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The ACR Intersociety Committee: History, Activities, and Membership

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The Intersociety Committee is a freestanding committee of the ACR established to promote collegiality and improve communication among national radiology organizations. The Intersociety Committee began in 1980 with 22 member organizations and has grown to approximately 50 member organizations. Each year, the Intersociety Committee sponsors a summer conference, at which representatives from the member organizations discuss issues facing radiology. Herein, the authors review the history of the committee, its activities to date, and the results of an extensive member survey conducted in 2010.

Key Words: Intersociety Committee, Intersociety Committee summer conference, ACR, survey

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HISTORY

The first Intersociety Committee (ISC) of the ACR's Board of Chancellors (BOC) was established in 1936. This committee was not continually maintained, but various formal and informal meetings of radiology society leaders were arranged by the ACR over the ensuing years. One of the most notable was a meeting in 1969, under the leadership of Robert McConnell, MD. That meeting was considered a great success, with particular emphasis placed on coordinating radiology's socioeconomic efforts. This meeting led to representation of 17 specialty societies on the ACR Council, the 312-member body tasked with debating and approving ACR policies annually.

The genesis of the current iteration of the ISC began with a "summit" meeting held in the summer of 1979. The following year, the Intersociety Commission was officially established, and invitations were sent to all identifiable national radiology societies. Twenty-two societies joined that first year. The membership has steadily grown since then and now includes approximately 50 radiology organizations and 2 certifying boards.

Since 1979, the Intersociety Commission, renamed the Intersociety Committee in 2001, has sponsored annual summer conferences to address topics of global concern to the radiologic community. Each organization comes together on equal footing to learn, discuss, and

formulate solutions. Organizations choose two representatives, generally the president and an administrator, to send to the meeting. Societies are responsible for the costs of attendance, although the ACR provides administrative and organizational support for the meeting itself.

MEMBERSHIP

Radiology organizations are invited to join the ISC if:

- National in scope;
- Have by-laws and are led by elected officers;
- Hold at least one annual meeting (only 4 current ISC-affiliated organizations report not holding annual meetings: the 2 certifying boards, a research academy, and 1 association);
- Have at least 50 members; and
- 50% of their members are board certified by the ABR, the American Board of Nuclear Medicine, the American Osteopathic Board of Radiology, or another similar approved board.

New membership requires a majority vote of the current members or, in the case of organizations not meeting all of the above criteria, a two-thirds vote of the members. The current ISC member organizations are listed in Table 1.

INTERSOCIETY COMMITTEE LEADERSHIP

The chair of the ACR BOC appoints the chair of the ISC to a 3-year renewable term. The chair of the ISC has a seat on the ACR BOC. The chair of the ISC in turn recommends members of the ISC Executive Committee to the chair of the ACR BOC. Since 1996, the ISC Executive Committee has been composed of 6 members, each of whom serves a 3-year term. The terms are staggered such that 2 members rotate off and 2 join each year. Executive Committee member appointees must have at-

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Table 1. Current member organizations in the Intersociety Committee

Academy of Radiology Research (ARR)*
American Association for Women Radiologists (AAWR)*
American Alliance of Academic Chief Residents in Radiology (A ³ CR ²)*
American Association of Physicists in Medicine (AAPM)*
American Board of Nuclear Medicine (ABNM) (observer)*
American Board of Radiology (ABR) (observer)*
American Brachytherapy Society (ABS)*
American College of Medical Physics (ACMP)
American College of Nuclear Medicine (ACNM)*
American College of Radiology (ACR) (private practice/ACR Council/residents)*
American Institute of Ultrasound in Medicine (AIUM)*
American Medical Association Section Council on Radiology (AMA-SR)*
American Osteopathic College of Radiology (AOCR)*
American Radium Society (ARS)*
American Roentgen Ray Society (ARRS)*
American Society for Radiation Oncology (ASTRO)
American Society of Clinic Radiologists (ASCR)*
American Society of Emergency Radiology (ASER)*
American Society of Head and Neck Radiology (ASHNR)*
American Society of Neuroradiology (ASNR)*
American Society of Spine Radiology (ASSR)*
Association of Program Directors in Radiology (APDR)*
Association of Residents in Radiation Oncology (ARRO)*
Association of University Radiologists (AUR)*
Association of VA Radiologists (AVAR)
Canadian Association of Radiologists (CAR)
Clinical Magnetic Resonance Society (CMRS)*
Council on Cardiovascular Radiology and Intervention of the American Heart Association (CVRI-AHA)
Fleischner Society (FS)
International Skeletal Society (ISS)*
International Society for Magnetic Resonance in Medicine (ISMRM)*
National Medical Association Section on Radiology (NMA-SR)*
North American Society for Cardiovascular Imaging (NASCI)*
Radiological Society of North America (RSNA)*
Radiological Society of North America Research and Education Foundation (RSNA-RE)
Society for Imaging Informatics in Medicine (SIIM)*
Society for Pediatric Radiology (SPR)*
Society for the Advancement of Women's Imaging (SAWI)*
Society of Abdominal Radiology (SAR) (formed by the merger of the Society of Gastrointestinal Radiologists [SGR]* and the Society of Uroradiology [SUR]*)
Society of Breast Imaging (SBI)*
Society of Chairs of Academic Radiology Departments (SCARD)*
Society of Computed Body Tomography and Magnetic Resonance (SCBTMR)
Society of Interventional Radiology (SIR)*
Society of NeuroInterventional Surgery (SNIS)
Society of Nuclear Medicine (SNM)*
Society of Radiologists in Ultrasound (SRU)*
Society of Skeletal Radiology (SSR)*
Society of Thoracic Radiology (STR)*

*The organization completed the 2010 Intersociety Committee membership survey.

tended the conference at least once as societal representatives. Ad hoc members are also possible but are limited to 1-year terms.

The ISC chairs from 1980 to the present are as follows:

- 1980 to 1986: Lee F. Rogers, MD
- 1986 to 1989: Glen W. Hartman, MD
- 1989 to 1995: Bruce McClennan, MD
- 1995 to 1996: E. Stephen Amis Jr, MD
- 1996 to 2002: Kay H. Vydareny, MD
- 2002 to 2008: N. Reed Dunnick, MD
- 2008 to 2014: Gerald D. Dodd III, MD

INTERSOCIETY COMMITTEE SUMMER CONFERENCES

The first ISC summer conference in 1979 focused on representing radiology, radiology's interaction with government, quality of care, and the future of collaboration among societies. In 1980, the conversation continued, focusing on the structure and function of organized radiology as a whole. The conference in 1981 focused on the structure of the ISC itself. The ensuing 3 decades saw myriad interesting topics, with highlights listed below:

- 1982: Residency Training
- 1984: Self-Referral
- 1985: Malpractice
- 1986: The Radiologist's Role as a Primary Physician
- 1988: Recertification
- 1992 and 1993: Health Care Reform
- 1996: The Effect of the Digital Age on Radiology
- 2001: Maintenance of Certification

The topics of the 5 most recent ISC summer conferences were as follows:

- 2007: The Radiology Report of the Future [1]
- 2008: Ensuring Patient Safety [2]
- 2009: Financing Research and Education: Current Challenges and Future Solutions [3]
- 2010: The Radiology Conglomerate: Optimizing the Structure and Function of the 50-Plus Radiology Organizations [4]
- 2011: Optimizing the Structure and Function of the 50-Plus Radiology Organizations, Part 2: A Unified Strategic Plan [5]

The Results of the ISC Summer Conference

The principal product of the ISC's annual summer conference is a white paper published in the *JACR* each year [1-5]. The white paper reflects the dialogue made possible by bringing together the diverse membership of the ISC. Because of its very structure and charge, the ISC does not have direct control over the member organizations. It strives to be relevant and influential through an open exchange of ideas and free discussion.

James Thrall, MD, past chairman and president of the ACR BOC, recently catalogued 3 examples of the for-

ward-thinking discussions over the years and the resultant effects [6]. First was a critical discussion in the early 1990s about an impending shortage of radiologists resulting from the proliferation of CT and MRI; this resulted in some departments expanding residencies to meet the impending needs. Second was a discussion during the 2003 ISC summer conference of the role of radiologist assistants, a discussion that influenced the College's position on radiology assistants and the College's work with certifying organizations. Third, the ISC discussed training for the future of radiology in 2005; many concerns raised at that meeting have been reflected in the evolving ABR examination of the future (the first core examination will be administered in October 2013).

The ISC summer conferences have resulted in other actions over the years as well. These include the creation of task forces, including task forces to identify ways to complement our organizations' efforts in education, research, and socioeconomic endeavors [5] and a task force to address the number of radiology resident positions (suggested at the 2000 conference). The ISC has drafted numerous ACR resolutions, and in 1997, the ISC helped in the adoption of an updated ACR code of ethics. The ISC has drafted multiple letters over the years, including to the ABR, the Diagnostic Radiology Residency Review Committee, the Association of Program Directors in Radiology, the RSNA, and so on. Intersociety Committee meetings have also resulted in surveys (including the one reported herein) and have spurred new research [7,8].

WHO ARE WE? THE 2010 ISC MEMBERSHIP SURVEY

The title of the 2010 ISC summer conference was "The Radiology Conglomerate: Optimizing the Structure and Function of the 50-Plus Radiology Organizations." The membership of the ISC has grown in conjunction with the proliferation of new radiology societies; the agenda for the 2010 conference was selected to help assess the structure, function, and emphases of the more than 50 radiologic organizations and to specifically look for areas of overlap and synergies. In preparation for this meeting, it was felt essential to survey all member societies about key organizational details. This survey served as the substrate for the meeting while providing many interesting insights.

The survey was developed and administered by an ad hoc task force given the title ACR Task Force on Intersociety Collaboration and Consolidation. The survey was distributed and collected via PDF files. Forty surveyed organizations (82%) responded; these organizations are indicated by asterisks in Table 1. The complete list of survey questions appears in the Appendix online at <http://dx.doi.org/0.1016/j.jacr.2012.07.010>.

The 40 responding organizations reported a total of 832 staff members, 36 annual meetings, 22 journals, 39 Web sites, and 15 foundations. The size and membership

composition of the societies are varied, although most report education and an annual meeting as central priorities (85% and 88%, respectively).

Most societies host annual meetings with relatively small budgets (<\$750,000), although multiple multi-million dollar meetings are hosted by the larger societies. Clinical education is a priority at 92% of the societal meetings; 75% also report having scientific sessions and business meetings. Corporate support for meetings is variable, although most societies report declining support over the past 3 to 5 years.

Sixteen societies have foundations. Thirteen of the foundations have separate boards of directors, and 7 have professional development staffs. One foundation has more than \$50 million in holdings, and 6 foundations have between \$2 million and \$9 million each; together, these 7 foundations hold approximately \$85 million, whereas the remaining 9 foundations hold a combined total of approximately \$2 million.

Three-fourths of the societies report collaborations with other societies, with more than 300 unique collaborations indicated (graphically depicted in Fig. 1). Detailed survey results are available in an Appendix online at <http://dx.doi.org/10.1016/j.jacr.2012.07.010>.

LOOKING TO THE FUTURE

The 2012 ISC summer conference's title is "Radiology Online: Information, Education, and Networking." In the year of Facebook's initial public offering, the largest for a technology company in history, this topic seems well timed. Social networking, already a major force in education, business, and society, will likely to continue to grow in its influence. The ISC aims to address how these trends may affect (and be used by) radiology as a whole and the ISC member organizations.

As envisioned by its founders, the ISC has proven to be a unifying influence and strengthening force within the specialty. The ISC summer conferences have been well attended, well received, and increasingly popular and productive.

TAKE-HOME POINTS

- The ISC is a freestanding committee of the ACR, which hosts an annual summer conference bringing together leaders from more than 50 radiology societies.
- The topics discussed at the annual summer conference vary by year and are chosen to reflect current challenges facing the field.
- Each annual summer conference allows the open exchange of ideas and has been credited with helping move the field forward on a number of issues. The ISC has also resulted in the creation of task forces, the administration of surveys, and occasionally the drafting of ACR resolutions.

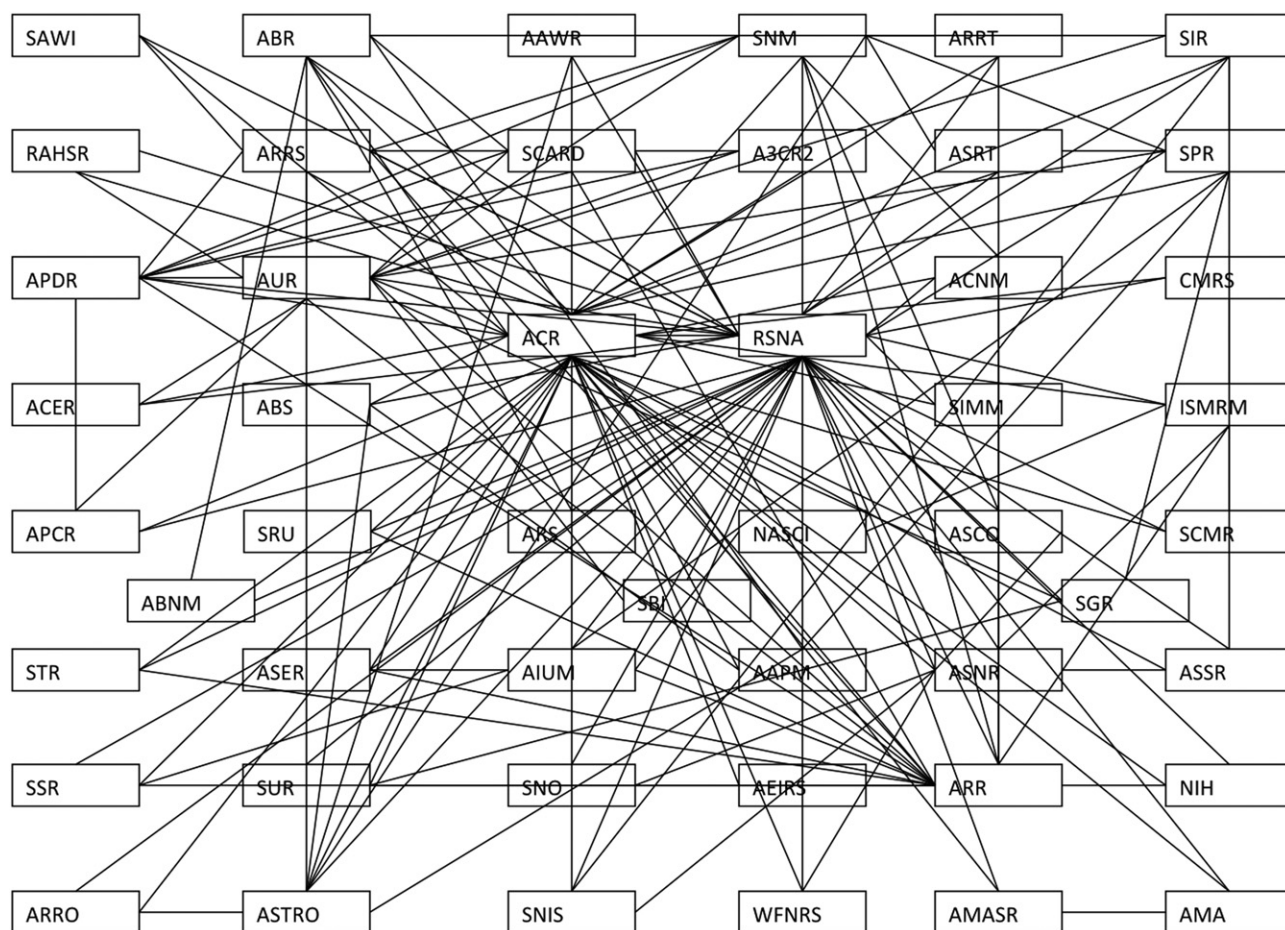


Fig 1. Reported collaborations between radiology organizations.

- The ISC commissioned an extensive member survey in 2010 that offers a rare glimpse at the structure and function of our diverse radiology organizations, the results of which are reported herein.

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APPENDIX

The Appendix contains the full survey results and may be accessed online at <http://dx.doi.org/10.1016/j.jacr.2012.07.010>.