am pleased to have the opportunity to highlight the recent major achievements and ongoing initiatives of the Commission on Nuclear Medicine & Molecular Imaging in our effort to guide current and future practice. The commission has been active in the following areas.

**Government Relations**

This committee continues to communicate actively with high-level government agencies. Members of the committee provided input to the Nuclear Regulatory Commission on issues such as 131I sodium iodide therapy patient release criteria, occupational dose, and Part 35 rulemaking related to the medical use of nuclear byproduct material (e.g., expanding grandfathering of certified individuals, amending preceptor attestation requirements, addressing the frequency of molybdenum-99 (99mMo) tests, naming secondary/associate radiation safety officers on licenses, and defining medical events). The committee also communicated with the FDA on the approval of contrast agents and with the White House and Department of Energy about the production and supply of 99Mo/technetium-99m (99mTc).

Due to a limited number of nuclear reactors worldwide, some of which are slated for decommissioning, the supply of 99Mo (the parent of 99mTc) for medical use has been tenuous in recent years. Serious shortages of 99mTc have paralyzed nuclear medicine practices across the nation. While alternative production facilities are planned, the threat to the daily supply remains real. The commission is committed to ensuring that our patients have access to the valuable procedures dependent upon these resources.

**Economics**

The Committee on Economics exerts its influence in updating existing codes (such as thyroid and parathyroid) and advancing new codes (such as myocardial sympathetic innervation imaging and PET/MR), as well as arguing for appropriate radiopharmaceutical reimbursement relative to actual costs. The committee has also advocated for CMS coverage of nuclear medicine procedures involving new radiopharmaceuticals, such as amyloid PET. It has also pushed for expanded coverage in oncology, such as PET for solid tumors.

**Education**

The Committee on Education continues to organize collaborative educational sessions featuring ACR speakers for the Society of Nuclear Medicine and Molecular Imaging’s (SNMMI) annual meeting. Session topics have ranged from PET/CT Anatomy and Pathology to PET/MR: Reality Check. The committee also participates in the Joint Review Committee on Educational Programs in Nuclear Medicine Technology to ensure appropriately skilled and trained technologists.

In September 2012, I represented the ACR at the Accreditation Council for Graduate Medical Education in support of proposed program requirements regarding radionuclide therapies in diagnostic radiology residencies and nuclear radiology fellowships. The new program requirements for both were approved and became effective on July 1, 2013. As a result, the diagnostic radiology requirements now align with the American Board of Radiology requirements. The nuclear radiology requirements also align with the current nuclear medicine residency program requirements, although new nuclear medicine program requirements go into effect on July 1, 2014. (Read more in the JACR® article “ACR/ABR Clinical Statement on Credentialing and Privileging of Radiologists for Therapeutic Nuclear Medicine” at http://bit.ly/JACRcredentialing.)

Regarding new, combined residency pathways to train expert nuclear practitioners for the future, the ACGME cedes authority to the respective boards to first develop appropriate certification endpoints. As of press time, the ABR and the American Board of Nuclear Medicine continue their discussions toward this goal. Mutually acceptable board eligibility requirements need to be in place before the ACGME can recognize such programs.

**Accreditation**

This committee adopted multiple modifications, including phantoms and required programmatic elements; streamlined the accreditation paperwork; and implemented an online facility review, which has expedited the accreditation process. As of October 21, 2013, 3,560 facilities were accredited in nuclear medicine and 63 facilities were in process; 1,571 facilities were accredited in PET and 20 facilities were in process.

**Guidelines and Standards**

This committee participated in revising three guidelines adopted at the 2012 AMCLC and three at the 2013 AMCLC; we are currently at work on six for the 2014 cycle. We also contributed to the Nuclear Medicine Image Wisely® campaign in the domains of general nuclear medicine, PET/CT, nuclear cardiology, and nuclear medicine physics. You can read more at http://www.imagewisely.org/Imaging-Modalities/Nuclear-Medicine.

In 2013, the ACR and SNMMI convened a joint PET/MR Credentialing Task Force led by commission Vice Chair Rathan Subramaniam, MD, PhD, MPH, and Hossein Jadvar, MD, PhD, MPH, MBA.

(continued on page 29)
Increasing Radiology’s Presence

If you want to help maintain radiology’s positive momentum within the AMA, the path is clear. First and foremost, become an AMA member. Then ensure that you designate the ACR as your representative organization. The more members designating the ACR as the organization representing them in the AMA House of Delegates, the more representatives the ACR is allowed to have on the floor of the House of Delegates.

If you would like to know more about how you can positively impact radiology and the care of patients through the ACR’s AMA efforts, please contact Jan Cox, ACR’s liaison to the AMA, at jcox@acr.org. //

All For One

nearly all of the College’s proposed language was adopted.

New Reliable

quality and safety, referring physicians and hospitals will seek out that practice.

Q: What are you most excited about for this year’s conference?
A: I’m excited about the world-class team of experts we’ve gathered from all over the country. For example, Lucille W. Glenn, MD, chief of the department of radiology at Virginia Mason Medical Center in Seattle, will be lecturing. Her institution pioneered Lean process improvement in medicine. Leadership teams at Virginia Mason travelled to Japan to learn the Toyota production system, which includes Lean methodologies, and then implemented a standardized approach for clinical care. She is really one of the world’s authorities on this topic.

Charting a Course

In 2014, the 12-member task force expects to produce the first position statement related to the practice of brain PET/MRI. The document will encompass clinical indications; qualifications and responsibilities of personnel; protocols, including radiopharmaceuticals, contrast media, imaging equipment, and imaging procedures; and quality control and safety.

Molecular Imaging

This committee has identified venues for educating the radiology community on molecular imaging. Initiatives include in-person and online courses at the American Institute of Radiologic Pathology, the ACR Education Center, and the RSNA annual meeting.

Future Challenges

The ACR and SNMMI continue to work independently — as well as jointly — on many issues of importance and relevance to both organizations, with particular focus on training the future workforce. There have been substantial philosophical differences and tensions related to training, qualifications, and credentialing of nuclear medicine physicians and radiologists. However, the future of the field may well hinge on the success of such collaborative engagement, and we look forward to further strengthening our relationship with SNMMI. //