

Dear ACR Councilor,

CONGRATULATIONS on being chosen to represent your State Chapter as Councilor at the 2008 ACR Annual Meeting and Chapter Leadership Conference (AMCLC) in Washington, DC. We are writing to make early contact with you and to bring you evolving news regarding progress of the 2008 ACR Council. Also, it is our goal to ask you to begin your involvement NOW. The spring Annual Meeting is very “tight” and there are many important issues to discuss and to communicate about our specialty. Preparation and advance work will be the key to our increasing success.

We have been honored to be elected as Speaker and Vice Speaker. In some ways, that makes us the “faces” of the Council. Certainly, the Council could have and probably should have chosen more beautiful faces. For what it is worth, we are your representatives and would welcome input about any ACR concern that you may have. Our primary Council staff person is Brad Short. If you want to contact either of us, send him an e-mail and he will forward it to us. If you prefer a call, send Brad a note requesting a call and we will get back to you. Our hope is that you will consider your role as a Councilor in the context of the full year-long ACR process and feel involved from this day forward.

Report from your CSC Meeting and Work Group Recommendations

On October 1, the CSC met to discuss several items as we prepare for an exciting 2008 AMCLC.

Upon conclusion of the 2007 AMCLC, the CSC established three work groups to consider ways to improve both the function of the CSC and evaluate ways to improve the AMCLC. We are happy to report that your Council Steering Committee worked diligently through the summer on the following topics:

- Evaluating and recommending changes for the 2008 AMCLC;
- Evaluating the CSC liaison roles and recommending changes to make those roles more effective; and
- Evaluating the process used for orienting new CSC members and recommending changes as appropriate.

Work Group I (*Chair:* Kenneth Chin, MD, FACR; *Members:* Amy Kirby, MD; Geoffrey Ibbott, PhD, FACR; Robert Tarver, MD; Mark Adams, MD, MBA, FACR; Christoph Wald, MD, PhD; and Kimberly Applegate, MD, MS, FACR) was assigned the role of evaluating and recommending changes for the 2008 AMCLC. The work group closely analyzed the evaluations made by the Council in 2007 and made multiple recommendations for improvements. Among the recommendations were the following:

- Work with Speaker to improve audience response timing, logistics and usage.
- Continue to work towards on-line registration for 2008.

- Investigate the cost-effectiveness of developing Wi-Fi areas both inside and outside the Council meeting.
- Review the cost effectiveness of providing power strips in the Council session.
- Consider the use and evaluate the cost of using USB drives in place of CD-Roms.
- Provide cell phone coverage to the ballroom and meeting room floors.
- Work with company to arrange luggage so that those participating on Capitol Hill visits do not have to come back to the hotel to pick up luggage.
- Consider time allocated for an open-microphone session.
- Encourage greater participation of Council and member feedback to ACR Practice Guidelines and Technical Standards in advance of the meeting.

The CSC and staff will work to investigate and implement these recommended changes as appropriate.

Work Group II (*Chair:* Howard Fleishon, MD; *Members:* Beverly Coleman, MD, FACR; Venkata Rao Devineni, MD, FACR; Thomas B. Fletcher, MD, FACR; Alan Kaye, MD, FACR; and Harry C. Knipp, MD, FACR) was assigned the role of improving CSC liaison roles. The work group recommended the more effective use of telephone conference-calls to each chapter (one in the winter and one in the summer). These calls would include officers of each chapter (president, vice president, secretary-treasurer) as well as Councilors and Alternate Councilors. The calls would provide chapters with updates on important ACR matters, seek to gain critical feedback from the chapters and assist chapters with identifying important resources within the ACR to assist chapters. Internally, the calls would result in the development of chapter profiles to help the ACR measure important trends and ensure continuity in its relationship with the chapters.

Work Group III (*Chair:* Leonard Berlin, MD, FACR; *Members:* Bill Warren, MD, FACR; Cynthia Sherry, MD, FACR; Jay Harolds, MD, FACR; Larry Liebscher, MD, FACR; and Philip Cook, MD, FACR) was assigned the role of ensuring appropriate mentoring of CSC members. The Work Group produced a 125-page CSC Orientation Manual that provides information on: the ACR; its governance structure; chapter, subspecialty and staff rosters; Practice Guidelines and Technical Standards review process; roles of the ACR Office of Chapter Services; breakdown of ACR commissions and committees; ACR council procedures and the ACR bylaws. The work group also recommended a process for mentoring of junior members.

We have asked the Work Groups to remain intact for the entirety of the year to monitor the proper implementation of their recommendations and to build on those recommendations as appropriate.

We are proud to say that each CSC member was actively involved in this process and believe the recommendations developed will enhance the College for years to come.

The meeting also provided an opportunity to discuss some important items such as review of the 2008 Sunset Policy Report, an update on the RA issue and some recommendations for consideration of collaborative guidelines. We will provide more information on the latter two subjects in a future communication.

Liaison Calls

Based on the recommendations of Work Group II above, the ACR staff will be contacting chapter officers to determine an appropriate date and time for a CSC liaison conference call this winter (likely in January and/or February). The time and date will be established with each chapter president and CSC liaison. All officers and councilors will be invited to partake in the conference call. We ask that you be flexible in response to the dates and times established. This is a great opportunity for you to learn more about the College, ask questions about your role or issues in your chapter, and discuss how the ACR may be of assistance to you and your chapter. For everyone's convenience, we will attempt to limit the time of the call to 30 to 45 minutes.

Those in subspecialty societies should also feel free to contact their CSC liaisons. You should have received a mailing this summer identifying your liaisons.

Practice Guidelines and Technical Standards

By now, most of you have received our communications urging Councilors and the Chapter members to comment on proposed ACR Practice Guidelines and Technical Standards. We will remain steadfast in urging you to make such advance comments. This will help us to optimize our time during the meeting to spend on critical issues facing the profession. We ask each of you to pass on this message to your colleagues.

Concluding Remarks

We ask for your advice and counsel to ensure that our ACR Council remains vibrant and vital. Please feel free to contact us with thoughts on how we might do better through ACR staff at bshort@acr.org. Your advice is greatly appreciated.

Sincerely,



David C. Kushner, MD, FACR
Speaker, ACR Council



Alan D. Kaye, MD, FACR
Vice Speaker, ACR Council