**G. MEMBERSHIP**

1. **MEMBERS**

a. Addition of a Category of Fellowship for Long-Term Associate Members

The Council of the ACR authorizes the Fellowship Committee to develop a category of fellowship recognizing associate members with greater than 20 years of service to the ACR, and

The Fellowship Committee will write criteria for this new category of fellowship, recognizing that a higher level of services will be required for these candidates than is required for a similar candidate who is an active board certified member of the ACR, and

The appropriate Bylaws changes will be brought to the 2011 AMCLC to ratify these changes and no candidates will be considered until the Bylaws are appropriately changed; adopted 2010 (Res. 9).

**B. DRUGS AND EQUIPMENT**

2. **DEVELOPING ULTRASOUND APPLICABILITY IN PACS**

The ACR encourage PACS vendors to develop high quality standards in PACS archiving for all modalities including ultrasound; adopted 2010 (Res. 35).

**B. DRUGS AND EQUIPMENT**

3. **GUIDELINES FOR MULTI-DETECTOR COMPUTERIZED TOMOGRAPHY SCANNERS**

The ACR shall use its various publications to advise its members of dose estimates or indices of CT procedures commonly used with representative current CT scanners; in addition, the ACR will continue to encourage the use of the ALARA principle and promote techniques that reduce radiation dose without compromising the necessary diagnostic information; 2000, amended 2010 (Res. 10-a).
I. RADIOLOGICAL PRACTICE AND ETHICS

1. ACCREDITATION

c. Achievement of Accreditation Goals and Standards

The College shall develop, with specific involvement of all affected parties (such as the Commission on General, Small and Rural Practices, Committee on Pediatric Radiology, etc.) effective collaborative opportunities for all members to achieve the accreditation goals and standards created to maintain the required levels of excellence; 2000, amended 2010 (Res. 10-c).

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I. RADIOLOGICAL PRACTICE AND ETHICS

2. ACR POLICY ON DEVELOPMENT OF PRACTICE PARAMETERS AND TECHNICAL STANDARDS

h. Extend the ACR Practice Guideline for the Performance of Computed Tomography for the Detection of Pulmonary Embolism in Adults and the ACR Practice Guideline for the Performance and Interpretation of Computed Tomography Angiography (CTA)

Based on the consensus of the ACR Practice Guidelines Parameters and Technical Standards Committee of the Commission on Cardiovascular and Interventional Radiology, the ACR Practice Guideline for the Performance of Computed Tomography for the Detection of Pulmonary Embolism in Adults and the ACR Practice Guideline for the Performance and Interpretation of Computed Tomography Angiography (CTA) are hereby recommended to be extended until both practice parameters can be sunset when the Practice Guideline for the Performance and Interpretation of Body Computed Tomography Angiography (CTA) is completed; adopted 2010 (Res. 23).

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I. RADIOLOGICAL PRACTICE AND ETHICS

5. MISCELLANEOUS RADIOLOGIC PRACTICE AND ETHICS POLICIES

bb. Diagnostic Radiologic Consultation (see also Referral Practice of Radiology)

The Consultative Practice Diagnostic of Radiology

Diagnostic radiology practice is a consultative physician (radiologist or radiologist-led team) service rendered by qualified specialists who have completed an accredited residency program in diagnostic radiology or one of its branches, which include the utilization of all modalities for the imaging portrayal of human morphology and physiologic processes, in medical diagnosis and treatment.

Elements of a Diagnostic Radiologic Consultation

The public interest of patients and their referring physicians are well served when the following elements of a diagnostic radiologic consultation are complete, in all

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**practice settings:**

- A pre-examination evaluation by the referring physician or other allied healthcare professional for whom this activity is within the scope of practice.
- A written request for diagnostic radiologic consultation that includes pertinent clinical findings and a working diagnosis. The diagnostic radiologist should “under pertinent clinical circumstances” recommend the sequencing of diagnostic radiologic procedures which will yield the maximum information of the patient’s condition.
- A safe patient environment in which the diagnostic radiologist supervises a qualified staff whose efforts are directed at producing a radiologic examination yielding the maximum diagnostic information consistent with the least possible exposure to radiation.
- A comprehensive consultative report rendered in writing and directly, if necessary, to referring physicians to effectively communicate and to record informed judgments on the radiologic findings. The reporting includes timely delivery, authentication, and careful filing and storage.

**Applicability of These Elements**

The modern practice of diagnostic radiology includes an evolutionary approach to new medical technology and imaging techniques. These are adopted into daily practice and are subject to the elements of a consultation described above. These elements, furthermore, have uniform applicability to practice in the hospital, in the office setting, in clinics, and in every other practice site; 1980, 1990, 2000, amended 2010 (Res. 39-g).

### L. THIRD PARTY CARRIERS AND COMPENSATION

**14. INDEMNITY SYSTEM OF PHYSICIAN PAYMENT**

Of the several methods of third party payment of physician services, including customary, prevailing and reasonable (CPR), indemnity, capitation (such as HMO’s) and diagnosis-related groups (DRG’s), the indemnity system for the development of an equitable physician payment schedule is the most desirable for the private sector; adopted 1990, 2000, 2010 (Res. 39-j).

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### L. THIRD PARTY CARRIERS AND COMPENSATION

**21. PAYMENT FOR THE PRIVILEGE OF SERVING PATIENTS IN HOSPITALS (ANTI-KICKBACK LAW VIOLATIONS)**

Payment arrangements knowingly demanded by certain hospitals in return for the right of physicians to provide patient services may violate the anti-kickback law. The College shall take action to effect the regulatory and legislative changes necessary to stop such hospital kickback demands; adopted 1990, 2000, 2010 (Res. 39-l).

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