. https://assets-us-01.kc-usercontent.com/406ac8c6-58e8-00b3-e3c1-0c312965deb2/dcebc3ce-1df6-4ae0-9c59-b66241d9a1d9/code-of-ethics.pdf

Fiscal Note

To support the resolution for **Preserving the Integrity of Medical Image Interpretation**, the ACR would incur the following estimated costs:

Costs:

Line items $ (est.)

To be determined by ACR Staff; drafter may provide notes to assist in development of the fiscal note.

RESOLUTION 8

Support of the Radiology Residents and Fellows as Highly Valued Members

RESOLUTION NO.

Title: Support of the Radiology Residents and Fellows as Highly Valued Members

Referred to: Reference Committee

WHEREAS, the ACR has, since its foundation in 1923, been at the forefront of radiology evolution, representing more than 41,000 diagnostic and interventional radiologists, radiation oncologists, nuclear medicine physicians and medical physicists; and

WHEREAS, the stated mission of the ACR is to be “the voice of our members, empowering them to serve patients and society by advancing the practice and science of radiological care”; and

WHEREAS, the stated vision is to “empower the radiologist of the future - one who will guide the delivery of the highest quality healthcare”, and

WHEREAS, the ultimate goal is always to provide patients with safe, high quality care; therefore,

BE IT RESOLVED, that the ACR, in partnership with the ABR, acknowledges radiology residents and fellows as integral members and future leaders of radiologist-led teams as well as the foundation for the ACR's continued success and growth by safeguarding their educational training opportunities; and

BE IT FURTHER RESOLVED, this recognition behooves the ACR in collaboration with ABR to support and protect their clinical training and educational opportunities in a manner consistent with current and future roles and responsibilities statements, certification requirements, and standards of ethics; and

BE IT FURTHER RESOLVED, the ACR will uphold/safeguard the radiologists role as the head of the radiologist led team.

References:

1. About ACR | American College of Radiology
2. The Radiologist Assistant: What Radiologists Need to Know Now - Journal of the American College of Radiology

Fiscal Note

To support the resolution for **Support of the Radiology Residents and Fellows as Highly Valued Members**, the ACR would incur the following estimated costs:

Costs:

Line items $ (est.)

To be determined by ACR Staff; drafter may provide notes to assist in development of the fiscal note.

RESOLUTION 9

Preserving Access to Procedural Training for Radiology Trainees and Protecting the Integrity of Physician-Led Education

RESOLUTION NO.

Title: Preserving Access to Procedural Training for Radiology Trainees and Protecting the Integrity of Physician-Led Education

Referred to: Reference Committee

Whereas, radiology residency and fellowship training programs provide essential training in both diagnostic and interventional procedures, equipping trainees with the hands-on skills required to deliver safe and effective patient care under the supervision of board-certified radiologists; and

Whereas, the role of radiologists in performing and interpreting image-guided procedures is vital to patient care, and hands-on procedural training is a critical component of radiology education[1,2]; and

Whereas, Non-Physician Providers (NPPs), such as nurse practitioners and physician assistants, are increasingly being utilized in various healthcare settings to perform procedures and fluoroscopy traditionally performed by radiologists and radiology trainees, which can limit opportunities for residents and fellows; and

Whereas, replacing radiology trainees with NPPs for procedural training could dilute the quality of education and undermine the expertise required for radiology practice, especially when in attending practice the former trainee may be called in to assist an NPP and be held accountable/legally liable for patient outcomes; and

Whereas, physician-led education is central to maintaining the highest standards of training in radiology, ensuring that trainees acquire the full range of procedural and interpretative skills under the guidance of experienced radiologists; and

Whereas, protecting the procedural training of radiology residents and fellows is essential to preserving the future of the profession, maintaining physician autonomy in radiology, and ensuring that radiologists continue to play a leading role in patient care; therefore

BE IT RESOLVED, that the American College of Radiology (ACR) in conjunction with other relevant societies advocate for the preservation of access to procedural training for radiology trainees, ensuring that hands-on opportunities are protected and remain a core component of radiology residency and fellowship programs; and

BE IT FURTHER RESOLVED, that the ACR in conjunction with other relevant societies oppose the displacement of radiology trainees by NPPs in performing radiologic procedures, ensuring that residents and fellows have adequate opportunities to develop procedural competence under the direct supervision of board-certified radiologists; and

BE IT FURTHER RESOLVED, that the ACR in conjunction with other relevant societies oppose the practice of allowing NPPs to serve as primary instructors or supervisors for radiology trainees in performing procedures, advocating for all procedural training to be led by board-certified radiologists or qualified attending physicians within the radiology department; and

BE IT FURTHER RESOLVED, that the ACR work with accrediting bodies and other relevant societies such as the Accreditation Council for Graduate Medical Education (ACGME) to reinforce the importance of maintaining physician-led procedural training in radiology programs, ensuring that training standards are not compromised by the increased involvement of NPPs in procedural roles; and

BE IT FURTHER RESOLVED, that the ACR in conjunction with other relevant societies monitor and advocate for policies and regulations that protect the procedural training of radiology residents and fellows, ensuring that radiology trainees continue to receive comprehensive, physician-led education that prepares them to deliver expert patient care.

References:

1. https://www.acgme.org/globalassets/pfassets/programresources/guidelines_for_ir_case_logs.pdf
2. https://www.acgme.org/globalassets/pfassets/programrequirements/420_diagnosticradiology_2023.pdf

Fiscal Note

To support the resolution for **Preserving Access to Procedural Training for Radiology Trainees and Protecting the Integrity of Physician-Led Education**, the ACR would incur the following estimated costs:

Costs:

Line items $ (est.)

To be determined by ACR Staff; drafter may provide notes to assist in development of the fiscal note.

RESOLUTION 10

Increasing Education on Physician-Led Care and Advocacy in Radiology Residency Training as a Standard Formalized Training Requirement

RESOLUTION NO.

Title: Increasing Education on Physician-Led Care and Advocacy in Radiology Residency Training as a Standard Formalized Training Requirement

Referred to: Reference Committee

Whereas, the healthcare landscape is evolving, with increasing pressure from non-physician practitioners and corporate entities, including private equity, which may challenge the physician-led model of care and affect the quality of patient care; and

Whereas, radiologists, as physicians, are uniquely qualified to lead patient care in diagnostic imaging and interventional procedures, ensuring that decisions are made with a high degree of medical expertise and in the best interest of patients; and

Whereas, physician-led care is central to the highest quality of healthcare delivery, and preserving this model is crucial to maintaining patient safety, appropriate medical decision-making, and ethical standards in radiology practice; and

Whereas, advocacy for physician-led care is essential to protecting the radiology profession from external pressures that may dilute physician oversight and autonomy, particularly in the context of healthcare policy, regulation, and corporate influence; and

Whereas, radiology residents are the future leaders of the profession, and it is critical that they are equipped with both the knowledge and skills to advocate for physician-led care and engage in effective advocacy at the local, state, and national levels; and

Whereas, the ACR and RLI currently have resources to support the finance and advocacy missions and some ACGME milestones through education modules, however awareness of these resources are limited to those who only seek it out actively; and

Whereas, other professions include advocacy in their curricular requirements including engaging with the legislature through advocacy days on the hill such as transporting students to the capitol during class time for course credit[1,2,3]; and

Whereas, the ACR has long lead in radiology advocacy via legislation, Capitol Hill Day, etc, making it uniquely suited to develop educational modules for trainees, much like the RLI Resident Milestones Program: Economics and the Physician Role in Health Care Systems;

Whereas, the American College of Radiology (ACR) plays a pivotal role in supporting education, professional development, and advocacy within the radiology community; therefore

BE IT RESOLVED, that the American College of Radiology (ACR) in conjunction with relevant societies advocate for the inclusion of physician-led care and advocacy education as a mandatory component of radiology residency training, ensuring that all residents are educated on the importance of physician leadership in patient care and the role of advocacy in protecting the future of the profession; and

BE IT FURTHER RESOLVED, that the ACR work with accrediting bodies, such as the Accreditation Council for Graduate Medical Education (ACGME), to develop national curriculum

requirements for radiology residency programs that emphasize the importance of physician-led care, healthcare policy, and advocacy training; and

BE IT FURTHER RESOLVED, that the ACR develop and provide educational resources, toolkits, and workshops that residency programs can implement to teach radiology residents about physician-led care, advocacy strategies, and how to effectively engage with healthcare policymakers and organizations; and

BE IT FURTHER RESOLVED, that the ACR in conjunction with relevant societies encourage residency programs to include opportunities for residents to engage in real-world advocacy efforts at the local, state, and national levels, in collaboration with ACR and other medical organizations; and

BE IT FURTHER RESOLVED, that the ACR in conjunction with relevant societies monitor and evaluate the impact of these educational efforts on radiology residency training, continuously refining and updating the advocacy and physician-led care curriculum to ensure it remains relevant to evolving healthcare challenges.

References:

1. Nurse Practitioner (NP) Advocacy and Education: It's All About Excellence in Health Care! - The Journal for Nurse Practitioners (npjournal.org)
2. https://www.aanp.org/advocacy/advocacy-resource
3. Strengthening Professional Values of Doctoral-Level Nursing Students - PMC (nih.gov

Fiscal Note

To support the resolution for **Increasing Education on Physician-Led Care and Advocacy in Radiology Residency Training as a Standard Formalized Training Requirement**, the ACR would incur the following estimated costs:

Costs:

Line items $ (est.)

To be determined by ACR Staff; drafter may provide notes to assist in development of the fiscal note.

RESOLUTION 11

Establishing a Searchable Database for Prior Resolutions and Accepted Policies

RESOLUTION NO.

Title: Establishing a Searchable Database for Prior Resolutions and Accepted Policies

Referred to: Reference Committee

Whereas, the American College of Radiology (ACR) has a long history of passing resolutions and adopting policies that guide the practice of radiology, ensuring the highest standards of patient care, and advocating for the profession; and

Whereas, having easy access to previously adopted resolutions and policies is essential for ACR members to remain informed about the College's stance on key issues, align their practice with accepted standards, to prevent duplicative efforts, and facilitate policy continuity and development; and

Whereas, the ACR does publish a Digest of Council Actions but it is arguably not readily publicized or easily searchable

Whereas, there is currently no easy access to prior policies, and staff requests need to be made to obtain this information; and

Whereas, the American Medical Association (AMA) offers a "Policy Finder" tool that provides its members with convenient access to historical and current policies, allowing for easy search and retrieval of relevant information[1]; and

Whereas, a similar searchable database for the ACR's prior resolutions and accepted policies would increase transparency, enable members to track policy changes over time, and provide a valuable resource for research, advocacy, and decision-making; and

Whereas, access to a centralized, searchable repository of policies would empower ACR members to contribute more effectively to policy discussions, reinforce their knowledge of the College's directives, and support consistent application of policies across radiology practices; and

Whereas, the implementation of such a tool would demonstrate the ACR's commitment to member engagement, organizational transparency, and informed decision-making within the radiology community; therefore

BE IT RESOLVED, that the American College of Radiology (ACR) establish a searchable, online database of all prior resolutions and accepted policies, similar to the AMA's "Policy Finder," comprised of the resolved clauses only, to be made available to ACR members through the ACR website; and

BE IT FURTHER RESOLVED, that the ACR ensures the online database is regularly updated with newly adopted resolutions and policy changes in a timely manner after the ACR Annual meeting, and that it provides user-friendly search capabilities, allowing members to efficiently access the most current and comprehensive information by searching for policies by keywords, topics, dates, or specific resolutions; and

BE IT FURTHER RESOLVED, that the ACR promote the availability of this tool to its members through regular communications, educational materials, and at ACR meetings, encouraging its use to support policy awareness, advocacy, and the consistent application of College standards.

References:

1. https://policysearch.ama-assn.org/policyfinder
2. https://www.acr.org/-/media/ACR/Files/Governance/Digest-of-Council-Actions.pdf

Fiscal Note

To support the resolution for **Establishing a Searchable Database for Prior Resolutions and Accepted Policies**, the ACR would incur the following estimated costs:

Costs:

Line items $ (est.)

To be determined by ACR Staff; drafter may provide notes to assist in development of the fiscal note.

RESOLUTION 12

Defining Resident and Fellow Terms

RESOLUTION NO.

Title: Defining Resident and Fellow Terms

Referred to: Reference Committee

Whereas, non-physician practitioners (NPPs), such as nurse practitioners and physician assistants, continue to pursue legislative changes aimed at granting them expanded practice autonomy, potentially leading to independent practice without physician supervision; and

Whereas, the Centers for Medicare and Medicaid Services (CMS) currently describes NPPs as physician assistants, nurse practitioners, certified nurse midwives, certified registered nurse anesthetists, anesthesiologist assistants, and clinical nurse specialists[1]; and

Whereas, radiologists, as physicians, are essential to the accurate diagnosis, interpretation of medical imaging, and the performance of image-guided interventions, requiring extensive training and clinical expertise that are distinct from the roles of non-physician practitioners; and

Whereas, the terms “residency,” “resident,” “fellowship,” and “fellow” refer to physician training programs and are clearly defined by the ACGME, and these terms are increasingly being used by NPP training programs to describe training of much shorter intervals and much less vigor than that of physicians, leading to confusion regarding the degree of training of individual healthcare practitioners; and

Whereas, the American College of Radiology seeks to maintain high standards of practice and clarity in the scope of practice within the field of radiology, ensuring that the terms "physician", “residency,” “resident,” “fellowship,” and “fellow” are appropriately used to reflect the qualifications of physicians responsible for radiologic care; therefore

BE IT RESOLVED, That the ACR advocate for the use of the terms “residency,” “resident,” “fellowship,” and “fellow” to be reserved only for physicians or physicians in training; and

BE IT FURTHER RESOLVED, That the ACR support efforts to educate the public and stakeholders about the differences in education, training, and expertise between physicians and non-physician practitioners, emphasizing the critical role of radiologists in patient care.

References:

1. https://www.cms.gov/priorities/key-initiatives/open-payments/glossary-acronyms#non-physician-practitioner-covered-recipient
2. Common Program Requirements (acgme.org)
3. What Physicians and Non-Physician Practitioners Should Know (aamc.org) **(third slide)**

Fiscal Note

To support the resolution for **Defining Resident and Fellow Terms**, the ACR would incur the following estimated costs:

Costs:

Line items	$ (est.)

To be determined by ACR Staff; drafter may provide notes to assist in development of the fiscal note.