



American College
of Radiology™

2025 Election Manual

2024–2025 College Nominating Committee

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American College of Radiology®

2024–2025 College Nominating Committee

Esma A. Akin, MD, FACR (Chair)
McLean, VA

Gwendolyn M. Bryant-Smith, MD, FACR (Vice Chair)
Little Rock, AR

Andrew M. Farach, MD
Houston, TX

Katharine Lampen-Sachar, MD
Miami, FL

David C. Mihal, MD (Board of Chancellors)
Cleveland, OH

Alisha Rathi, MD (Council Steering Committee)
Long Island City, NY

Andrew B. Rosenkrantz, MD, FACR (Board of Chancellors)
New York, NY

Ashok Srinivasan, MD, FACR
Canton, MI

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Jackson, MS

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**American College
of Radiology™**

Dear Colleagues,

On behalf of members of the 2024–2025 College Nominating Committee, we are pleased to provide the 2025 ACR Election Manual containing detailed information on all candidates running for an elected position. Candidates for selected positions are also mentioned in the manual.

This manual is provided to offer detailed information on all candidates prior to the ACR® 2025 Annual Meeting. Enclosed are photos of each candidate as well as their standardized CVs, including relevant disclosures, biographical information and personal comments. You will also find the ACR Electioneering Policy as well as ACR election policies and procedures.

All candidates are asked to attend the ACR Council Session at ACR 2025, Monday, May 5, 8:15am–noon. Each candidate in a contested election will make a live, two-minute presentation. Candidates are also asked to attend Meet the Candidates, which is a meet and greet that will take place during a break of the Council Session.

Elections will take place Monday, May 5, noon–3pm. All results will be posted by Tuesday, May 6.

We want to thank all of the candidates for their willingness to run for these offices and for providing a large amount of material in a timely fashion.

Sincerely,

Esma A. Akin, MD, FACR
Chair, College Nominating Committee

Gwendolyn M. Bryant-Smith, MD, FACR
Vice Chair, College Nominating Committee

Position Descriptions and ACR Election Procedures

Introduction to College Nominating Committee Process

The College Nominating Committee (CNC) consists of nine members [six elected by the Council, two from the Board of Chancellors (BOC) and one from the Council Steering Committee (CSC)], of which three are elected each year by the Council to serve one two-year term. The CNC shall meet in person or via conference call at least once a year.

The CNC shall inform the membership at least 45 days before the annual meeting of its nominations for the offices of President, Vice President, Council Speaker and Council Vice Speaker, as well as for BOC vacancies, five or more Council candidates for the CNC and five or more Council candidates for the CSC.

The CNC shall also select two members of the ACR who are in private practice to attend the annual meeting of the Intersociety Committee. Those representatives will be selected for two-year terms that are staggered to ensure that one is selected each year.

Nominations

The CNC shall present nominations to the Council at its annual meeting. Independent nominations shall be accepted, provided they meet requirements stipulated in Article VIII, Section 13 of the ACR bylaws. In accordance with ACR bylaws, the following are the ascribed duties and position descriptions.

President

Ascribed Duties (Article VII, Section 2)

The President of the College will be a Member of the BOC, a Member of the Executive Committee of the BOC, and a non-voting Member of all Commissions, Committees and Task Forces (except the CNC, CSC and Judiciary Committee). The President of the College will deliver a presidential address at the annual meeting and will perform such other duties as may be prescribed from time to time by the BOC or the Executive Committee of the Board. As provided in the Association's bylaws, the person elected to serve as President of the College will also serve as a Member of the Association BOD and as the President of the Association.

Position Description*

This is an elected position. Traditionally the outgoing Chair of the BOC is elected to serve as President the next year. In alternate years, other current and/or past members who have served on the BOC are considered for this position. Normally this person is someone who has completed his/her sixth year on the BOC.

The President will:

- Serve as member of the BOC.
- Serve as member of the Executive Committee.
- Serve as a member of the Board Nominating Committee
- Serve as a member of the Awards and Honors Committee.
- Act as ex-officio of all commissions and committees (except CNC, CSC and Judiciary Committee).
- Deliver the presidential address at the ACR Annual Meeting.
- Perform other duties as may be prescribed by the BOC or Executive Committee.
- Attend BOC meetings — currently Spring (annual meeting), Fall and Winter.
- Participate in conference calls and meetings as needed.
- Attend and present at chapter meetings.
- Attend society and other meetings as needed.

Vice President

Ascribed Duties (Article VII, Section 3)

The Vice President shall be a member of the BOC, a member of the Executive Committee of the Board and a non-voting member of all commissions and committees (except the CNC, CSC and Judiciary Committee). In the absence of the President, or in the event of the President's inability or refusal to perform his or her required functions, the Vice President will perform the duties of the President, and when so acting, shall have all the powers of, and be subject to, all restrictions on the President.

The Vice President shall perform such other duties as may be prescribed periodically by the BOC, the Executive Committee of the Board or the President. As provided in the Association's bylaws, the person elected to serve as Vice President shall also serve as a member of the Association Board of Directors and as Vice President of the Association.

Position Description*

This is an elected position. Traditionally a member rotating off the BOC after serving five to six years is recommended for this position.

The Vice President will:

- Serve as a member of the BOC.
- Serve as a member of the Executive Committee.
- Serve as a member of the Board Nominating Committee.
- Serve as a member ex-officio of all commissions and committees (except CNC, CSC and Judiciary Committee).
- Perform such duties as may be prescribed from time to time by the BOC, Executive Committee or President.
- Attend BOC meetings — currently Spring (annual meeting), Fall and Winter.
- Serve as liaison to the Canadian Association of Radiologists (may attend up to five additional in-person meetings).*
- Participate in conference calls and meetings as needed.
- Attend and present at chapter meetings.

Members of the Board of Chancellors

Ascribed Duties (Article VI, Section 1)

The BOC will employ its powers for the diligent promotion of the purposes of the College and will have authority and jurisdiction to conduct its business and affairs in accordance with applicable laws, its articles of incorporation and these bylaws.

The BOC will present to the Council at its annual meeting a full report covering the College activities, including a financial report.

Members of the BOC will accept at the time of election or appointment, the duty of attending sessions of the Council and its Reference Committees. All members of the BOC will have the privilege of the floor at Council meetings but will not have a vote.

Position Description*

The BOC will consist of a number of chancellors, not to exceed thirty-four members, who will be the executive body of the College. As provided in the Association's bylaws, the persons elected, appointed or selected to serve on the BOC will also serve on the Association's BOD. To be eligible for membership on the BOC, whether by appointment, reappointment, election or reelection, the individual must be a member or Fellow of the College.

BOC Members:

- Must be practicing radiologists or radiological physicists who have been actively involved in the College and have leadership qualities beneficial in addressing the issues brought to the Board.
- Accept the duty of attending all sessions of the ACR Annual Meeting and its reference committees.
- Are responsible for implementing programs and activities, which accomplish policy goals, support activities of the College and have the authority to act on behalf of the College in a broad range of activities.
- Carry out Council policy and goals.
- Guide the finances of the College.
- Develop, review and approve annual reports covering the activities of the year from commissions, committees and task forces.
- Serve on commissions, committees and/or task forces, as determined.
- Attend BOC meetings — currently Spring (annual meeting), Fall and Winter.
- Participate in conference calls and meetings as needed.
- Attend and present at chapter meetings.
- Attend commission and committee meetings and participate in their conference calls.
- Are asked to participate in RADPAC®.
- Attend other meetings as needed.

Society Chancellors

The Chair of the BOC may invite RSNA, ARRS, ARS and ASTRO through their governing boards each to each propose at least three members from such organizations who are also members of the College. These names shall be presented to the CNC which, with the concurrence of Chair of the BOC, may select one individual from each organization to serve on the BOC or may request a society submit additional members for consideration.

Should RSNA, ARRS, ARS or ASTRO fail to propose individuals considered to be acceptable members for the Chancellorship allotted to it, such office shall remain vacant until such members are proposed and selection is made by the CNC.

College Nominating Committee (CNC)

Position Description

The CNC consists of nine members (six elected by the Council, two from the BOC and one from the CSC), of which three are elected by the Council each year to serve one two-year term. Members must be a Councilor or Alternate Councilor for the term nominated. A member of the CNC may not be a nominee of the committee.

CNC members:

- Meet via conference call to elect a Chair/Vice Chair for the CNC (meeting is chaired by the Council Speaker and held within 30 days following the ACR Annual Meeting).
- Meet via conference call no earlier than one month and no later than five months after elections held at ACR Annual Meeting.
- Send correspondence to chapter presidents, councilors, alternate councilors, society leaders seeking nominations.
- Take an active role in recruiting candidates through letters, phone calls, email and/or other appropriate means.

CNC members (continued):

- Inform members by electronic notification of nominations for the offices of President, Vice President, Council Speaker, Council Vice Speaker, vacancies on the BOC, candidates for CSC, CNC and Intersociety Private Practice representatives.
- Propose nominee(s) with suitable qualifications to fill each vacant elected position on the BOC (in consultation with the Chair of the BOC).
- Select one member of the ACR who is in private practice to attend the Intersociety Summer Conference for one two-year term.
- Inform the membership at least 45 days before the annual meeting of its nominations.
- Present nominations to the Council at its annual meeting.
- Participate in two to four conference calls a year to review information on candidates and attend one meeting and/or conference call to recommend slate (lasts about one hour).

Council Steering Committee

Ascribed Duties (Article V, Section 9)

The Council Steering Committee (CSC) shall represent the Council between Council meetings and provide Council liaison with the Board of Chancellors (BOC) and the chapters. Members of the CSC shall serve as members of the commissions of the BOC, upon appointment by the Chair of the BOC.

Position Description

The CSC consists of the Speaker of the Council, Vice Speaker of the Council and at least 15 but no more than 20 additional members of the Council. There will be eight members elected by the Council. At each annual Council meeting, four members will be elected from the candidates, who must have at least one year remaining as Councilors for the terms for which the candidates are nominated, to serve two-year terms.

Elected members of the CSC will be eligible for re-nomination and re-election for a second and third two-year term. Candidates with only one year remaining as a Councilor who win election or re-election will serve their final year as a Councilor-At-Large. The term of membership of the appointed member will be one year, subject to additional terms if re-appointed by the Speaker of the Council. No member, whether elected or appointed, may serve more than six consecutive years on the CSC without a lapse of at least one year. Nominees for election to the CSC will have attended at least one previous Annual Meeting of the College as a Councilor, Alternate Councilor or Chapter Officer. Geographic distribution should be considered when recommending candidates/nominations. The persons elected or appointed to serve on the CSC of the College will also serve on the CSC of the Association.

Council Steering Committee (continued)

Description of CSC members:

- Must be a Councilor for the term nominated (for election in May 2025, they must be a Councilor until May 2027).
- Represent the Council between Council meetings.
- Have primary responsibility for planning and evaluating the annual meeting.
- Provide Council liaison with the BOC, chapters and radiological organizations.
- Serve as liaisons to ACR commissions and/or committees.
- May serve on a reference committee.
- Serve as a liaison to each regional or specialty caucus.
- Take an active role in debate of resolutions during reference committee sessions.
- Meet at convenient time and site before each scheduled meeting of the Council in order to conduct business that may come before it.
- Attend approximately five meetings a year, typically during the spring, summer, fall, winter and RSNA.
- Attend an orientation in Reston, VA.
- Participate in conference calls (approximately six per year).
- Participate in Capitol Hill visits.
- Participate in RADPAC.
- Serve on a CSC work group.
- Review resolutions for possible CSC sponsorship or co-sponsorship and play a major role in the development and revision of the ACR Practice Parameters and Technical Standards. Each parameter or standard that is expected to undergo field review is assigned to one or two CSC members to chair the final phases of the review process. CSC members appoint a review committee, which meets by conference call to resolve comments submitted during the field review process. The calls last from 20 minutes to two hours during the months of September through January.

Intersociety Committee

The Intersociety Committee (ISC), sponsor of the annual ISC Summer Conference, serves as a gathering place for leaders in radiology and a vital link in the organizational chain of radiology, bringing together diverse organizations with various missions into one cohesive group to discuss concerns of vital interest to the specialty as a whole. In this forum each society has an equal voice in helping to formulate solutions to the issues confronting the practice of diagnostic radiology and radiation oncology.

Intersociety Committee Private Practice Representative

Description

The CNC shall select two members of the ACR who are in private practice to attend the annual meeting of the Intersociety Committee. Those representatives to the Intersociety Committee meetings will be selected for two-year terms that are staggered to ensure that one will be selected each year. Each selected representative shall be a physician who has a private office

and/or who practices in a hospital without a radiology residency program. These two selected representatives shall be in addition to the College's regular representatives to the annual meeting of the Intersociety Committee.

The private practice representative:

- Attends the Intersociety Summer Conference.
- Writes a report for the Council.

Election Rules

Election for these positions shall be by ballot at the annual meeting of the Council. The term of office of each officer so elected shall begin at the conclusion of that meeting.

If additional nominations are made from the floor, they must be supported by a nominating petition signed by 15 or more members of the Council and shall be presented to the Speaker of the Council not less than 14 days before the ACR Annual Meeting.

Electioneering Policy

A copy of the Electioneering Policy can be found in this Election Manual.

Elections

All candidates are asked to attend the ACR Council Session at ACR 2025, Monday, May 5, 8:15am–noon. Each candidate in a contested election will make a live, two-minute nominating speech to the Council during this session. Meet the Candidates will be held on Monday, May 5, during a break of the Council Session. The elections will take place on Monday, May 5. The results will be promptly posted.

* Subject to change



ACR Electioneering Policy

Approved by the ACR Council Steering Committee (CSC), March 2023

Background: In 1997, the ACR Council approved the recommendations in the report of the Governance Committee. In one of its recommendations, the committee “strongly suggest(ed) that strict limits on electioneering be imposed.” In addition, the committee expressed concern that the election process itself could become a time-consuming distraction from other matters before the Council. In response, the earlier ACR policies and procedures documents discouraged campaigning but did not outright prohibit it.

In 2008, the ACR Council passed Resolution 41, directing the ACR CSC to develop and implement binding regulations for candidate communications, publish those regulations in the ACR Election Manual and communicate them directly to all candidates.

Candidate Opportunities to Communicate Credentials and Views: Current ACR policies and procedures provide the following equitable opportunities for candidates to communicate their credentials and views to the Council:

- Information about all candidates is detailed in a standardized manner in the ACR Election Manual, which is made available to all Councilors in advance of each ACR Annual Meeting. The Election Manual includes a photograph of each candidate, a standardized curriculum vitae with relevant biographical information, and personal comments provided by the candidates.
- All candidates in contested elections have the opportunity to make a two-minute presentation to the ACR Council prior to the election. Presentations will be live for in-person meetings and pre-recorded for virtual meetings. If pre-recorded, presentations will be made available on demand prior to the ACR Annual Meeting.

Rules Regarding Electioneering: In response to ACR policy as passed by the Council, the CSC sets forth the following updated rules regarding electioneering:

1. Candidates are prohibited from mass distribution of campaign materials via traditional mail, email, phone or other electronic media promoting themselves or another candidate. Candidates who use social media to promote or even announce their candidacy, or the candidacy of another, will be considered in violation of these regulations. Candidates in compliance with the Electioneering Policy won't be disqualified for Electioneering Policy violations committed by others.
2. Candidates are prohibited from distributing campaign buttons, stickers, pens or any other election promotional items prior to or at the ACR Annual Meeting.
3. Candidates are prohibited from displaying or distributing campaign posters, balloons or other election promotional visual aids at the ACR Annual Meeting and at any other meeting or event where multiple ACR members are expected to be present.
4. Candidates may visit (in person or virtually) the geographic and specialty caucuses that they would normally attend because of their practice location or practice type. Candidates currently serving in leadership positions (e.g., Board of Chancellors (BOC) or the CSC) may be expected to visit certain caucuses as a normal part of their duty (e.g., as assigned by the BOC Chair or Council Speaker). If a candidate has ACR business that is enhanced or needs attendance at other caucus meetings, they must petition the Speaker, who will discuss with the Vice Speaker and Chair of the CNC as needed, for permission to attend such caucus meetings, and if given permission, shall do so only in order to conduct such business and not discuss any items regarding their candidacy. Candidates should decline all other invitations to attend caucus meetings.

5. Caucus organizers, at their discretion, may introduce a candidate in attendance by name and the position they are running for, but should not otherwise discuss their candidacy. Candidates may raise their hand or stand in a caucus meeting for visual identification, but should not otherwise discuss their candidacy, even if invited to do so by caucus organizers or other attendees.
6. Candidates failing to abide by these rules may be disqualified from participating in elections held during the affected ACR Annual Meeting. Specifically, any candidate who violates these rules may, at the discretion of a committee composed of 1) the Speaker, 2) the Vice Speaker and 3) the Chair of the CNC, be declared ineligible for election in that year and have his or her name stricken from the ballot.
7. Non-candidates promoting candidates via mass distribution by traditional mail, email, phone call or other electronic media is strongly discouraged.
8. Any questions concerning the appropriateness of election activities should be directed to the ACR Office of Governance and Member Services at 571-639-6886 or tbehbahani@acr.org.

Procedures for ACR Elections 2025

Elections for specific officers of the College, including members of the ACR Board of Chancellors, ACR Council Steering Committee and ACR College Nominating Committee, will be held during ACR 2025 on Monday, May 5, 2025.

Elections will be held by secret ballot. A sample ballot will be available to the Council prior to the meeting.

In the event a run-off election is required, the Speaker or Vice Speaker will announce the time of the election, and this information will also be provided via email and through the meeting website.

Councilors will be credentialed through electronic means. An Alternate Councilor substituting for a Councilor must be credentialed through the Credentials Committee. No one may vote twice, even if they are filling two positions. **To vote in the 2025 Elections, Councilors (and Alternate Councilors substituting for a Councilor) must have checked in and received credentials by 11am on Monday, May 5.**

No campaigning will be allowed in any manner that conflicts with the ACR Electioneering Policy. At the time that voting concludes, the Tellers will convene and begin the process of registering the vote tallies.

Candidates will be listed on the ballot at random. If any independent nominations are accepted after publication of the initial ballot, their names will be placed on the ballot after the names of candidates appearing on the initial ballot. Credentials of the candidates will be reflected on the ballot consistent with the highest medical degree obtained.

The vote tally will be registered on official ACR election tally sheets and verified by each Teller. A candidate who is running unopposed for a position will be elected if he or she receives at least one vote.

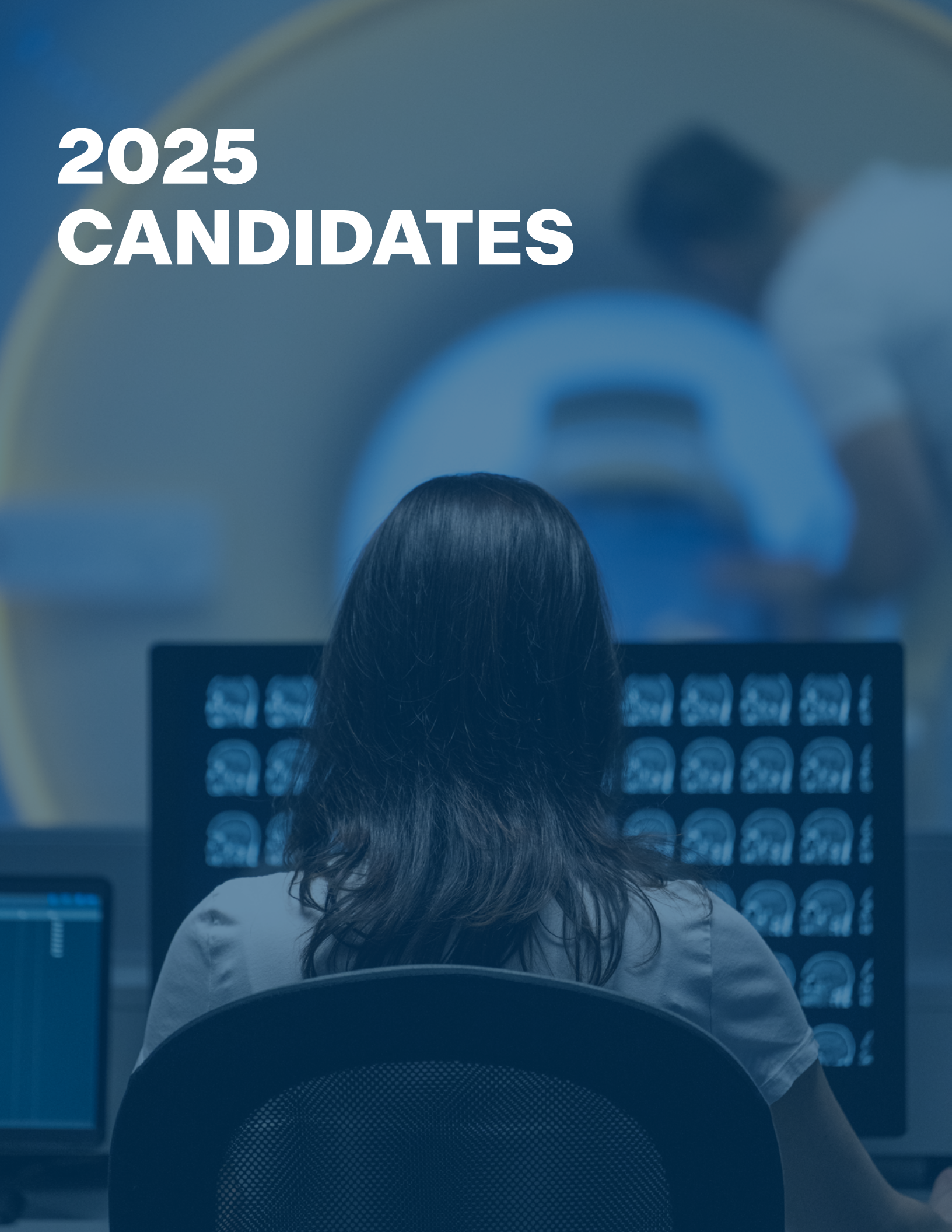
For the offices of President and Vice President or member of the Board of Chancellors, those candidates receiving a majority vote will be elected. Should a majority not be achieved on the first ballot, a run-off election will be performed.

For all other elections, the candidate receiving the highest number of votes will be elected. When there are multiple candidates for multiple positions, the candidates receiving the highest numbers of votes will be elected.

Verification of vote totals will be made by each Teller and the final votes will be totaled on the official ACR election master tally sheet. The completed tally sheet will then be electronically signed by each Teller. The official ACR election tally sheet will be sealed and kept at the ACR offices for at least one year following the election.

Following the election, staff will register the results (verified by the Tellers), including the names of those elected to each position, for announcement and display via the ACR 2025 website. The final vote tally will be made available upon specific request to either of the following: Chair or Vice Chair of the ACR Board of Chancellors. Tellers should refrain from sharing any vote tallies after the election.

2025 CANDIDATES





Timothy L. Swan, MD, FACR

Education

1985–1989 MD, University of Minnesota, Minneapolis, MN

Training

1993–1994 Fellowship — Interventional Radiology, University of Arizona, Tucson, AZ

1989–1993 Residency — Diagnostic Radiology, Southern Illinois University, Springfield, IL

ACR Activities

2015–2025 Board Member, Board of Chancellors
 2021–2025 Delegate, AMA Scope of Practice Partnership Steering Committee
 2021–2023 Chair, Non-Physician Provider Task Force
 2021–2023 Member, Task Force on Brand Promise
 2021–2023 Chair, Governance Committee
 2019–2021 Member, JACR® Editorial Board
 2017–2019 Speaker, ACR Council
 2015–2017 Vice Speaker, ACR Council
 2012–2020 Member IR & Cardiovascular Committee on Economics, Commission on Economics
 2011–2015 Member, Council Steering Committee

ACR Chapter

Wisconsin Radiological Society

Chapter Activities

2016–2017 CSC Liaison, Wisconsin Radiological Society
 2016–2017 CSC Liaison, Nebraska Radiological Society
 2011–2013 CSC Liaison, Illinois Radiological Society
 2011–2012 President, Wisconsin Radiological Society
 2008–2014 ACR Councilor, Wisconsin Radiological Society

Honors, Achievements & Appointments

- AMA CPT® Burgess Gordon Memorial Award — CPT Advisor of the Year, 2020
- Fellow, Society of Interventional Radiology, 2014
- Fellow, American College of Radiology, 2012
- AMA CPT Editorial Panel member, 2020
- Vice Chair, Wisconsin Medical Examining Board, 2013
- Corporate Secretary, Marshfield Clinic, 2005
- President, American Society of Clinic Radiologists, 2005
- Chairman, Department of Radiology, 1996

Number of Publications, Books, Chapters and/or Presentations

- Publications: 36
- Chapters: 0
- Presentations: 35

Contact

tim@timswan.us

Group/Practice Name

Marshfield Clinic Health System

Parent Organization

Marshfield Clinic Health System

Employer Type

Multispecialty entity

Primary Practice

Diagnostic Radiologist

Subspecialty

Cardiovascular,
Interventional Radiology

Position Held

Diagnostic Radiologist

Additional Disclosures and Interests

Leadership and Employment (Self):

- CPT Editorial Panel Member, AMA

Areas of interest and/or expertise

Leadership has been integrated into my medical training, radiology practice and life outside of medicine. I was honored to be selected as chief resident my senior year of diagnostic radiology training. I then spent a fellowship year pursuing interventional radiology training and subsequently joined a radiology department that was part of a multispecialty group practice. Less than two years after joining the practice I was asked by the group to become the department chair which I accepted and performed for 17 years, while simultaneously maintaining a full-time clinical IR practice. I was able to introduce a true clinical service and several new procedures to our IR practice including TIPS, EVAR, carotid stenting, Y90 radioembolization, and neurointerventional procedures. Also during that 17 year period the radiology department grew from 13 members in a single location to 50 members in multiple locations.

Within the multispecialty clinic I promoted radiology and was elected several times to clinic-wide leadership positions. I was appointed by Wisconsin's Governor to serve on the Medical Examining (Licensing) Board and became Vice Chair of that Board. I resigned my position on the licensing board due to a conflict of interest when I was elected to serve as ACR's Vice Speaker. I was then elected Speaker of the Council and subsequently have served two three-year terms on the Board of Chancellors.

What do you think are the most important issues facing the ACR?

1. Economic decline in medicine generally and radiology in particular due in large part to a physician fee schedule which is statutorily fixed and hasn't kept pace with cost of living.
2. Radiologist shortages have increased due to problem #1 as physicians have retired and more work is demanded of remaining radiologists to fill the gaps.
3. Radiologist burnout due to problems #1 and #2.
4. Scope of practice creep as non-physicians begin filling some of the gaps created by problems #1, #2, and #3.
5. Integration of artificial intelligence into radiology practice.

How should the ACR respond to them?

1. I believe the ACR's organizational leadership shines in health policy and economics. The ACR is the sole radiology organization that has the breadth of experience, knowledge, talent (volunteer and staff), and stature to address economic and health policy issues on a national level. ACR needs to partner with like-minded organizations to fix the economic downward spiral within the next 1-2 years.
2. Radiologist shortage is exacerbated by antiquated funding for training programs. ACR needs to partner with like-minded organizations to rethink and refund medical training at a national level.
3. ACR needs to remain vigilant in combating scope of practice incursions by non-physician practitioners. These battles will occur at the state level (due to licensing control) so ACR must work with state chapters proactively.
4. ACR is recognized nationally as a thought leader in how to incorporate artificial intelligence

into medical practice. We need to capitalize on our expertise for the benefit of the house of medicine as a whole.

Reason for seeking office

I am seeking the Presidency of the ACR because of my extended leadership experience which I believe positions me to represent the ACR's interests on local, national and international levels. I would be honored to do so as the capstone of my 14 years of leadership within the ACR.



Contact

lightfoote@msn.com

Group/Practice Name

Pomona Valley Imaging
Medical Group

Parent Organization

Pomona Valley Hospital
Medical Center

Employer Type

Hospital-affiliated group
practice

Primary Practice

Diagnostic Radiologist

Subspecialty

Abdominal Imaging, Breast
Imaging, Cardiovascular,
Emergency/Trauma,
Gastrointestinal,
Genitourinary,
Mammography, Neuro
Imaging, Nuclear Medicine,
Thoracic, Women's
Imaging

Position Held

President and Medical
Director

Johnson B. Lightfoote, MD, FACR

Education

1988–1990 MBA, Pepperdine University, Malibu, CA
1972–1976 MD, Harvard Medical School, Boston, MA
1969–1972 AB, Harvard College, Cambridge, MA

Training

1982–1983 Fellowship in CT and Interventional Radiology, University of California Irvine, Long Beach and Irvine, CA
1979–1982 Residency in Diagnostic Radiology, University of California San Francisco and Irvine, San Francisco and Irvine, CA
1976–1977 Internship in Internal Medicine, Stanford University, Stanford, CA

ACR Activities

2022–2025 Member, ACR Board Budget and Finance Committee
2022–2025 Member, ACR Board Budget and Finance Committee Investments Subcommittee
2019–2025 Chair, Commission on Outreach and Professional Opportunity
2018–2019 CSC Liaison, Hawaii Radiological Society
2016–2017 CSC Liaison, California Radiological Society
2016–2017 CSC Liaison, American Society of Head & Neck Radiology
2014–2015 CSC Liaison, American Society of Head & Neck Radiology
2013–2019 Chair, Committee for Diversity and Inclusion
2012–2013 Chair, Reference Committee III
2007–2009 Chair, National Medical Association — Section on Radiology

ACR Chapter

California Radiological Society

Chapter Activities

2012–2025 BOC and CRS Liaison, Inland (California) Radiological Society
2008–2024 President, and Executive Committee Member, California Radiological Society
2018–2019 CSC Liaison, Hawaii Radiological Society
2018–2019 CSC Liaison, California Radiological Society
2016–2017 CSC Liaison, Hawaii Radiological Society

Number of Publications, Books, Chapters and/or Presentations

- Publications: 45
- Chapters: 0
- Presentations: 34

Additional Disclosures and Interests

- No additional disclosures

Areas of Interest and/or Expertise

Each stage of my radiology career has incorporated clinical radiology, program development, and collegial leadership. While developing my primary radiology skills in residency, I led our group of 40 residents as Chief Resident. My fellowship was a unique formulation of interventional radiology and the then-brand-new field of computed tomography. I developed an early model of the comprehensive outpatient imaging center to deliver care away from the hospital campus, including interventional procedures and radiology nursing. As one of five clinical radiologists, and a medical director, at Beverly Hospital, I introduced advanced interventional radiology, MR imaging, and early teleradiology technology.

I was called to USC University Hospital to again serve as clinical body radiologist, Medical Director, and to develop a nascent PACS system. I also gained certification in neuroradiology, my favorite specialty albeit one I had not had time for fellowship. At Pomona Valley Hospital, I have overseen the expansion to four comprehensive ambulatory imaging centers; introduction of PET-CT; introduction, expansion and renewal of PACS; early adoption of mammography tomosynthesis; formulated a joint venture between radiology group and hospital to fund technology acquisition; reorganized our medical group twice, and renegotiated thrice our hospital contract to better address the needs of our hospital, community and physicians. I continue to practice clinical radiology full time, and continue to develop new skills such as cardiovascular imaging. This combination of clinical radiology, new project development, and collegial leadership I find inspiring and challenging, and I expect to continue all the above for many years.

What do you think are the most important issues facing the ACR?

ACR is offered challenges and opportunities in the near future to leverage its strong financial position to advance its mission; to better represent the interests of and to incorporate increasingly diverse practice types; and to offer our unique solutions to the radiologist shortage. The College's statement of financial position is very strong, now with substantial net assets, thanks to years of prudent management and annual budget surpluses in past years. After a short time with deficits, our annual operating budget will be nonnegative by 2026. Our financial strength obligates us to leverage that strength to advance our mission. Radiologists' practice types are increasingly diverse, far beyond the traditional private practice, academic, government distinctions. National radiology practices, teleradiology only practices, solo practitioners working for multiple employers, multispecialty group radiologists, interventional only practices, and private equity radiology companies are reasons ACR's membership is not expanding. Finally, no one stakeholder in the House of Radiology can "solve" the biggest problem faced by most radiologists every day, that of insufficient professional labor and time to confront the deluge of incoming imaging and new applications. ACR, however, could be a leader among those stakeholders, *primum in pares*, to identify, formulate and implement solutions, each in our own way.

How should the ACR respond to them?

The College can leverage its strong financial position by investing in programs and initiatives that advance the College's mission, and our leadership among radiology organizations. The creation of the Data Science Institute® is an illustration of such a strategic investment. Investments in the following two strategic projects could be two more examples:

ACR's insufficient enrollment of new members and retention of prior members presage large drops in membership count, jeopardizing our status as the voice of the radiological professions. Active engagement with physicians across diverse practice types is essential to remaining that representative voice, and to retaining our membership rolls. We must be creative and assertive in communicating with doctors in those novel and expanding practice models. We must understand what those customers see as ACR's present and preferred value proposition.

How could new membership categories or member services offerings appeal to non-renewing or never-member radiologists?

ACR retains our role as “convener of conversations,” and we have had conversations around the radiologist shortage. A more formal intersociety task force, funded for research and policy development, could explore and promulgate a comprehensive suite of solutions to the shortage. Each solution would be incomplete, none will be executable by a sole society. But, in the aggregate, such a blue ribbon commission led by ACR could create a road map, best practices, action items, and agenda for stakeholders in the house of radiology (and adjacent stakeholders as well) to address this problem of paramount impact on healthcare at large.

Reason for seeking office

The honor of my professional career has been to serve ACR, and its constituent groups including the California Radiological Society, and the Section on Radiology of the National Medical Association. After several years as a councilor, on the CSC, and six years on the Board of Chancellors, I am again honored to offer my time, expertise, and enthusiasm to the College as Vice President. As an inaugural member and now Chair of the Commission on Outreach and Professional Opportunity, I have witnessed and helped advance ACR's commitment to improving the diversity and representation of our profession. Such advances range from our flagship PIER program for rising second year medical students to authorship and co-authorship of major research and position papers about diversity, health equity, and radiological health disparities.

I seek to represent the College with vigor and enthusiasm for our mission in our external relationships, ranging from medical students, trainees and industry, to educators, legislators and regulators. I have represented the College in forums like these in the past, and can speak with vitality about ACR's missions, programs, and constituencies. I seek to put such talent and energy in service once again to the College and the Executive Board, and to serve as a voice of our members, empowering them to serve patients and society by advancing their practice of the radiological sciences.



Contact

crummymd@gmail.com

Group/Practice Name

Madison Radiologists

Parent Organization

Lucid Health

Employer Type

National radiology practice

Primary Practice

Interventional Radiologist

Subspecialty

Interventional Radiology

Position Held

Radiologist

Timothy A. Crummy, MD, MHA, FACR

Education

2002–2004 Masters of Healthcare Administration (MHA), University of Washington, Seattle, WA
1993–1997 MD, Medical College of Wisconsin, Milwaukee, WI
1985–1989 Bachelor of Business Administration, University of Wisconsin, Madison, WI

Training

2003–2004 Fellowship — Interventional Radiology, University of Washington, Seattle, WA
1998–2002 Residency, Radiology, Massachusetts General Hospital, Boston, MA
1997–1998 Internship, Surgery, Oregon Health & Science University, Portland, WI

ACR Activities

2023–2025 Speaker, ACR Council
2021–2025 Board member, ACR Board of Chancellors
2021–2025 BFC member, ACR Budget and Finance Committee (BFC)
2021–2025 Executive Committee member, ACR Board of Chancellors Executive Committee
2021–2025 CSC Liaison, ACR Economics Commission; RSNA; ARRS
2023–2024 Committee member, ACR CEO Search Committee
2021–2023 Vice Speaker, ACR Council
2017–2021 Council Steering Committee, member, ACR Council
2013–2014 ACR Private Practice representative, InterSociety Conference
2006–2025 Member and/or Vice Chair, Committee on Coding and Nomenclature — Economics

ACR Chapter

Wisconsin Radiological Society

Chapter Activities

2017–2021 Councilor to ACR, Wisconsin Radiological Society
2012–2013 President, Wisconsin Radiological Society
2011–2012 Vice President and President Elect, Wisconsin Radiological Society
2009–2011 Treasurer, Wisconsin Radiological Society

Honors, Achievements & Appointments

- Vice Chair, ACR Coding & Nomenclature Cttee, Economics Commission 2010–2015, 2016–2025
- CPT Advisor, RSNA 2008–2025
- Board of Directors, Madison Radiologists 2010–2013, 2015–2021
- Chief Medical Officer, St. Mary's Hospital, Madison, WI, 2014
- President, Wisconsin Radiological Society, 2013

Number of Publications, Books, Chapters and/or Presentations

- Publications: 1
- Chapters: 0
- Presentations: 10

Additional Disclosures and Interests

Leadership and Employment (Self):

- Board Member, Wisconsin Radiology Society

Stock & Ownership (Self):

- Shared Imaging Services, Inc

Areas of interest and/or expertise

I have been active in organized radiology and extra-clinical activities to support the professions of radiology on the local, state, and national levels for two decades. This includes volunteering at many levels and positions at ACR and the Wisconsin Radiological Society, along with radiology economics activities at SIR, RSNA, and AMA. Throughout these volunteer activities, my focus has been maximizing and protecting radiologists', interventional radiologists', and radiation oncologists' reimbursement. I believe my experience in radiology economics and reimbursement as an ACR Board member would benefit our members during the current challenges and threats to physician reimbursement.

What do you think are the most important issues facing the ACR?

- Ongoing attacks on radiology (DR, IR, NM, Radiation Oncology) reimbursement.
- Evolution of radiologist employment models (increasing group size, corporatization, trend of employing physicians, and consolidation).
- Scope of practice encroachments on all physicians.
- Maintaining and demonstrating the value of ACR membership, especially during period of declining reimbursement.
- Maintaining ACR's role as the go-to organization for radiologists' economic and advocacy issues while co-existing and working with subspecialty and other radiologist member organizations.
- Engaging and developing future generations of radiologists and ACR leaders, as our predecessors did for current members.
- Ensuring radiologists' involvement, value, and reimbursement as AI (Augmented Intelligence) arrives to our practices.
- Never-ending "unfunded mandates" (eg. reporting requirements) by CMS and other regulators.

How should the ACR respond to them?

There is no way to know what the future will bring to the ACR and our members. So, while we don't have a crystal ball, I believe a wise approach is to select leaders with a broad range of experience, who are capable of adapting to and positively influencing our members' future as the inevitable changes in our healthcare system unfold. Specific strategies will recognize that our members are very intelligent and capable, but time constrained. The ACR should focus on informing, communicating, and positioning our members to succeed. This includes identifying and understanding regulations and changes in the evolving healthcare market; educating and communicating to our members about challenges and opportunities; and providing ideas, solutions, products for our members to thrive. ACR leadership's bottom line goal should be to continue to be members' go-to organization for questions, answers,

and future success. I believe my leadership experiences at ACR and from 20+ of clinical radiology position me to successfully represent and protect our members' interests.

Reason for seeking office

During my terms as ACR Speaker, Vice Speaker and on CSC, I have been an active and outspoken advocate for our Council and all members. I believe my experience would continue to benefit members going forward on the ACR Board of Chancellors. Currently, our profession faces many challenges, including workforce and reimbursement issues. Historically, radiology has faced and overcome similar challenges. Fortunately, radiologists have succeeded in keeping our profession among the best of medical specialties.

We have earned this, in part, through ACR volunteer leaders' hard work and dedication. I've been active in ACR economics and reimbursement for two decades and Council leadership for eight years. This experience, along with a track record of success in progressively difficult ACR leadership tasks, positions me to help members succeed and thrive going forward, as we have in the past.



Mark D. Alson, MD, FACR

Contact

alsonm@aol.com

Group/Practice Name

Sierra Imaging Associates

Parent Organization

Sierra Imaging Associates

Employer Type

Non-hospital group
practice

Primary Practice

Diagnostic Radiologist

Subspecialty

Women's Imaging

Position Held

Partner Radiologist

Education

2013–2013 RCC, Radiology Certified Coding Board, Washington, DC
1986–1990 MD, University of California — San Diego, San Diego, CA

Training

1995–1996 Fellowship — Cross Sectional Imaging, University of California
San Francisco/San Francisco General Hospital, San Francisco, CA
1991–1995 Diagnostic Radiology Residency, Stanford University Hospital,
Palo Alto, CA
1990–1991 Transitional Internship, Mercy Hospital and Medical Center,
San Diego, CA

ACR Activities

2024–2025 Executive Committee, Board of Chancellors
2022–2025 Chair, Commission on General, Small, Emergency and/or
Rural Practices
2014–2016 Chair, Committee on Economics — Breast Imaging
2016–2023 Chair, Committee on Coding and Nomenclature — Economics
2015–2016 Vice Chair, Committee on Coding and Nomenclature —
Economics
2015–2019 CSC Liaison, Commission on Breast Imaging
2015–2019 CSC Liaison, Commission on Ultrasound
2015–2019 CSC Liaison, Society of Breast Imaging
2015–2019 Member, Council Steering Committee

ACR Chapter

California Radiological Society

Chapter Activities

2015–2019 CSC Liaison, Utah Radiological Society
2015–2019 CSC Liaison, Oregon Radiological Society
2010–2011 President, California Radiological Society
2009–2010 President Elect, California Radiological Society
2003–2025 Executive Committee, California Radiological Society

Honors, Achievements & Appointments

- AMA CPT Burgess Gordon Memorial Award, 2024
- FACR, 2011
- BSA Silver Beaver Award, 2008
- BSA OA Vigil Honor, 2006
- Eagle Scout, 1978
- President Sierra Imaging Associates, 2004–Present

Number of Publications, Books, Chapters and/or Presentations

Publications: 7

Chapters: 0

Presentations: 6

Additional Disclosures and Interests

Leadership and Employment (Self):

- Board of Governors, Fresno Madera Medical Society
- Board of Directors, Central California Blood Center
- Executive Committee/Vice President, Central California Blood Center

Advisory/Consulting (Self):

- Bayer AG (Advisory)
- American Medical Association (Advisory)

Stock & Ownership (Self):

- ABT
- ABBV
- GEHC

Areas of interest and/or expertise

I have been in private practice in a small practice in Central California for 28 years, serving as President of the group since 2004. We are currently six members. I was hired initially as a body radiologist, but have morphed as practice demands have required, first into mammography, then into pediatric radiology, then into PET/CT, then into women's imaging with an emphasis in OB imaging, and now for the last five years as our primary breast procedure specialist. We are all general radiologists in addition. I have led practice building projects for our own practice as well as joint ventures in women's imaging and oncology imaging.

I have been involved in economics and reimbursement issues nearly my entire career, first getting involved in the Medicare Contractor Advisory Committee in CA with subsequent involvement in the CPT process where I have served in various capacities since 2008 including ACR CPT Advisor. Along the way, I have served as an ACR Councilor from CA, as a CRS officer including President in 2010, on the ACR Council Steering Committee, and currently on the BOC as Chair of the Commission on General, Small, Emergency, and Rural Radiology. I currently serve on the Executive Committee of the BOC by invitation of the Board Chair.

What do you think are the most important issues facing the ACR?

Workforce Shortage, Economic and Reimbursement Challenges, Membership.

How should the ACR respond to them?

ACR cannot solve the workforce shortage, but can help to understand and mitigate the effects. From advocating for more training slots and increased visa opportunities for FMGs to continued leadership in AI to leverage tools that can make our lives easier and more efficient, to finding ways to decrease burnout to advocating for better reimbursement and decreased governmental and payer burdens, ACR can help find ways to make radiology more appealing to members-in-training and seasoned radiologists and radiation oncologists alike. Better satisfaction will help ensure that folks are able to work longer and more productively, and have the tools to be more efficient, which will certainly help mitigate the shortage. Workforce shortage is an especially important issue for our general, small, rural and VA practices, which find it even harder to recruit in this environment.

A big factor in workforce and job satisfaction is reimbursement. Folks are more motivated and less burned out when they feel they are appropriately compensated. We have the strongest economics commission staff and volunteers of any organization I know, and they need to continue to have the resources they need to advocate on our behalf. To fight for our members, we need to maintain our membership so that we

Board of Chancellors, Chair, Commission on General, Small, Emergency and/or Rural Practices (second term — three years)

have the dues revenue to support these activities. This is challenging with so many practice models, and we need to demonstrate value to all types of rads and rad oncs so they see the value in ACR and continue their membership.

Reason for seeking office

I have been the Chair of the Commission on General, Small, Emergency, and Rural Radiology Practice for the last 2.5 years. My term ends in May, but I am seeking a second term to continue to lead and oversee all of the great activities we are doing. We have vibrant and active committees in economics, quality and safety, practice parameters, rural practice and critical access hospitals, emergency radiology, teleradiology, military radiology, and VA radiology. Our Commission serves more members than many others.

I have been honored to coordinate and lead this commission and help provide the connections and resources to these committees that work so hard on behalf of our members, and I am seeking a second term to continue to build on our accomplishments. Additionally, as this position is a member of the Board of Chancellors, I have had the opportunity to bring the voice of general, small, rural, emergency, teleradiology, military, and VA practices to the BOC discussions and strategic planning, making sure these voices are heard, and helping to lead the college and position the ACR for the future. I am honored to be serving on the Executive Committee of the BOC and can continue to do so if reelected.



Jenny T. Bencardino, MD

Contact

jenny.bencardino@gmail.com

Group/Practice Name

Montefiore Medical Center

Parent Organization

Montefiore Einstein

Employer Type

Academic institution

Primary Practice

Diagnostic Radiologist

Subspecialty

Musculoskeletal

Position Held

Vice Chair, Academic Affairs, Professor of Radiology

Education

1985–1991 MD, Pontificia Universidad Javeriana, Bogota, Columbia

Training

1997–2000 Diagnostic Radiology, Long Island Jewish Medical Center — Albert Einstein College of Medicine, New Hyde Park, NY
1996–1997 Musculoskeletal Radiology, New York University, New York, NY
1992–1995 Diagnostic Radiology, Pontificia Universidad Javeriana, Bogota, Columbia

ACR Activities

2022–2024 Co-Chair, Committee for Mentoring Commission for Women and Diversity
2022–2024 Member, RLI Participant
2019–2023 Member, Committee for Women
2014–2020 Vice Chair, ACR Appropriateness Criteria® Musculoskeletal Imaging Panel
2012–2014 Member, ACR Appropriateness Criteria Musculoskeletal Imaging Panel

ACR Chapter

New York State Radiological Society

Chapter Activities

2023–2024 Faculty Advisor, NYSRS RFS
2023–2024 Member, NYSRS Membership Committee
2023–2024 Member, Diversity and Inclusion Committee
2019–2023 Chair, Committee of Diversity, Pennsylvania Radiological Society
2019–2023 Board Member, Pennsylvania Radiological Society

Honors, Achievements & Appointments

- Medal of the International Skeletal Society, 2023
- RadioGraphics Editor’s Award with Special Distinction, 2023
- Long Island Business News Diversity Award, 2017
- RSNA Honored Educator Award, 2014
- Radiology Editor’s Recognition Award With Distinction, 2014
- President’s Medal, International Skeletal Society , 2013
- Skeletal Radiology Reviewer of Distinction, 2011
- Skeletal Radiology, Reviewer of Distinction, 2010
- Best Poster Presentation Award, SERME Annual Meeting, Valladolid, 2023
- Best Digital Academic Exhibit in the Field of MSK Radiology, 46th Annual Colombia Congress of Radiology, 2023
- Panelist of the RSNA Annual Meeting Image Interpretation Session, 2020

Honors, Achievements & Appointments (continued)

- International Society of Skeletal Radiology Educational Exhibit Award — 2nd Place, 2011
- RSNA Cum Laude Award Educational Exhibit, 2011
- Society of Skeletal Radiology Excellence Award, 2011
- Roentgen Resident/Fellow Research Award, 1999
- Certificate of Academic Excellence in Diagnostic Radiology, Pontificia Universidad Javeriana, 1996

Number of Publications, Books, Chapters and/or Presentations

- Publications: 144
- Chapters: 10
- Presentations: 62

Additional Disclosures and Interests

- No additional disclosures

Areas of interest and/or expertise

I started my academic career as Assistant Professor of Radiology at Harvard Medical School (2000–2003) and was promoted to full Professor of Radiology and Orthopedic Surgery at NYU in 2014. I am currently Vice Chair of Academic Affairs at Montefiore Eistein. I earned my MD and diagnostic radiology certification at the Pontificia Universidad Javeriana in Bogota, Colombia in 1991 and 1996, respectively. After relocating to the United States, I completed diagnostic radiology residency at LIJ Medical Center AECOM, and a fellowship in musculoskeletal radiology at NYU.

I am a very engaged member of the ACR, with responsibilities including 1) Appropriateness Criteria Musculoskeletal Imaging Panelist from 2012 to 2014; 2) Vice Chair of the Appropriateness Criteria Musculoskeletal Imaging Panel from 2014–2020; 3) Member of the Committee for Women since 2019; and 4) Co-Chair of the Mentoring Committee since 2022. At the local level, I was a Board Member of the Pennsylvania Radiological Society and Chair of the Committee for Women and Diversity from 2019 to 2023. After relocating to New York, I immediately joined the New York State Radiological Society (NYSRS) and became a Faculty Advisor of the Resident & Fellow Section (RFS) and member of the Membership Committee and Committee of Diversity and Inclusion. The Long Island Business News granted me the Diversity Award in 2017 as the Founder and director of Free Spirit Tennis & Soccer, a volunteer group that provided tennis and soccer coaching to the largely minority youth incarcerated at the Juvenile Detention Center in Westbury, NY from 2015 to 2019.

What do you think are the most important issues facing the ACR?

Shortage of radiologists and radiology support staff will continue to create undue stress on Radiology teams across the country. Lack of representation of women and minorities in leadership positions requires further strategic planning with increasing effort in the enrichment of the pipeline. Reimbursement cuts.

How should the ACR respond to them?

Widespread implementation across academic institutions of strategies such as Alternate Pathway for recruitment of exceptional and talented international radiologists with support of the ACR. Expansion of the PIER program. Creation of a Mentoring of Women and Minorities cohesive network with the ACR as the consolidating organization. Continued and increased efforts by Radvocacy.

Reason for seeking office

Over the course of my academic career, my identity as a clinical musculoskeletal radiologist has increasingly been influenced by my growing passion for diversity in radiology and global health. I relish my role as a leader in national and international collaborations in the field of radiology education, equity, diversity, and inclusion. Education and mentorship have been a major focus of my career, work recognized by the Radiological Society of North America (RSNA) in bestowing me as the recipient of the 2014 RSNA Honored Educator award, and by the International Skeletal Society as the recipient of the 2013 President's Medal and the 2023 Medal of the ISS. Indeed, my greatest professional satisfaction is to inspire and guide HS students, ACR PIER medical students, residents and fellows in developing their academic profiles and bringing their research ideas to fruition.

Through my involvement with the ISS Outreach Program, many international educational programs focused on Musculoskeletal Radiology were organized in Colombia, Chile, Brazil, Costa Rica, Guatemala, Mexico and Argentina. As a member of the American Roentgen Ray Society International Outreach Program Committee and the International Liaison of the American Journal of Roentgenology (AJR), I was able to contribute further with the exchange of information and collaborative projects with radiological societies abroad. I currently participate as a virtual educator in global health lecture programs organized by Rad-Aid in Tanzania and Indonesia, by Health-4-The-World in Colombia, and by UGHE in Rwanda, all non-profit organizations aimed to improve teaching in radiology programs in developing countries.



Contact

michele.h.johnson
@yale.edu

Group/Practice Name

Yale Medicine (Yale School
of Medicine)

Parent Organization

Yale University

Employer Type

Academic institution

Primary Practice

Diagnostic Radiologist

Subspecialty

Neuro Imaging,
Neurointerventional

Position Held

Professor

Michele H. Johnson, MD, FACR

Education

1975–1979 MD, Temple University School of Medicine (Lewis Katz School of
Medicine), Philadelphia, PA
1972–1975 BA, University of Delaware, Newark, DE

Training

1983–1985 Fellow, Neuroradiology, Hospital, Hospital of the University of
Pennsylvania, Philadelphia, PA
1980–1983 Resident, Diagnostic Radiology, Temple University Hospital,
Philadelphia, PA
1979–1980 Intern, Diagnostic Radiology, Temple University Hospital,
Philadelphia, PA

ACR Activities

2022–Present Member, RLI Participant
2022–Present Member, RLI Participant
2022–Present Member, RLI Participant
2022–Present Member, RLI Participant
2022–2026 Member, Commission on Outreach and Professional Opportunity
2020–2025 Program Chair and Director, ACR Pipeline Initiative for the
Enrichment of Radiology (PIER) Program
2019–2023 Member, Commission on Emergency Radiology — GSER
2018–2022 Member, Commission for Diversity and Inclusion
2016–2021 Member, ACR Ethics Committee
1995–2000 Member, Committee on DXIT

ACR Chapter

Radiological Society of Connecticut

Chapter Activities

2024–2025 Radiologist Lead Communities Crushing Cancer With Yale
Radiology Residents, Radiological Society of Connecticut
2020–2025 Chair Diversity Committee, Radiological Society of Connecticut
1999–2025 Member, Radiological Society of Connecticut

Honors, Achievements & Appointments

- Page M. and Henry P. Laughlin Alumna of the Year Award at Lewis Katz School of Medicine Temple University, 2024
- Gold Medal American Society of Emergency Radiology, 2021
- Valerie P Jackson Education Fellowship, American College of Radiology, 2019
- Fellow, American Society of Emergency Radiology (FASER), 2017
- Distinguished Service Award, National Medical Association Section on Radiology and, Radiation Oncology, 2017
- Inaugural Yale SNMA/LMSA Physician Trailblazer Award from the Student National Medical Association/Latino Medical Student Association, 2017
- Fellow, American College of Radiology (FACR), 2015

Board of Chancellors, Chair, Commission on Outreach and Professional Opportunity (first term — three years)

- Distinguished Alumni Achievement Award, College of Arts and Sciences University of Delaware, Newark, DE, 2013
- Vice Chair and Program Chair Section on Radiology and Radiation Oncology National Medical Association (ascends to President), 2024
- Program Director, American College of Radiology Pipeline Initiative for the Enrichment of Radiology (PIER) Program (2020-current), 2022
- President of the American Society of Spine Radiology, 2019

Number of Publications, Books, Chapters and/or Presentations

- Publications: 70
- Chapters: 57
- Presentations: 140

Additional Disclosures and Interests

Leadership and Employment (Self):

- Diversity Committee Chair, ASNR
- Mentorship Committee Chair, ASPNR
- Diversity Committee Chair, RSC

Advisory/Consulting (Self):

- IschemaView, Inc. (Advisory)

Areas of interest and/or expertise

As a board certified radiologist and fellow of the ACR with expertise in diagnostic and interventional neuroradiology, I practice imaging and intervention in the head, neck, and spine, including ischemic and hemorrhagic stroke and endovascular management. I collaborate with colleagues in diagnostic neuroradiology, neurology, neurosurgery, emergency medicine, internal medicine, cardiology, and trauma and vascular surgery in diagnosis and management of patients with cerebral and spinal vascular disorders. Along with my colleagues, I am responsible for coordination and implementation of evidence-driven imaging protocols into the patient care workflow. I provide state of the art imaging and interventional expertise for patients with vascular disease and stroke.

My experience and expertise as a clinical educator and mentor has been enhanced by the completion of a Medical Education Fellowship at Yale 2010–2011. I received the Valerie P. Jackson Educational Fellowship from the American College of Radiology (ACR) focusing on mentorship and sponsorship. I have served as Chair of the Diversity Committee for the American Society of Neuroradiology and as Diversity Chair for the Radiological Society of Connecticut. I am the Director of the American College of Radiology Pipeline Initiative for the Enrichment of Radiology (PIER) Program, which is designed to introduce medical students who identify as women and/or under-represented in medicine to radiology and connect them with expert role models and allies in radiology and radiation oncology. As director, I focus on developing didactic and case-based programming, research, and preceptor experiences for these students.

What do you think are the most important issues facing the ACR?

I believe that there are four major issues/challenges for the ACR; each are important so these are not listed in priority order.

1. The shifting economics of professional practice: There are myriad issues related to

compensation, dwindling revenues, and insurance and regulatory challenges. These impact our practices and on a personal level, one's sense of satisfaction with work.

2. Impact of new technologies on the practice of radiology: As use of technology continues to evolve and AI techniques become increasingly prevalent, practitioners and practices need guidance to help them respond to the increase in workload, the greater need for technological training and professional development, and related workforce shortages, all of which impact the clinical practice and culture.
3. The role of increasing political polarization on the collaborative nature of the ACR: Professionalism and respect in the workplace can become strained in light of the current political and social climate. ACR like other organizations has an opportunity to be a resource for those seeking to increase civility and mutual respect in their relationships with patients and colleagues.
4. Improving health equity and access to care: Economics, new technologies, workplace and workplace challenges all impact our ability to provide high-quality patient-centered care for all. ACR is well equipped to address these and other challenges to support our patients and our members.

How should the ACR respond to them?

ACR must encourage participation from all members and support civil discourse to address each of the areas cited above. Informing the membership of critical issues, task forces to address selected problems, continuing white paper recommendations and position statements are all mechanisms we may employ to address important issues and challenges. Expansion of the workforce through recruitment efforts and medical student and resident programs to encourage active involvement in the ACR and other organizations in radiology.

Reason for seeking office

I am seeking the position of Chair of the Commission on Outreach and Professional Opportunity because it seems like a natural progression. As an engaged member of the Commission since 2018 and as Director of the ACR Pipeline Initiative for the Enrichment of Radiology (PIER) Program, I have come to appreciate the critical role that the Commission plays within the ACR and the broader community it serves. My involvement in programs and initiatives related to diversity, equity, and inclusion, has been primarily focused on mentorship, sponsorship, and professionalism with emphasis on women and those underrepresented in medicine, both within organized radiology and at my institution. My experience in mentoring and collaborating with others and my practical skills and task-oriented approach will be integral to the continuation and expansion of Commission workgroups.

These workgroups will produce tangible deliverables including manuscripts, reviews and initiatives to move the ACR forward particularly in the arenas of health equity and access to care. Disabilities, ableism, gender diversity and ageism are each present in society and are impacted by our radiology practices. Collaboration with state chapter diversity leaders will facilitate two-way conversations between the Commission and state chapter members. Collaborations with other Commissions and with the RHEC will allow us to explore the diversity of radiology practice solutions to improve access to care. Becoming the Chair of the Commission on Outreach and Professional Opportunity will amplify my impact from that of a member with career experience, to a leader who can mentor, sponsor and encourage the next generation.



Contact

nkagetsu@gmail.com

Group/Practice Name

Mount Sinai Hospital
Radiology Associates

Parent Organization

The Mount Sinai Hospital

Employer Type

Health system or hospital

Primary Practice

Diagnostic Radiologist

Subspeciality

Neuro Imaging

Position Held

Faculty

Nolan J. Kagetsu, MD, FACR

Education

1980–1984 MD, Albany Medical College of Union University, Albany, NY
1976–1980 SB Chemical Engineering, Massachusetts Institute of Technology, Cambridge, MA

Training

1988–1990 Fellowship in Diagnostic and Interventional Neuroradiology, New York University, New York, NY
1984–1988 Residency in Diagnostic Radiology, Mount Sinai West (formerly St. Luke's/ Roosevelt), New York, NY

ACR Activities

2022–Present Member, Council Steering Committee
2022–Present Member, RLI Participant
2021–Present Member, Commission on Outreach and Professional Opportunity
2020–2021 Member, ACR Task Force on Medical Student Education

ACR Chapter

New York State Radiological Society

Chapter Activities

2018–2027 Founding Co-Chair Diversity and Inclusion Committee, New York State Radiological Society

Honors, Achievements & Appointments

- Asian Pacific American Medical Student Association Alumni of the Year, 2024
- Alpha Omega Alpha (AOA), Lambda Chapter, 2022
- St.Luke's\ Roosevelt Alumni Association (SLRAA) Alumni of the Year, 2022
- Professor, Department of Diagnostic, Molecular and Interventional Radiology, Icahn School of , Medicine at Mount Sinai, 2022
- Professor, Department of Medical Education, Icahn School of Medicine at Mount Sinai, 2022
- Diversity Champion, Department of Diagnostic, Molecular and Interventional Radiology, Icahn School of Medicine at Mount Sinai, 2021
- FACR, 2014
- Mount Sinai West Teacher of the Year, 2014

Number of Publications, Books, Chapters and/or Presentations

- Publications: 41
- Chapters: 1
- Presentations: 141

Additional Disclosures and Interests

- Leadership and Employment (Self):
- Board of Directors (Member at Large), AAR

Leadership and Employment (Close Personal Relationship):

- Pfizer (Employment)

Advisory/Consulting (Self):

- ACGME (Advisory)
- Guerbet LLC (Consulting)

Areas of interest and/or expertise

I have experience in both private practice (executive committee, pension trustee) and academic radiology (15 years as Residency Program Director, Site Vice Chair, Vice Chair, Quality). I was the trustee for our eight-figure pension plan and was able to get better options for our participants. I am an advocate for patient safety. I was on the faculty for the 2019 and 2023 ACR QS Conferences. Health equity is an important aspect of quality. I have moderated multiple Radiology Health Equity Coalition meetings. I studied chemical engineering at MIT. This gives me an “engineering approach to problem solving” that can help teams succeed. I am active on social media. I see different perspectives of those in the radiology and medical community. I have experience working with the BOC and CSC so I can “hit the ground running” as a BOC member. I was an ombuds for my hospital. I gained experience approaching difficult conversations as well as listening to all sides of an issue to resolve conflicts. I am an unconscious bias trainer for my hospital. (I gave this presentation at the 2017 ACR ISC meeting) Facilitating these sessions has helped me to appreciate the challenges of our biases. (I co-authored a JACR piece on the topic.) I currently serve as an advisor to the ACGME office of diversity and inclusion. (I am the only radiologist in this role.) We discuss the need for inclusive excellence, how our organizations can be better if we include the talents of all.

What do you think are the most important issues facing the ACR?

Radiology has an image problem. The ACR must continue to assert our value and relevance to our colleagues, the public, as well as payers. Our website and social media must remain part of our strategy for improving our image. Scope of practice is an important issue that continues to need our advocacy. Other groups have been aggressively advocating for themselves. Workforce issues need a thoughtful solution. We must consider the long term impacts of any intervention we pursue. We should work on retaining colleagues in the workforce. We need the best and brightest to achieve inclusive excellence in radiology. We need to consider how to incorporate Gen-Z into the ACR. AI continues to concern trainees as well as practicing radiologists. I use AI every work day. I remember when folks thought that NMR would mean “No More Radiologists”. In fact MRI has had the opposite effect on radiology. AI can be our next NMR! As Curt Longlotz said at RSNA 2017 “Radiologists who use AI will replace radiologists who don’t.”

How should the ACR respond to them?

One of the reasons that we have an image issue is that medical students have limited exposure to radiology. We depend on other specialties to tell our story. I have participated in multiple medical student events to recruit and advise students. Regarding scope of practice, we need to communicate/advocate regarding how scope of practice affects patient care/patient safety. The ACR should continue to support state chapters facing these issues. Regarding workforce, we need to promote practices that make use of the skills and talents of those that have the option to leave the workforce. Hybrid and part-time work options are important to consider. We must ensure that we make use of the talent and perspectives of all as we take on our challenges. About half of graduating medical students are women, yet only 28% of trainees are women. This could be contributing to our workforce shortage.

Board of Chancellors, Chair, Commission on Outreach and Professional Opportunity (first term — three years)

I have written about Gen-Z. We should welcome our new colleagues and their potential to improve patient care. I've had the opportunity to meet/work with some young leaders in the RFS and YPS sections. We should continue to listen to their voices. Regarding AI, the ACR should continue to guide the conversation through initiatives like the Data Science Institute.

Reason for seeking office

I served on the Diversity Task force of the ACGME. On their first conference call I noted that there were no women on the call. They realized that was a mistake and we invited women to join the group! Despite the creation of the Commission on Outreach and Professional Opportunity in 2013 the percentage of women radiology trainees is now about 28% up from 27% in 2013. We need to consider new approaches and ideas to change this. I have published in the DEI space with articles on unconscious bias, microaggression, allyship, disability, Gen-Z, and health disparities. I have been an ally member of the AAWR since 2018. I currently chair their allyship committee. I have been an ally member of the Section of Radiology and Radiation Oncology of the NMA since 2019. I have participated in the ACR sponsored PIER program. I have served as founding co-chair of the diversity committee of the Association of Program Directors and serve as co-chair of the DEI committee of NYSRS. I am active with the Radiology Health Equity Coalition and support the work they do.

I am concerned that women and minorities who could have contributed to our field represent a great missed opportunity. (One could argue that as radiologists we all know what it feels like to be a minority in the house of medicine.) I would like to see the ACR continue to grow its membership, promote inclusive excellence, as we do our best for all of our patients.



David C. Beyer, MD, FACR

Contact

david.beyer@nahealth.com

Group/Practice Name

David C. Beyer MD, PC

Parent Organization

Cancer Centers of
Northern Arizona
Healthcare

Employer Type

Independent private
practice

Primary Practice

Radiation Oncologist

Subspecialty

3-D Conformal
Radiotherapy,
Brachytherapy, Breast
Radiation Oncology,
Gynecologic Radiation
Oncology, Head and
Neck Radiation Oncology,
Intensity-Modulated
Radiation Therapy, Linear
Acceleration, Lung
Radiation Oncology,
Prostate Radiation
Oncology, Radiosurgery

Position Held

Medical Director

Education

1976–1979 MD, University of Arizona, College of Medicine, Tucson, AZ

Training

1982–1985 Radiation Oncology Resident, University of California,
Los Angeles (UCLA), Los Angeles, CA

1979–1982 Internal Medicine Internship and Residency, University of Arizona,
Tucson, AZ

ACR Activities

2021–2024 Member ACR Ethics Committee, Ethics committee
2020–2022 CSC Liaison, Commission on Radiation Oncology
2020–2021 CSC Liaison, American Society for Radiation Oncology
2020–2021 CSC Liaison, American Radium Society
2020–2021 CSC Liaison, American College of Radiation Oncology
2020–2020 CSC Liaison, Reference Committee II
2016–2018 Committee member, Intersociety Summit planning committee
2013–2014 Chair, Committee on Economics — Radiation Oncology
2013–2014 CSC Liaison, American Society for Radiation Oncology
2012–2013 Chair, Reference Committee IV

ACR Chapter

Arizona Radiological Society

Chapter Activities

2013–2014 CSC Liaison, Council of Affiliated Regional Radiation
Oncology Societies
2013–2014 CSC Liaison, Alaska Radiological Society
2013–2014 President, Arizona Radiologic Society

Number of Publications, Books, Chapters and/or Presentations

- Publications: 99
- Chapters: 1
- Presentations: 139

Additional Disclosures and Interests

Leadership and Employment (Self):

- Chair, Supervision Workgroup, ASTRO

Government Relations (Self):

- Board Member, Arizona Medical Board

Stock & Ownership (Self):

- Videra Surgical

Areas of interest and/or expertise

I have always worked in a community private practice but developed an interest and expertise in prostate brachytherapy which launched the academic side of my career. I have been involved in that area since it began in the 1980s and have expanded my research interests through RTOG and other organizations. I subsequently became interested in health policy, initially through the ACR/ASTRO Joint Economics Committee and subsequently in ASTRO. I served as CPT advisor and frequently attended RUC meetings for Rad Oncology. This ultimately led to my Board Service in ASTRO culminating as President and Chair. I continued to serve in ACR at the state chapter level and served on the CSC as well as currently on the Ethics Committee. I have also been appointed as a physician member of the Arizona Medical Board and have been nominated for an additional six-year term.

What do you think are the most important issues facing the ACR?

Lack of engagement in organized medicine. Maintaining adequate reimbursement to support the technology our practices require.

How should the ACR respond to them?

I do not have the answers but know we need to maintain an edge in our advocacy and develop outreach to unaffiliated physicians who do not “join” any organizations.

Reason for seeking office

I believe I can contribute to the debate with some wisdom and experience as we navigate a turbulent future.



Contact

kurt.schoppe@gmail.com

Group/Practice Name

Radiology Associates of North Texas, PA

Parent Organization

None

Employer Type

Independent private practice

Primary Practice

Diagnostic Radiologist

Subspecialty

Abdominal Imaging, Emergency/Trauma, Gastrointestinal, Genitourinary

Position Held

President

Kurt A. Schoppe, MD

Education

2003–2007 MD, Baylor College of Medicine, Houston, TX

Training

2012–2013 Abdominal Imaging and Intervention Fellowship, Wake Forest Baptist Health, Winston Salem, NC

2008–2012 Residency, Wake Forest Baptist Health, Winston Salem, NC

2007–2008 Internal Medicine Internship, Wake Forest Baptist Health, Winston Salem, NC

ACR Activities

2023–2025 Council Vice Speaker, CSC

2023–2025 CSC Liaison, Commission on Human Resources

2020–2023 CSC Member, Council Steering Committee

2018–2025 Faculty, Leadership Essentials and Healthcare Economics Milestones Courses, Radiology Leadership Institute, Commission on Education

2016–2021 Chair, Economics Committee on Reimbursement

2018–2018 Chair, Tellers Committee

2012–2023 RUC Advisor (Alternate and Lead), Economics Commission

ACR Chapter

Texas Radiological Society

Chapter Activities

2023–2025 CSC Liaison, Arkansas Radiological Society

2023–2025 CSC Liaison, Mississippi Radiological Society

2023–2025 CSC Liaison, Arkansas, Mississippi, Missouri, and Texas Radiological Societies

2017–2019 Chair, Economics, Texas Radiological Society

2015–2024 CAC Representative, Medicare Carrier Advisory Committee

Honors, Achievements & Appointments

- Moorefield Fellowship for Economics and Health Policy, 2012
- President, Radiology Associates of North Texas, PA, 2023

Number of Publications, Books, Chapters and/or Presentations

- Publications: 39
- Chapters: 0
- Presentations: 80

Additional Disclosures and Interests

- No additional disclosures

Areas of interest and/or expertise

I completed residency and fellowship training at Wake Forest Baptist Health in 2013 and started at Radiology Associates of North Texas (RANT) immediately thereafter. I completed multiple leadership and business training courses through ACR RLI, Texas Medical Association, and our local hospital network over the next eight years. I began service as a board member of RANT in 2016 and have also served as the Chair of the Standards committee as well as the Quality and Safety committee. Additionally while at RANT, I continued my volunteer service at the ACR, largely within the Economics Commission as part of our RUC team, while also lecturing around the country on economics and finance issues for state chapters, other national radiology societies, and for residents/fellows. I have spearheaded partnerships with academic institutions and other large private practices for patient safety and quality improvement programs, additional resident education, and for advancing innovative practice management solutions.

What do you think are the most important issues facing the ACR?

Membership engagement — people feel disconnected from institutions, even those designed to further their interests; I find this particularly true of the ACR, and it is both a fault of our own and part of larger trends in our society, but it deserves attention and an approach with humility and a willingness to listen to uncomfortable truths. Workforce shortage, economics of reimbursement, and changing practice patterns are three problems that feed each other. And it is reasonably debatable what role the ACR should play in addressing practice ownership trends, but we cannot shy away from our core mission of supporting economic advocacy and empowering our members with usable information to deal with the problems most important to them.

How should the ACR respond to them?

See above. Nothing is easy. And real progress means taking a hard look in the mirror and being willing to admit mistakes. But I remain optimistic in our ability to address hard problems and improve our working lives by having a common platform in the ACR.

Reason for seeking office

I want to continue the work we started during my Vice Speakership and push the College forward with honest humility and an openness to adaptive change. I think I am well suited to continue this work given my experience in the college, the progress we have made together in the last two years, and my perspectives as the leader of a large radiology practice.



Rachel Gerson, MD, FACR

Contact

rfayeg@gmail.com

Group/Practice Name

NW Radiologists

Parent Organization

NW Radiologists

Employer Type

Independent private
practice

Primary Practice

Diagnostic Radiologist

Subspecialty

Breast Imaging,
Mammography,
Musculoskeletal, Women's
Imaging

Position Held

Radiologist

Education

2023–2025	MBA In Progress, Rotman School of Business, Toronto, Canada
1997–2001	MD, Dartmouth Medical School, Hanover, NH
1992–1993	MA Education, Stanford University, Stanford, CA
1988–1992	BA, Stanford University, Stanford, CA

Training

2007–2008	Fellowship, University of Washington, Seattle, WA
2003–2007	Residency, University of Vermont, Burlington, VT
2002–2023	Internship, University of Vermont, Burlington, VT

ACR Activities

2022–2025	Co-Chair, Task Force on Sustainability and Climate Change
2022–2024	Member, Blue Ribbon Panel on Population Health
2022–2022	CSC Liaison, Reference Committee III
2020–2024	Council Steering Committee, Council Steering Committee
2020–2024	CSC Representative, Commission on Quality and Safety
2020–2023	Member, Economics Committee on MACRA
2019–2024	Member, Committee on Practice Parameters and Technical Standards — GSER
2016–2017	Alternate Councilor, American Association for Women Radiologists
2013–2016	Member, Commission on Outreach and Professional Opportunity

ACR Chapter

Washington State Radiological Society

Chapter Activities

2024–2026	Vice President, WSRS
2022–2024	Treasurer, WSRS
2020–2025	Councilor, WSRS
2020–2022	Secretary, WSRS
2019–2024	Chair Women and Diversity, WSRS

Honors, Achievements & Appointments

- Fellow of the ACR, 2023
- Fellow of the AAWR, 2023
- ACR Chapter Grant, 2022
- WSRS RLI Scholarship Recipient, 2017
- AUR - 1st Place Education Exhibit Trainee Prize, 2008
- Chief Resident- UVM/Fletcher Allen Health Care, 2006
- RNSA Education Exhibit Certificate of Merit, 2006

Number of Publications, Books, Chapters and/or Presentations

- Publications: 4
- Chapters: 0
- Presentations: 16

Additional Disclosures and Interests

Advisory/Consulting (Self):

- Agamon Health (Advisory)

Areas of interest and/or expertise

A private practice radiologist in Washington state, I have worked in a variety of settings practicing a mix of subspecialty and general radiology including serving island and critical access hospitals as well as larger hospitals and imaging centers. I am fellowship trained in MSK with additional expertise in Breast and Women's imaging. I hold a British medical license in addition to my U.S. license and have practiced in Europe reading for the UK. I teach international courses in MSK through the TMC Academy.

Participating in the RLI summit sparked my interest in ACR leadership, and I have since held many positions in the ACR, including a four-year term on the CSC and most recently as the co-chair of the ACR Task Force on Sustainability and Climate Change. In that role I have had the opportunity to collaborate with colleagues in the ECR and other international societies. I am Vice President of the Washington State Radiological Society and Chair of our Women and Diversity Committee. I am committed to promoting equity and opportunity for radiologists and our patients. I host The Tunnel of Truth podcast for which I received an ACR Chapter Grant. I am currently pursuing an Executive MBA in Health Innovation and Life Sciences through the Rotman School of Business at the University of Toronto expected June 2025. I am active in the health innovation community in Washington state and internationally. I speak on topics related to sustainability in medical imaging, innovation, and the future of radiology.

What do you think are the most important issues facing the ACR?

The most important issues facing the ACR and indeed radiology as a whole include the radiologist workforce crisis, declining reimbursements and an uncertain economic, governmental and business landscape. As practice models change through mergers and alliances that affect both traditional private practices as well as academic and larger hospital systems, the ACR must keep pace and provide guidance and advocacy that supports all of our members regardless of practice type. As radiologists are inundated with work, the role of non-physician radiology providers and scope of practice remains a critical topic. Interpretation has been fundamental to the radiology profession, yet as non-physician interpretation increases and artificial intelligence enters practice, we must be prepared for changing boundaries and the evolving role of the radiologist. Balancing the need for high quality sub specialized care and training with the need for broad general skills to meet the needs and challenges of rural and small communities remains central to workforce challenges. Appropriate use criteria, guidance around AI development and use, and promoting sustainability in medical imaging are key challenges going forward. Furthermore, as government institutions shift and change and public perceptions of medicine and healthcare shift, the ACR must adapt and respond to the changing political, economic and policy landscape as well as changing patient needs and demands.

How should the ACR respond to them?

Listening to and engaging our membership is critical to addressing the challenges and embracing the opportunities that lie ahead. Understanding the on the ground concerns of radiologists in their daily practice, from the challenges of work volumes and staff shortages to vetting and implementing AI tools, requires communication and engagement. The ACR, through its role as the leading radiology professional organization both in the U.S. and abroad, has the opportunity to set standards, influence industry through partnerships and promote

policy change through advocacy. This advocacy is critical not only to radiologists but to the health and care of our patients, protecting access to necessary care, screening and diagnostics and promoting health. The ACR leads by example through its demonstrated commitment to economics, data science, patient and family centered care, racial and gender equity, and education and research.

We must continue to evolve and respond to pressing issues through new initiatives such as setting carbon neutral goals, and through the dissemination of knowledge and expertise to assist practices in adapting to the future and maintaining economic viability and competitiveness. The ACR's expertise in appropriate use, practice standards and data science as well as policy can be leveraged to address work volumes and workforce issues, practice adaptability and resiliency. The ACR's strength lies in its broad tent, advocating for the interests of interventional radiologists, radiation oncologists, medical physicists, diagnostic radiologists and for our patients. We must continue to hear these voices and work together to create a sustainable future for our profession.

Reason for seeking office

A career long member of the ACR, I have been an active participant in ACR initiatives and council leadership since 2017. These years of engagement have been the most rewarding of my career. I have had the opportunity to participate in inspiring and challenging conversations about the issues that really matter to our colleagues, to our practices, and to our patients. These conversations have provided me with personal and professional growth, a remarkable network, ongoing learning and the opportunity give back to our community.

The ACR is the primary advocate for radiologists and our profession. It is a leader both nationally and internationally and sets the standards for radiology practice. Collaborations with industry and other medical societies, economic knowledge and governmental advocacy are where the ACR shines. Furthermore, it is the place where challenging and exciting questions about the future are envisioned and brought to life. I am committed to advancing a range of ideas of perspectives at the council and to representing those ideas to the Board to the best of my ability.

I hope to learn from and with our members by convening and facilitating conversations. I further hope to promote opportunities for others to participate in ACR policy and leadership. I believe radiologists are poised to shape the future of healthcare. It would be my honor to serve the Council, the membership and the radiology community at large as Vice Speaker.



Contact

ematrubin@gmail.com

Group/Practice Name

Ochsner Clinic, LLC

Parent Organization

Ochsner Clinic, LLC

Employer Type

Health system or hospital

Primary Practice

Diagnostic Radiologist

Subspecialty

Abdominal Imaging

Position Held

Staff Radiologist

Eric M. Rubin, MD, FACR

Education

- 1994–1998 MD, UMDNJ - Robert Wood Johnson Medical School, Piscataway, PA
- 1990–1994 BA, The University of Pennsylvania, Philadelphia, PA

Training

- 2003–2004 Fellowship — Abdominal Imaging, Beth Israel-Deaconess Medical Center, Boston, MA
- 1999–2003 Residency, Thomas Jefferson University Hospital, Philadelphia, PA
- 1998–1999 Internship, Crozer Chester Medical Center, Upland, PA

ACR Activities

- 2024–2028 Chair, Committee on Coding and Nomenclature - Economics
- 2020–2026 Chair, Commission on Human Resources
- 2019–2020 CSC Liaison, Commission on Economics
- 2018–2020 Member, Council Steering Committee
- 2018–2019 CSC Liaison, Commission on Economics
- 2018–2019 CSC Liaison, American Osteopathic College of Radiology
- 2014–2015 Chair, Reference Committee I

ACR Chapter

Pennsylvania Radiological Society

Chapter Activities

- 2019–2020 CSC Liaison, Maine Radiological Society
- 2019–2020 CSC Liaison, Rhode Island Radiology Society
- 2018–2019 CSC Liaison, Maine Radiological Society
- 2018–2019 CSC Liaison, Rhode Island Radiology Society
- 2018–2019 CSC Liaison, New Hampshire Radiology Society

Honors, Achievements & Appointments

- CPT Editorial Panel — Lead Advisor, American College of Radiology, 2024
- Member — Board of Directors, Southeast Radiology, 2019
- Medical Director — CT Division, Crozer Health, 2009

Number of Publications, Books, Chapters and/or Presentations

- Publications: 5
- Chapters: 1
- Presentations: 15

Additional Disclosures and Interests

- Advisory/Consulting (Self):
- Optellum Health (Consulting)

Areas of interest and/or expertise

During the first 20 years as a private practice radiologist, I served as a board member, medical director, and leader or member of multiple hospital-based committees. In that capacity I initiated multiple new programs including a

comprehensive stroke program, cardiac CTA program, advanced our trauma imaging, and lung cancer screening program. Additionally, I participated in multiple community outreach programs including providing lectures to members of our community regarding the importance of early screening. Since 2008 I have served the ACR as a member of the Economics team and as an advocate for radiologist reimbursement. Most recently I have served as a member of the ACR Economics Commission and as the ACR CPT Advisor to the AMA CPT Editorial Panel. In that capacity I have been instrumental in the development and implementation of multiple new CPT codes that we use in our daily practice while also advocating for strategies that will streamline the implementation of AI and associated coding mechanisms in our practices. I have served in ACR leadership as a councilor, member of the Council Steering Committee, Chair of the ACR Commission on Human Resources, and member of the ACR Board of Chancellors. In these roles I have advocated for strategies aimed at long term sustainability of the ACR and advocacy for empowerment of our members both within the ACR and in their daily practices.

What do you think are the most important issues facing the ACR?

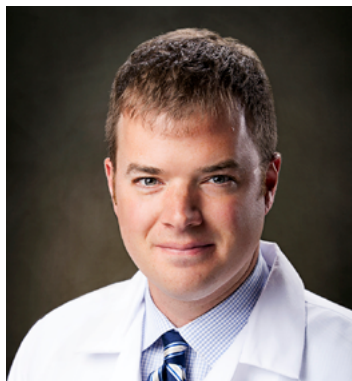
The ACR, like our specialty, finds itself at a crossroads. As a member of the ACR Economics Commission and lead ACR CPT Advisor to the AMA CPT Editorial Panel, I have worked in the trenches during our efforts to hold back the assault on radiology reimbursement and efforts by powerful governmental and private entities which do not seem to understand the risk that they place on the practice of radiology and, by extension, on our patients with seemingly endless regulatory burdens and reimbursement cuts. As practice models evolve and consolidate, we find ourselves searching for the best ways to empower our members in this paradigm of extrinsically created obstacles. Furthermore, it is becoming more and more difficult for radiologists to find appropriate work-life balance as our societal norms place greater and greater emphasis and necessity on this issue.

How should the ACR respond to them?

We need to look at new and more innovative ways to concentrate our resources and objectives in a manner that is both forward thinking and responsive to changes in practice models and extrinsic risks. The best way to do that is for the organization to find better ways to recognize the needs of our members, become more agile at providing specific resources to members based upon their individual needs and to ensure that we do not waste resources on efforts that are either redundant or not focused directly on these needs. The best way to do this is to listen. Our members are not only our colleagues but they are our customers. The greatest opportunity to listen comes from the diverse representation that is found in our council. I plan to focus on our council as our greatest resource to guide change for our organization.

Reason for seeking office

During my time as a member of the Board of Chancellors and Chair of the ACR Commission on Human Resources over the past 5 years, I have witnessed enormous change in our organization and have seen enormous opportunity for further change. I have seen it at our highest levels of leadership while always trying to keep my eyes and ears on what our members are saying to us. I have been and will continue to be a staunch advocate for our members regardless of their chosen practice setting or career path and will always be one of the first to say that our council is the best place for us to listen and learn. I seek your vote for Council Vice Speaker so that I can get even closer to your voices while using the opportunity to further drive change when opportunities to do so become known. At the same time, I will continue my efforts use the data that we collect through surveys and conversations with members. I have done this as Chair of the HR Commission and by my participation in Economics advocacy, I will find new avenues to recognize the needs of our members and empower them at a time when the independence of individual radiologists appears to be at risk.



Contact

derrick.siebert@gmail.com

Group/Practice Name

Radiology Associates of
Wausau

Parent Organization

N/A

Employer Type

Independent private
practice

Primary Practice

Interventional Radiologist

Subspecialty

Breast Imaging,
Cardiovascular,
Emergency/Trauma,
Interventional Radiology,
Nuclear Medicine

Position Held

Partner

Derrick Siebert, MD

Education

2004–2008 MD, Medical College of Wisconsin, Milwaukee, WI

Training

2013–2014 Interventional Radiology Fellowship, University of Minnesota,
Minneapolis, MN

2009–2013 Diagnostic Radiology Residency, University of Minnesota,
Minneapolis, MN

2008–2009 Transitional Year Internship, Hennepin County Medical Center,
Minneapolis, MN

ACR Activities

2024–2028 Chair, Committee on Practice Parameters - GSER

2022–2025 Chair, Engage Steering Committee

2022–2024 Member, Governance Committee

2022–2024 CSC Liaison, Commission on Government Relations

2022–2024 CSC Liaison, American Society of Emergency Radiology

2021–2025 Interventional Radiology Section Steward, Radiologyinfo.org
Steering Committee

2021–2024 Chair, CSC Workgroup on Practice Parameters and
Technical Standards

2021–2023 Member, Chapter Grant Subcommittee

2020–2024 Member, CSC

2018–2026 Member, RADPAC Board

ACR Chapter

Wisconsin Radiological Society

Chapter Activities

2022–2023 Immediate Past President — Chair Board of Censors, Wisconsin
Radiological Society

2021–2022 President, Wisconsin Radiological Society

2020–2021 President-Elect, Wisconsin Radiological Society

2019–2020 Vice President, Wisconsin Radiological Society

2018–2019 Secretary/Treasurer, Wisconsin Radiological Society

Honors, Achievements & Appointments

- Fellow of the Society of Interventional Radiology, 2023

- Fellow of the Federation of State Medical Boards, 2021

- Kenneth Viste, MD Young Physician Leader of the Year — Wisconsin Medical
Society, 2021

- J.T. Rutherford Government Relations Fellowship, 2012

- Franklin L. Angell, M.D. Resident Travel Grant — ACR, 2012

- John H. Houghton, MD and William J. Houghton, MD Award — Wisconsin
Medical Society, 2008

- Chair - Division of Surgery — Aspirus Wausau Hospital, 2023

- Chair — Ultrasound and Nuclear Medicine Section — Radiology Assoc of Wausau, 2022
- Member of the Wisconsin Medical Examining Board — Appointed by the Wisconsin Governor, 2021
- Examiner — ABR IR Certifying Exam, 2021
- Chair — Interventional Radiology Section — Radiology Assoc of Wausau, 2020
- Assistant Clinical Professor — Medical College of Wisconsin — Central Wisconsin Campus, 2016
- Chief Resident — University of Minnesota, 2011
- Eagle Scout — Boy Scouts of America, 1995

Number of Publications, Books, Chapters and/or Presentations

- Publications: 6
- Chapters: 0
- Presentations: 7

Additional Disclosures and Interests

- No additional disclosures

Areas of interest and/or expertise

After residency I completed an IR fellowship at the University of Minnesota. In addition to the standard curriculum in fellowship I sought out additional training in the treatment of vascular malformations, PAD, venous stasis, and pelvic congestion syndrome. I am able to provide services in these areas to patients in central and northern Wisconsin who would otherwise need to travel many hours to a major urban medical center. Many of them have begged me to never leave the area! I have also taken several RLI courses that have provided great information and experience that have helped not only with ACR and Wisconsin Radiological Society activities, but also at my local hospital including within the radiology department, on the Medical Executive Committee and in interactions with hospital administration.

Despite living in a rural part of Wisconsin, during my 10 years of practice, my partners and I have grown our radiology group into one of the premier places to practice in the state. We have expanded IR services to provide our patients with comprehensive IR care formerly only available in major urban centers, all over a 3 hour drive away. In addition we have been early to adopt the newest technologies in DBT, dual energy CT, and MR into our practice. Being able to provide the highest level of diagnostic and interventional radiology care to our patients allows them to get their healthcare close to home without that added stresses of traveling and staying in an unfamiliar location.

What do you think are the most important issues facing the ACR?

Dramatic job market changes have caused many unforeseen issues for the profession of radiology. New graduates have a drastically different experience looking for a job compared to a few years ago. The types of available positions are very different than in the recent past with remote positions becoming a larger part of many practices. The ACR needs to do research and provide guidance to practices struggling with these new paradigms. Medical students deciding on a specialty could interpret the rapid changes currently experienced by radiology as too much uncertainty and may be tempted to look at other areas of medicine. Radiology needs to continue to attract the best and brightest students to become radiology residents. Burnout due to long work days and never ending work lists is also an issue facing many practices. Groups need guidance and strategies to implement to ensure that those in practice are able to keep practicing at a high level for the entirety of their career.

How should the ACR respond to them?

The ACR needs to continue to elect leaders who will place radiologists at the head of the table. We need to be the indispensable voice in discussions on implementation of new technologies. Vendors, administrators, and patients need to demand that radiologists are present and have a central role. We

need to demonstrate radiologists are essential to medical practice and are not replaceable. The ACR is also in a position with its network of physicians and practices to analyze the ever changing job market. Fluctuations in demand for radiologists and changes in volume of studies are areas the ACR should research. Providing groups with business intelligence and market analyses can help groups prepare for changes and anticipate rather than react to the evolving market.

Reason for seeking office

The importance of involvement in organized medicine was instilled in me as a medical student. The Wisconsin Medical Society and American Medical Association welcomed involvement of medical students and I became interested immediately. I continued with the Minnesota Radiological Society and American College of Radiology. I had many opportunities to give back to the specialty through volunteering with these groups. The positive experience of involvement has continued with the Wisconsin Radiological Society and with the ACR. I believe that one of the best ways I can give back to the specialty is by volunteering and sharing my time, expertise, and unique experiences with others in professional medical societies. I desire to return what was offered me and to learn from interactions with others who also dedicate their time to better the profession. We are facing many new challenges and I believe it takes all of us working together to keep radiology as the premier specialty in medicine. I look forward to assisting the ACR in its ongoing service to the profession of radiology.



Contact

juan.batlle@alumni.duke.edu

Group/Practice Name

Penn Medicine

Parent Organization

Penn Medicine

Employer Type

Academic institution

Primary Practice

Diagnostic Radiologist

Subspecialty

Musculoskeletal, Thoracic

Position Held

Adjunct Assistant Professor

Additional Employer(s)

Group/Practice Name

Radiology Associates of South
Florida/Rad Partners

Parent Organization

RadPartners

Employer Type

National Radiology Practice

Position Held

Radiologist

Group/Practice Name

Rhode Island Medical Imaging

Parent Organization

Rhode Island Medical Imaging

Employer Type

Independent Private Practice

Position Held

Radiologist

Juan C. Batlle, MD, MBA, FACR

Education

1999–2004 MD, University of Pennsylvania School of Medicine,
Philadelphia, PA

Training

2005–2009 Diagnostic Radiology, Massachusetts General Hospital,
Boston, MA

ACR Activities

2021–2025 Member, Council Steering Committee

2020–2025 Member, Commission on Informatics

ACR Chapter

Florida Radiological Society

Chapter Activities

2024–2025 President, Florida Radiological Society

2020–2025 Councilor, Florida Radiological Society

2019–2020 Alternate Councilor, Florida Radiological Society

2019–2020 Alternate Councilor, Florida Radiological Society

Number of Publications, Books, Chapters and/or Presentations

- Publications: 20
- Chapters: 0
- Presentations: 15

Additional Disclosures and Interests

Stock & Ownership (Self):

- Cleerly, Inc.

Areas of interest and/or expertise

Juan has been heavily involved with the ACR at the state and national level for more than a decade. He served as previous ACR Education Center faculty and director for the Cardiac MRI course, as co-author and first-author for Appropriateness Criteria publications, as current Florida Radiological Society President for 2024–2025, as current CT Accreditation Chair, and as current member of the Council Steering Committee and Bylaws Committee. Through these and other roles he has tried to deliver authentic and tireless service to ACR members and help further our mutual profession. In his time on the Informatics Commission, he co-authored data sharing white papers in the JACR on behalf of the Commission and also co-directed the Informatics Summit. On the Economics Commission he has used his expertise in cardiac imaging to advocate for radiology and radiologists with regard to cardiac CTA and MRI reimbursement. Uniquely positioned at the junction of private practice and academics, with a primary appointment at Penn Medicine and additional work for private practice and corporate groups, Juan has a perspective that embodies the current evolutions to our radiology workforce—emphases on productivity/efficiency, teleradiology, multiple contracts, and personal advocacy, while at the same time

delivering high quality patient care, academic teaching and publication, and service to the College. This new role is rooted in his long-term previous experience in traditional private practice for almost a decade, with hospital department and committee chairmanships and the typical boots-on-the ground background that helps inform all our practices.

What do you think are the most important issues facing the ACR?

Membership count. Value proposition. Need to collaborate closer with other societies.

How should the ACR respond to them?

Clear individual and collective value proposition. Focus on economics/advocacy. Look at potential partners to bring into ACR family.

Reason for seeking office

I have served on CSC to give members a voice and to help maintain the sustainability and future of the College. I hope to continue to do so.



Contact

boydd323@aol.com

Group/Practice Name

Reston Radiology
Consultants

Parent Organization

Reston Radiology
Consultants

Employer Type

Independent private
practice

Primary Practice

Diagnostic Radiologist

Subspecialty

Neuro Imaging

Position Held

Partner

David T. Boyd, MD, MBA, FACR

Education

1999–2004 MD, MBA, Georgetown University School of Medicine/
McDonough School of Business, Washington, DC
1995–1999 BS, Biology, Georgetown University, Washington, DC

Training

2009–2010 Neuroradiology Fellowship, Georgetown University Hospital,
Washington, DC
2005–2009 Radiology Residency, Georgetown University Hospital,
Washington, DC
2004–2005 Transitional Year Internship, INOVA Fairfax Hospital,
Falls Church, VA

ACR Activities

2024–2028 Member, Governance Committee
2024–2025 Co-Chair, Annual Meeting Workgroup, Council
Steering Committee
2023–2027 Member, Committee on Economics — GSER
2023–2027 Member, Awards Criteria Committee
2023–2025 Member, Council Steering Committee
2023–2025 Chair, Bylaws Workgroup, Council Steering Committee
2021–2023 Member, College Nominating Committee
2018–2024 Faculty, Radiology Leadership Institute
2017–2021 Chair, Committee on Chapters - Membership
2017–2018 Member, ACR 2018 Planning Committee

ACR Chapter

District of Columbia Metropolitan Radiological Society

Chapter Activities

2022–2028 Councilor, District of Columbia Metropolitan Radiological Society
2022–2025 Nominating Committee, District of Columbia Metropolitan
Radiological Society
2014–2015 President, District of Columbia Metropolitan Radiological Society
2012–2016 Treasurer, Vice President, CME Coordinator, District of Columbia
Metropolitan Radiological Society
2010–2022 Alternate Councilor, including Young Physician Alternate
Councilor, District of Columbia Metropolitan Radiological Society

Honors, Achievements & Appointments

- ACR Fellowship, 2023
- DC Chapter Gold Medal, 2023
- Georgetown Alumni Society Founders Award for dedication to the Medical School, 2015
- Beta Gamma Sigma Business Honor Society, 2004
- Alpha Omega Alpha Medical Honor Society, 2003
- Magna Cum Laude, 1999

Council Steering Committee (one two-year term)

- Sigma Xi Scientific Research Society, 1999
- Phi Beta Kappa, 1998
- Reston Radiology CT Quality Leader, 2023
- Global Spine Journal Best Paper Award, 2022
- Reston Radiology Partnership, 2021
- Reston Radiology Marketing, Finance, Stroke, and Thoracic Committees, 2019
- Executive Committee, Progressive Radiology, 2018
- Medical Director, multiple MRI Centers, 2016
- Resident of the Year, 2009
- Chief Resident, 2007

Number of Publications, Books, Chapters and/or Presentations

- Publications: 13
- Chapters: 0
- Presentations: 28

Additional Disclosures and Interests

- No additional disclosures

Areas of interest and/or expertise

I have been a fellowship trained neuroradiologist in private practice for 15 years. I have extensive partnership/ownership decision making experience. I have served in practice leadership as a Medical Director for multiple MRI centers, an Executive Committee member, a Marketing and Finance Committee member, a Stroke and Thoracic Committee member, and as CT Quality Leader. Since 2019, I have collaborated with the Virginia Spine Institute on multiple research projects, one of which received the Global Spine Journal Best Paper Award for 2022. As a member of Reston Hospital Center's Thoracic committee, I recently presented Lung Cancer Screening CT at a community outreach event for patients. As a member of Reston Hospital Center's Stroke committee, I recently helped the Hospital attain Stroke Center re-accreditation.

Since 2009 while I was still in training, I have served the ACR extensively at the local and national levels. For the DC Chapter, I've served in essentially all positions, including President. As President, I instituted a new annual DC Chapter Gold Medal and dedicated a Chapter meeting to the value of ACR membership. As CME Coordinator, I led two extensive successful CME re-accreditations. As Resident Liaison, I helped moderate our Resident Quizzes for several years. For the national ACR, I've served as Chair of the Committee on Chapters, RLI Faculty, an elected member of the CNC, Moderator of the Southern States Caucus, a member of the CSC, and a mentor to medical students and new CSC members. I've lectured to radiology residents numerous times.

What do you think are the most important issues facing the ACR?

Workforce shortage. Reimbursement cuts. ACR strategy/finances.

How should the ACR respond to them?

Maximize the number of radiologists in the workforce, including increasing the number of radiologist trainee slots. Continue to lead the fight to defeat reimbursement cuts. Focus on our core competencies, including advocacy, economics, quality, AI, and leadership, limiting costs. Develop additional revenue streams, such as AI accreditation. Consider increased sponsorship where possible, just like many state chapters do. Consider partnering with other radiology organizations in areas such as education where possible to help manage costs.

Reason for seeking office

I'm running on my extensive record of service to the ACR at the local and national levels. As a CSC member, I've been proud to represent our entire ACR Council, including my local DC Chapter and the Southern States Caucus.

Council Steering Committee (one two-year term)

Since my appointment to the CSC last year, I've served on 4 workgroups and have chaired the Bylaws workgroup and co-chaired the Annual Meeting workgroup. We discussed our Bylaws thoroughly and made many recommendations to improve them. The Bylaws Committee and the BOC agreed with a lot of them, which I believe will make our College better.

For our Annual Meeting, I've made several suggestions which have been implemented. We the CSC now meet right after the Sunday caucuses to get a better sense of where Council stands on resolutions. The CNC report, candidate speeches, Meet the Candidates, and voting all now happen together on what I call "Election Monday." The second Caucus meetings on Tuesday morning will return to encourage increased discussion of resolutions after the reference committee open hearings. The annual HR survey report will also return on Tuesday, which is beloved by Council and is especially important for all of us to hear and discuss, given the significant workforce shortages that we are all facing. I'm honored to have been appointed to the Governance Committee, where we discuss important issues confronting the ACR. As an active CSC member with a record of accomplishment, I humbly ask for your vote to be re-elected to CSC.



Contact

ryan.lee4@jefferson.edu

Group/Practice Name

Jefferson Einstein

Parent Organization

Jefferson Health

Employer Type

Academic institution

Primary Practice

Diagnostic Radiologist

Subspecialty

Neuro Imaging

Position Held

Chair, Department of Radiology

Ryan K. Lee, MD, MBA

Education

- 2001–2005 MBA, Simon School of Business, University of Rochester, Rochester, NY
- 1996–2000 MD, Drexel School of Medicine, Philadelphia, PA
- 1991–1995 BA, Cornell University, Ithaca, NY

Training

- 2005–2006 Neuroradiology, Hospital of the University of Pennsylvania, Philadelphia, PA
- 2001–2005 Diagnostic Radiology, Stron Memorial Hospital, University of Rochester, Rochester, NY
- 2000–2001 Transitional Year Internship, Crozer Chester Medical Center, Upland, PA

ACR Activities

- 2024–2025 CSC Liaison, Commission on Nuclear Medicine and Molecular Imaging
- 2024–2024 Member, Reference Committee IV
- 2023–2025 CSC Liaison, Society of Skeletal Radiology
- 2023–2025 Member, Radiology Leadership Institute Board
- 2023–2025 Member, Council Steering Committee
- 2023–2024 Member, CDS R-SCAN Registry Steering Committee
- 2023–2024 CSC Liaison, Commission on Patient and Family Centered Care
- 2022–2026 Associate Editor, JACR Editorial Board
- 2019–2023 Chair, Committee on Quality & Safety - GSER
- 2019–2023 Chair, CDS R-SCAN Registry Steering Committee

ACR Chapter

Pennsylvania Radiological Society

Chapter Activities

- 2023–2025 CSC Liaison, Pennsylvania Radiological Society
- 2023–2025 CSC Liaison, Radiological Society of New Jersey

Honors, Achievements & Appointments

- JACR Bruce J Hillman Fellowship in Scholarly Publishing, 2021
- James Moorefield Fellowship, ACR, 2005
- JT Rutherford Fellowship, ACR, 2004

Number of Publications, Books, Chapters and/or Presentations

- Publications: 67
- Chapters: 3
- Presentations: 203

Additional Disclosures and Interests

Leadership and Employment (Self):

- Board Member, Drexel School of Medicine
- Advisory/Consulting (Self):

- Philips (Consulting)
- Rad AI (Advisory)

Stock & Ownership (Self):

- Rad AI

Honoraria/Speakers Bureau (Self):

- Fuji (Speakers Bureau)

Areas of interest and/or expertise

I am the chairperson for the Department of Radiology at Jefferson Einstein, part of Jefferson Health. I am Professor of Radiology at the Sidney Kimmel College of Medicine at Thomas Jefferson University, attained my undergraduate degree at Cornell University, medical degree at Drexel University School of Medicine, MBA at Simon School of Business (University of Rochester), diagnostic radiology residency at the University of Rochester, and neuroradiology fellowship at the Hospital of the University of Pennsylvania. My areas of expertise include clinical deployment of artificial intelligence, healthcare economics including physician and hospital reimbursement, and quality and safety including peer learning, clinical decision support, radiation safety management and MRI safety. I currently serve as chair of the ACR RLI Resident Milestones Program and co-chair of Population Health Committee in the PFCC.

What do you think are the most important issues facing the ACR?

1. Role of ACR for the modern radiologist. Given the rapidly changing environment for radiologists, the ACR needs to re-evaluate how it can serve its members.
2. Workforce — the number of open positions across the country continues to be one of the top issues facing radiology
3. Artificial intelligence — as AI technology matures and generative AI looks to revolutionize “traditional” AI, its role as a tool for radiologists needs to be more concretely characterized.
4. Inappropriate utilization — ties into the workforce issue, but limiting unnecessary studies also contributes to better healthcare.

How should the ACR respond to them?

1. Conduct internal review of programs and survey membership on what it wants from ACR.
2. Advocate for increasing number of radiologists: increasing post graduate GME slots and CMS funding, increasing J1 waiver positions, increasing awareness and programs for medical students for radiology.
3. Continue to develop and refine guidelines for using AI in radiology and promote standardization and registries.
4. Work with CMS and other payors to enforce guidelines for ordering studies and promote informatics solutions that include measuring outcomes data.

Reason for seeking office

I believe in the value that the ACR brings to patients and radiologists, and this stems from the numerous volunteers and staff. Because of this, I have served the College in numerous and varied capacities over the years beginning from my time as a resident. Having served my first term as a member of the Council Steering Committee, I have had the privilege of serving as an advocate for the Council in between sessions. I have seen first-hand the difference this group can make for radiologists and patients, and this is the reason I would like to continue to serve the members of as a CSC representative.

**Contact**

neel_madan@yahoo.com

Group/Practice Name

Tufts Medical Center

Parent Organization

Tufts Medicine

Employer Type

Academic institution

Primary Practice

Diagnostic Radiologist

Subspecialty

Neuro Imaging

Position Held

Chief, Neuroradiology

Neel Madan, MD

Education

1999–2003 MD, New York Medical College, Valhalla, NY

1993–1997 ScB, Brown University, Providence, RI

Training

2009–2010 Neuroradiology Fellowship, Beth Israel Deaconess Medical Center/Tufts Medical Center, Boston, MA

2008–2009 Pediatric Neuroradiology Fellowship, Massachusetts General Hospital, Boston, MA

2004–2008 Diagnostic Radiology Residency, Mount Auburn Hospital, Cambridge, MA

2003–2004 Preliminary Medicine Internship, Lahey Clinic, Burlington, VT

ACR Activities

2024–2027 Member, Councilor

2022–2024 Member, Alternate Councilor

2021–2025 Liaison, Contractor Advisory Committee Network

2021–2021 Member, Tellers Committee

2015–2021 Member, Councilor

2012–2025 Member, Committee on Coding and Nomenclature, Economics Committee

2012–2014 Member, HOPPS/APC, Economics Committee

ACR Chapter

Massachusetts Radiological Society

Chapter Activities

2024–2025 Chair, Economics Committee, Massachusetts Radiological Society

2022–2023 President, Massachusetts Radiological Society

2021–2022 President Elect, Massachusetts Radiological Society

2020–2021 Vice President, Massachusetts Radiological Society

2018–2020 Secretary, Massachusetts Radiological Society

Honors, Achievements & Appointments

- Fellow of the American College of Radiology, 2025
- Mentor of the Year, Department of the Radiology, Tufts Medical Center, 2024
- Professionalism Award, Department of Radiology, Tufts Medical Center, 2022
- Mentor of the Year, Department of Radiology, Tufts Medical Center, 2017
- Distinguished Teacher of the Year Award, Department of Radiology, Tufts Medical Center, 2016

Number of Publications, Books, Chapters and/or Presentations

- Publications: 32
- Chapters: 5
- Presentations: 91

Additional Disclosures and Interests

Leadership and Employment (Self):

- Immediate Past President, Massachusetts Radiological Society
- Past Vice Chair of Education, Tufts
- Past Program Director, Diagnostic Radiology Residency Tufts

Advisory/Consulting (Self):

- Portal Instruments, Inc (Consulting)
- Near Infrared Imaging, LCC (Consulting)
- Stoke Therapeutics (Consulting)

Areas of interest and/or expertise

Clinical: Specialty in Neuroradiology, Pediatric Neuroradiology and Non-Vascular Interventional Neuroradiology Procedures. Worked at both smaller and larger academic institutions, but have also practiced general radiology.

Education and Research: Committed to preparing the next generation of radiologists. Former Vice Chair of Education and Academic Affairs, Program Director of a Diagnostic Radiology Residency, and Medical Student Clerkship Director. Broad research focuses to advance our field, including in CSF leaks and CSF disorders as well as in pediatric neuroradiology, including fetal MRI.

Advocacy: Actively involved in Massachusetts Radiology Society's (MRS) advocacy efforts at both state and federal levels, as key contact, and as Co-Chair for the Massachusetts Legislative and Government Relations Committee.

Economics and Payment Policy: Member of the MRS Economics Committee for over a decade, and current chair. Chair of the MRS Managed Care Committee. Member of the ACR Coding and Nomenclature Committee for over a decade.

Leadership: Past-President, MRS. Section Chief Neuroradiology. Former Diagnostic Radiology Program Director and Vice Chair of Education and Academic Affairs.

What do you think are the most important issues facing the ACR?

The ACR is all of its members. The issues facing all of us on a daily basis, and in the coming years, are the critical issues that the ACR must be aware of, understand and anticipate:

- Workforce shortages.
- Increasing workloads.
- Burnout.
- Appropriate reimbursement.
- Changing payment models.
- Supporting the next generation of radiologists.
- Scope of practice.
- Membership recruitment.
- Innovation and integration of AI.

How should the ACR respond to them?

The ACR has shown leadership over the years in a myriad of ways — from helping to standardize how

radiologists deal with incidental findings, to larger questions such as how will radiologists drive the incorporation of artificial intelligence to our practices, rather than being a bystander letting others who aren't as knowledgeable decide how we incorporate it. The ACR, as the voice of all radiologists and as guided by the Council, allows for discussion, debate and resolution of these critical issues facing all of us. The ACR must continue to explore how this myriad of questions affects all of our practices, and how it can best help us be effective in our work, while reducing the burdens that detract from our focus on patients. By advocating for our field, the ACR will remain a leader that allows all of us to advance the practice and science of radiological care. Strong leadership is needed to prepare our specialty for the future, recognizing that how we practice may vary, but what we practice is the best science for our patients. A multipronged approach is going to be critical to solve these problems, working tirelessly over years to improve our field.

Reason for seeking office

When you see up close how the sausage is made, there are some who no longer eat sausage. And others want to not only make the sausage, but improve the process, making it better for everyone. I am certainly in the latter camp. Having been involved in the leadership in my state society, I have seen first-hand how important it is to have strong leaders who can advocate for our specialty and most importantly, our patients. On the national level — my involvement in the Coding and Nomenclature Committee over the last decade and more recently my work with the 2022 ACR Resolution 1 Workgroup — has shown me how the work behind the scenes can help our society and Council function better and make meaningful differences in our members' and patients' lives. As the voice of the Council when it is not in session, being a member of the Council Steering Committee will not only allow me to help make the sausage, but make the process better for our Councilors, members and the patients we serve.



Contact

epmaltin@gmail.com

Group/Practice Name

Zwanger-Pesiri Radiology

Parent Organization

None

Employer Type

Independent private
practice

Primary Practice

Diagnostic Radiologist

Subspecialty

Neuro Imaging

Position Held

Staff radiologist

Elizabeth P. Maltin, MD, FACR

Education

1986–1990 MD, New York University School of Medicine, New York, NY
1982–1986 BA, Hunter College, CUNY, New York, NY

Training

1995–1997 Neuroradiology Fellowship, New York University Medical Center, New York, NY
1994–1995 Chief Resident, Diagnostic Radiology, North Shore University Hospital, Manhasset, NY
1991–1995 Diagnostic Radiology Residency, North Shore University Hospital, Manhasset, NY
1990–1991 Internal Medicine Internship, New York University/Bellevue Hospital, New York, NY

ACR Activities

2024–2025 Member, Council Steering Committee
2024–2025 CSC Liaison, Commission on Neuroradiology
2024–2025 CSC Liaison, Society of Nuclear Medicine
2024–2025 CSC Liaison, North Dakota Radiological Society
2024–2025 CSC Liaison, South Dakota Radiological Society
2023–2027 Member, Committee for Women, Commission for Women and Diversity
2022–Present Member, RLI Participant
2021–2022 Chair, College Nominating Committee
2020–2021 Vice Chair, College Nominating Committee
2014–2017 Member, Council Community

ACR Chapter

New York State Radiological Society

Chapter Activities

2024–2027 Councilor, New York State Radiological Society
2023–2026 Chair, Membership Committee, New York State Radiological Society
2023–2026 Member, Board of Directors, New York State Radiological Society
2020–2026 Member, Ethics Committee, New York State Radiological Society
2014–2020 Councilor 1st and 2nd Term, New York State Radiological Society

Honors, Achievements & Appointments

- Fellow, American Association for Women in Radiology, 2022
- Fellow, American College of Radiology, 2014
- Chief Medical Officer, Zwanger-Pesiri Radiology Group, 2012

Number of Publications, Books, Chapters and/or Presentations

- Publications: 4
- Chapters: 1
- Presentations: 10

Additional Disclosures and Interests

Leadership and Employment (Close Personal Relationship):

- President, Intersocietal Accreditation Commission – Vascular Testing Board
- President Elect, American Institute of Ultrasound in Medicine

Areas of interest and/or expertise

Since completing my fellowship in Neuroradiology in 1997, I have worked in a physician-owned private practice with multiple offices across Long Island, NY. I live in the same community where I practice and am often called upon to help neighbors, friends, and family. I have developed long-standing relationships with referring physicians who reach out to me to help their patients. From the spring of 2012 through 2014, I served as Chief Medical Officer for my practice, which provided valuable leadership experience and insight into the challenges faced by an independent, privately owned practice.

I am Past President of the Long Island Radiological Society (LIRS), a sub-chapter of the New York State Radiological Society, and I remain active as a member of the Executive Committee. The LIRS hosts dinner meetings throughout the academic year with guest speakers. Attending these meetings keep me connected to the trainees on Long Island as well as the community of attending radiologists. As the current Chair of the Membership Committee of the New York State Radiological Society (NYSRS), I am dedicated to growing our membership by networking at in-person events and sharing information about chapter activities, benefits and engagement opportunities. I am particularly enthusiastic about engaging medical students and trainees to become more knowledgeable and involved in both the NYSRS as well as the ACR. It is my sincere hope that early engagement will lead to a career-long ACR membership. My career has been focused not only on my patients but also on my fellow radiologists.

What do you think are the most important issues facing the ACR?

Each summer, the Intersociety Committee of the ACR meets to discuss the important issues facing radiology and strategies to address them. A summary of the 2023 ACR Intersociety Meeting, published in the JACR as an Article in Press in October 2024, reviewed seven current challenges in radiology practice: declining reimbursement, corporatization and consolidation, inadequate labor force, imaging appropriateness, burnout, turf wars with nonphysicians, and a need to increase workflow efficiency. The ACR dedicates considerable effort advocating on our behalf to minimize cuts to reimbursement and develops ACR Appropriateness Criteria to help mitigate imaging overutilization. For the ACR to continue meeting these and other challenges facing our profession and serving both members and nonmembers alike, it needs to maintain a robust membership. I believe one of the single biggest issues facing the ACR is maintaining and growing its membership.

How should the ACR respond to them?

Recruiting and retaining members in the ACR requires addressing the evolving needs of radiologists. Several factors impact the ability to attract new members and retain existing ones:

1. **Generational Shifts and Career Expectations:** Younger radiologists often have different expectations about work-life balance, technology use, and career progression. They seek value from professional organizations like ACR in terms of networking, leadership opportunities, and professional development that align with their perspectives. Tailoring the ACR's offerings to address these generational needs while also respecting established members' expectations is critical to bridging the gap across age groups.
2. **Value Proposition and Professional Development:** As radiology and healthcare evolve, so do the professional needs of radiologists. Ensuring that ACR provides cutting-edge, relevant resources—such as continuing education, practice guidelines, and advocacy—can enhance its appeal to both current and potential members.

3. **Economic Pressures and Membership Costs:** Rising costs in medical education, coupled with reimbursement changes, can make membership dues feel burdensome, particularly for younger radiologists carrying educational debt. Highlighting the return on investment of ACR membership—demonstrating how it can contribute to career advancement, professional support, and financial sustainability—can help alleviate concerns about the cost.
4. **Engagement and Communication:** Innovative communication strategies—using social media, virtual events, and other accessible formats—can help ACR maintain a strong presence in members’ professional lives, reminding them of the organization’s ongoing value. To address these challenges, the ACR must continue to evolve, seeking feedback from both current and prospective members to refine its strategies and offerings.

Reason for seeking office

I am seeking a full two-year term on the Council Steering Committee to contribute meaningfully to the governance and strategic direction of the ACR. Having had the privilege to fill Dr. Ignacio’s unexpired term, I gained valuable insight into the committee’s operations and its major responsibilities as it represents the Council and plans the annual meeting. I am committed to fostering collaboration among members, advocating for policies that enhance patient care and ensuring the ACR continues to be a leader in shaping the future of healthcare. My experience, passion for radiology and dedication to service make me eager to continue making a positive impact through this role. At this point in my career, I am fortunate to have the time and energy to represent the Council and my fellow ACR members on the CSC and dedicate myself to the work of the College.



Contact

ianweissman@hotmail.com

Group/Practice Name

Milwaukee Veterans Affairs
Medical Center

Parent Organization

Department of Veterans
Affairs

Employer Type

Department of Veterans
Affairs facility

Primary Practice

Diagnostic Radiologist

Subspecialty

Abdominal Imaging,
Cardiovascular,
Emergency/Trauma,
Gastrointestinal,
Genitourinary,
Musculoskeletal, Nuclear
Medicine, Thoracic,
Women's Imaging

Position Held

Attending Radiologist

Ian A. Weissman, DO, FACR

Education

2022–2024	Veterans Health Administration Institute for Learning, Education and Development (ILEAD)
2023–2023	Stanford Medicine Physician Well-Being Director Course
2023–2023	Veterans Health Administration Supervisor Ready Program, Veterans Health Administration, Washington, DC
2012–2014	Leadership Mastery, Radiology Leadership Institute, Reston, VA
1986–1990	DO, Michigan State University College of Medicine, East Lansing, MI
1982–1986	BS, University of Michigan, Ann Arbor, MI

Training

2003–2004	Fellowship, Multidisciplinary MRI, Beaumont Health System, Royal Oak, MI
1997–2001	Residency, Diagnostic Radiology, University of Chicago Hospitals, Chicago
1993–1995	Fellowship, Nuclear Medicine, University of Michigan, Ann Arbor, MI
1990–1993	Residency, Internal Medicine, Beaumont Health System, Royal Oak, MI

ACR Activities

2024–2025	Chair, RETAIN Initiative/CSC Workgroup, Council Steering Committee
2023–2025	Member, Council Steering Committee
2022–2024	Member, Communications Committee — Membership & Communications
2020–2024	Team Lead, Leadership Development (Well-Being Committee), Commission on Publications and Lifelong Learning (CoPLL)
2019–2024	Chair, Committee on Outreach — Patient and Family-Centered Care Commission
2019–2022	Member, Ditch the Disk Task Force
2019–2025	Social Media Committee, Journal of the American College of Radiology/American College of Radiology
2018–2025	Member, Lung Cancer Screening 2.0 Steering Committee
2018–2025	Chair, Veterans Affairs Committee — GSER Commission
2015–2020	Member, Committee on Education — PFCC

ACR Chapter

Wisconsin Radiological Society

Chapter Activities

2022–2023	President, Wisconsin Radiological Society
2021–2022	President-Elect, Wisconsin Radiological Society
2020–2021	Vice President, Wisconsin Radiological Society

2019–2020 Secretary/Treasurer, Wisconsin Radiological Society
2017–2019 President, Milwaukee Roentgen Ray Society

Honors, Achievements & Appointments

- Radiology Leadership Institute Impact in Leadership Award, 2023
- American College of Radiology Advocate of the Year Award, 2019
- Fellow, American College of Radiology (FACR), 2018
- Second Place Award Resident Research Competition American College of Nuclear Physicians, 1999
- First Place Award Resident/Fellow Research Competition University of Michigan Medical Center, 1995
- Second Place Award Resident Research Competition American College of Nuclear Physicians, 1995
- Trainee Research Prize Radiological Society of North America, 1994
- First Place Award Resident Research Competition American College of Nuclear Physicians, 1994
- Radiology Leadership Institute Chapter Speaker Program, 2024
- U.S. Department of Veterans Affairs REBOOT National Task Force, 2024

Number of Publications, Books, Chapters and/or Presentations

- Publications: 60
- Chapters: 0
- Presentations: 47

Additional Disclosures and Interests

Government Relations (Self):

- Medical Officer, Department of Veterans Affairs

Areas of interest and/or expertise

Throughout my radiology career, I've worked toward two related goals. The first is to be an excellent radiologist by pursuing advanced training in nuclear medicine and MRI and challenging myself through professional growth (my initial training is as an internist). My second goal has been to advocate for patients so that they receive excellent care. I've carried out advocacy at the state level (as the past President of the Wisconsin Radiological Society) and the national level through various chair positions through ACR and on social media sites such as X/Twitter and Bluesky. To help achieve these two goals, I became involved with the Radiology Leadership Institute (RLI) in 2012, attending nearly all their educational offerings and becoming the first radiologist to achieve the designation of leadership mastery through the RLI program in 2014. Currently, I'm a lecturer through the RLI Chapter Speaker Program.

I received additional training through organizations like Stanford Medicine, where I'm part of their Physician Well-Being Director's cohort. This training and mentoring has taught me to mentor and sponsor others successfully and has provided me with strategies to succeed in national positions that I serve(d) on, such as the immediate past-chair of the ACR Patient and Family-Centered Outreach Committee, where I developed a concept I call the Joyful Triad of Healthcare Success to encourage us to find ways to improve: (1) Patient and Family-Centered Care; (2) Health Equity; and (3) Clinician Well-Being discussed on the [ACR Bulletin Podcast](#).

What do you think are the most important issues facing the ACR?

Currently, one of the biggest threats to radiology that the ACR is addressing is the national radiology workforce shortage. The radiology workforce shortage is anticipated to increase over the next decade and is a critical issue affecting patient care. We need more radiologists to provide timely care and to

be well (not burned out) to provide excellent patient care. The workforce shortage is multifactorial and is caused by additional factors such as imaging overutilization and a lack of workflow efficiency. In addition, ACR is faced with mitigating declining reimbursement and is studying the effects of increasing corporatization and consolidation in the medical marketplace, which is leading, as an example, to decreased CME reimbursement and scheduled time-off for physicians to attend and participate/advocate through medical organizations to address challenges in medicine (radiology).

Nonphysician scope creep leading to “turf wars” is another significant challenge that ACR faces as the number of advanced practice providers (APP) entering the workforce, such as nurse practitioners and physician assistants, continues to outpace the number of trained physicians. APP’s influence at the legislative level continues to grow as their numbers and lobbying influence increase, and they seek employment that overlaps with physicians (radiologists). The rapidly increasing number of APP program graduates threatens to decrease the influence of radiologists (and other physicians) at the state and national levels and physicians’ financial reimbursement.

How should the ACR respond to them?

ACR is actively responding to the challenges faced by radiologists. As discussed at previous ACR meetings, three solutions to mitigate the radiology workforce shortage include (1) leveraging the utility of artificial intelligence (AI), (2) increasing radiology residency positions, and (3) keeping international medical graduates in the United States after training them. Other solutions underway include a new RETAIN Initiative being developed through a Council Steering Council workgroup that I chair, which is identifying strategies to mitigate the ongoing “great resignation” to keep radiologists in the radiology profession and to ensure a successful/satisfying career for our new radiology graduates — the future of the radiology profession. Continued advocacy at the state and national level is required to minimize cuts in reimbursement.

Ongoing discussions are necessary to evaluate the consequence of increasing consolidation and corporatization in the profession. Efforts are needed to decrease imaging overutilization (through solutions such as appropriate use criteria), which is becoming more critical as we face a decreasing radiologist workforce relative to an aging population in this country. Strategies to increase workforce efficiency by implanting informatics into the workflow and leveraging the potential of artificial intelligence are essential. ACR should also continue to suggest solutions to assist radiologists in their workflow (such as advanced technological solutions) that radiology practices and healthcare systems can adopt nationwide.

Reason for seeking office

On the Council Steering Committee (CSC), I developed an initiative during the first two years of my service that I call RETAIN, which I Chair, to help mitigate the radiologist workforce shortage. This RETAIN Initiative proposes an immediate solution. The five strategies within the RETAIN Initiative are:

- Retain our colleagues.
- Educate our colleagues on successful strategies (e.g., leadership and/or organizational strategies).
- Train our colleagues on how to implement these strategies.
- Assess the effectiveness of these strategies.
- Inquire on how we can support the efforts of our colleagues in implementing these strategies.
- New strategies are developed to deal with new challenges as they arise.

The first part involves the production of short 60-second videos, which discuss impactful leadership and/or organizational strategies written and narrated by radiologists — our colleagues. The goal is to

Council Steering Committee (one two-year term)

share impactful strategies to stimulate discussion in our practices and help find solutions that work for one's individual practice situation. Discussing and implementing these strategies will help keep our colleagues professionally satisfied and working in radiology for many years. This RETAIN Initiative is also designed for residents/fellows to learn these concepts to help them select the right practice so they remain professionally satisfied for many years. The first part of this proof of concept has been presented to the CSC and the Executive Committee. During the next two years of my service to the CSC, I will work to move this RETAIN Initiative forward.



Kimberly S. Winsor, MD

Education

- 2009–2013 MD, University of Arizona College of Medicine-Phoenix, Phoenix, AZ
- 2001–2009 BS, Biology; BM, Vocal Performance, Northern Arizona University, Flagstaff, AZ

Training

- 2019–2020 Breast Imaging Fellowship, University of Arizona College of Medicine-Tucson, Tucson, AZ
- 2015–2019 Diagnostic Radiology Residency, University of Arizona College of Medicine Tucson, Tucson, AZ
- 2014–2015 Transitional Year Internship, Providence Sacred Heart Medical Center, Spokane, WA

ACR Activities

- 2023–2025 Member, Council Steering Committee
- 2022–2024 Member, RLI Participant
- 2019–2020 Western States Representative, Nominating Committee, Resident and Fellow Section

ACR Chapter

Arizona Radiological Society

Chapter Activities

- 2021–2027 Councilor, Arizona Radiological Society
- 2021–2023 Secretary, Arizona Radiological Society
- 2019–2021 Treasurer, Arizona Radiological Society
- 2017–2019 Chair, Resident and Fellow Section, Arizona Radiological Society
- 2015–2017 Secretary, Resident and Fellow Section, Arizona Radiological Society

Number of Publications, Books, Chapters and/or Presentations

- Publications: 3
- Chapters: 0
- Presentations: 4

Additional Disclosures and Interests

- No additional disclosures

Areas of interest and/or expertise

In 2020, I completed my residency and breast imaging fellowship and moved back to my small hometown in northern Arizona for a private practice job, during which I quickly took notice of the disparities in medical imaging and how they disproportionately affect our regional American Indian tribes and isolated rural communities. I have since focused my practice as an independent contractor on these underserved communities, primarily through IHS and tribal healthcare systems in Arizona and Oklahoma. I've also given invited lectures on breast

Contact

kwinsormd@gmail.com

Group/Practice Name

Diagnostic Imaging Associates

Parent Organization

N/A

Employer Type

Locum Tenens/
Independent contractor

Primary Practice

Diagnostic Radiologist

Subspecialty

Breast Imaging

Position Held

Diagnostic Radiologist

Additional Employer(s)

Group/Practice Name

Sedona Diagnostic
Ultrasound

Parent Organization

Sedona Diagnostic
Ultrasound

Employer Type

Locum Tenens/
Independent Contractor

Position Held

Diagnostic Radiologist,
Medical Director

imaging and barriers facing indigenous patients in multiple settings, including the annual IHS Surgeons Conference and, most recently, the Hawaii Radiological Society.

I continue to maintain my connection with, and mentorship of, medical students and residents, currently as adjunct faculty with the diagnostic radiology residency program at Oklahoma State University. I served as a Wellness Mentor for medical students at my alma mater, University of Arizona COM-Phoenix, from 2017–2023, and have mentored students through the ACR Radiology TEACHES program and ACR Case In Point. Since being appointed in 2023 to the Council Steering Committee, I have collaborated with respected ACR colleagues on projects ranging from topics in communications to wellness initiatives. I'm actively involved in the Arizona Radiological Society, having served as Secretary and Treasurer as well as ARS RFS Chair. I'm grateful for the opportunities the ACR has given me and continue to seek ways to offer my own contributions.

What do you think are the most important issues facing the ACR?

Many would agree that the impending, if not already present, workforce shortages will be the dominant issue facing the ACR in the coming years. This issue will affect imaging practices of all sizes and settings, but for small, rural radiology departments, this represents an existential crisis. Many of these practices are already reduced to relying on unstable locums coverage and can provide only one or two radiologists on-site, limiting the types of diagnostic and interventional imaging care being offered. These facilities also struggle to recruit non-physician radiology professionals such as technologists and nurses and continue to face challenges in available resources such as imaging equipment and infrastructure. For example, many IHS and tribal healthcare sites have tomosynthesis-capable mammography units but lack a robust PACS to accommodate the acquired images.

I believe that we need to find creative ways to address small/rural practice challenges, such as facilitating collaboration with larger practices, expanding remote services, and encouraging solutions to facilitate credentialing and servicing across state lines. Regardless of the specific solutions the ACR finds potentially beneficial and feasible, the path ahead will need to include a multifaceted approach that will support the diverse patient and professional stakeholders. Promoting diversity in active ACR committees and leadership is the best way to ensure that these approaches will be widely applicable to suit the needs of all patients.

How should the ACR respond to them?

The response of the ACR to all issues must consider the needs of a diverse council and the patients represented. In the case of the workforce shortage, as in most issues, there will be no one-size-fits-all solution. Potential considerations should address each level and layer of radiology recruitment, including increasing medical student exposure to radiology and alternative training models and requirements, studying and promoting methods of wellness for mid-career workforce retention, and the allowance of flexibility in scheduling to encourage later-career radiologists to maintain their preferred level of contribution. Pathways for international medical graduates should be explored and expanded upon.

Individual practices may find specific incentives to address their own staffing struggles, but ultimately major system-level changes are required to keep pace with the needs of the U.S. population. Smaller and more rural sites will likely find it difficult to compete, further compounding staffing issues. Ongoing close communication with community leaders and patients themselves should be prioritized; a top-down approach can feel condescending to a patient population if it fails to consider the unique needs of the community. Solutions involving partnerships between these smaller practices and larger groups should be mindful of preserving local center identity to maintain a trusting relationship with the community being served.

Reason for seeking office

My background and practice focus makes my voice a unique one among ACR council and leadership. Our indigenous and rural patients deserve advocacy at the highest levels alongside the respected academic and large institutions, and I continue to build my foundational knowledge of the history and traditions influencing the care of these patients in order to better serve them. As I continue to learn from these communities, I wish to respectfully educate others in the specific historical and cultural implications that continue to inform the health status of our patients. We are lifelong learners in the vast world of radiology and are well-equipped to tackle the associated patient-centered factors that keep patients from benefiting from our services. I am relatively early in my career and have much to learn that will allow me to best serve the ACR, the organization that has already given me so much in training and early practice and continues to empower me to advocate for my patients. The ACR is the voice of radiology, offering the framework for best practice, safeguards for standards of care, and guidelines to advocate for patient needs in a healthcare system rife with regional inequities. It is a great honor to have the opportunity to contribute to this effort.



Contact

dcaplin@northwell.edu

Group/Practice Name

Northwell Health Physician Partners

Parent Organization

Northwell Health

Employer Type

Academic institution

Primary Practice

Interventional Radiologist

Subspecialty

Interventional Radiology

Position Held

IR Residency Program
Director, DR Residency
Associate Program
Director, Associate
Professor

Drew M. Caplin, MD, FACR

Education

1994–1998 MD, Upstate Medical University, Syracuse, NY
1989–1993 BS, Yale College, New Haven, CT

Training

2005–2006 Fellowship — Vascular and Interventional Radiology, Long Island Jewish Medical Center/Cohens Children's Medical Center, New Hyde Park, NY
2001–2005 Residency — Diagnostic Radiology, Long Island Jewish Medical Center, New Hyde Park, NY
1998–2001 Residency — General Surgery Categorical, Long Island Jewish Medical Center, New Hyde Park, NY

ACR Activities

2023–2025 Member, Task Force on Environmental Sustainability
2023–2024 Vice Chair, Committee on Practice Parameters & Technical Standards — Q&S
2020–2024 Chair, Committee on Practice Parameters — Interventional
2020–2024 Member, RadExam Editorial Committee
2020–2023 Member, Committee on Practice Parameters & Technical Standards — Q&S
2019–2020 Vice Chair, Committee on Practice Parameters — Interventional
2016–2020 Member, Panel on Appropriateness Criteria — IR 2
2013–2019 Member, Committee on Practice Parameters — Interventional
2004–2010 Member, Committee on Practice Parameters — Interventional
2004–2004 Member, Resident and Fellow Section Participants

ACR Chapter

New York State Radiological Society

Chapter Activities

2023–2024 Alternate Councilor, New York State Radiological Society

Honors, Achievements & Appointments

- Fellow of the American College of Radiology, 2022
- Fellow of the Society of Interventional Radiology, 2019
- Associate Professor Donald and Barbara Zucker School of Medicine at Hofstra Northwell, 2022
- Academy of Medical Educators, Donald and Barbara Zucker School of Medicine at Hofstra Northwell, 2021
- Associate Program Director, Diagnostic Radiology Residency, Zucker School of Medicine, NSLIJ Program, 2019
- Program Director, Interventional Radiology Residency, Zucker School of Medicine, NSLIJ Program, 2016

Number of Publications, Books, Chapters and/or Presentations

- Publications: 50
- Chapters: 2
- Presentations: 38

Additional Disclosures and Interests

Leadership and Employment (Self):

- Committee Chair, Committee Vice Chair, Society of Interventional Radiology
- Board Member, Greenwell Project

Areas of interest and/or expertise

I am an interventional radiologist practicing for 18 years. My career focus is on education and service/administration/leadership. I am PD for the Integrated and Independent IR Residency Programs since their inception in 2015 and an APD for the DR Residency Program since 2019. I am a member of the ZSOM Academy of Medical Educators. As member of the ZSOM Curriculum Committee, I developed both traditional and virtual curricula for the IR Elective. Nationally, I have helped develop educational modules for the SIR's Essentials IR Resident Curriculum. I was Section Chief of the IR Panel for ACR RadExam. I am a member of the ABR Oral Boards Examiner Panel and Core Examination Development Committees. I developed CME Online Modules for the SIR and was IR editor of ACR RADAR. I have devoted considerable effort to service, administration, and leadership to further the specialty of radiology. I am a member of numerous health system committees. Nationally, I am a member/officer of committees of the Association of Program Directors in Interventional Radiology, Association of Program Directors in Radiology, Association of Clinical Educators in Radiology, and the American College of Radiology. I chair the ACR Division of PP&TS and was a member of the ACR Appropriateness Criteria IR Panel 2. I am a Vice Chair of the SIR QPI Committee where I chair the Practice Improvement and Change Committee. I was elected Fellow of the ACR and the SIR; honors bestowed upon individuals who have made significant contributions to Radiology.

What do you think are the most important issues facing the ACR?

The ACR response to the most important issues facing the practice of radiology will define the ACR of the present and the future. These defining issues include declining reimbursement, the corporatization and consolidation of radiology practice, workforce shortages, the gap between studies generated and our ability to interpret them in a timely fashion, member burnout, turf wars, workflow efficiency, equitable access to radiologic services, and climate change. While all of the issues do not impact all radiologists, it is likely that all of our members experience at least one of them. Catering to the broad demographics of our members and balancing their needs against institutional pressures and the needs of the patients we serve is a complex challenge requiring solutions that leverage the power of our diverse members.

How should the ACR respond to them?

The ACR should continue to leverage the diversity and experience of its members to develop solutions to the complex challenges facing the society and the practice of radiology. Our membership is our strength and fostering their engagement within the society, institutionally, and politically will be instrumental to success. Historically, the ACR has adjusted to the changing medical landscape because of the solutions developed by our members and implemented by our leadership. Through identifying qualified, dynamic leadership candidates, the College Nominating Committee will be instrumental in shaping the future of the College and, by extension, the practice of radiology.

Reason for seeking office

I would like to serve on the committee to help choose qualified, dynamic leadership candidates who will be instrumental in shaping the future of the College and, by extension, the practice of Radiology. My experience as the Chair of the Practice Parameters & Technical Standards division has allowed me to work with diverse members of our society and ACR staff, an enjoyable and fruitful experience. Having worked my way up to this position from committee member to Chair has allowed me to hone my skills at multiple levels and through multiple roles. As a residency program director, I enjoy the process of identifying and recruiting trainees who not only fit our institutional culture but have a high likelihood of success. Similarly, I have served on executive search committees within my home institution. I look forward to bringing my skills and experience to the new challenge as a member of the CNC. As has been my prior experience within the College, I look forward to benefiting from the mentorship of the more senior members of the CNC to realize my full potential in this role and any future roles that I may hold.



Daniel C. Davis, MD, FACR

Contact

avacara@sbcglobal.net

Group/Practice Name

Robert J. Dole Veterans
Administration Medical
Center

Parent Organization

Veterans Health
Administration

Employer Type

Department of Veterans
Affairs facility

Primary Practice

Diagnostic Radiologist

Subspecialty

Musculoskeletal

Position Held

Chief of Radiology

Education

1984–1988 MD, University of Iowa Carver School of Medicine, Iowa City, IA
1981–1984 BS, California Institute of Technology, Pasadena, CA

Training

1995–1996 Body Imaging Fellowship, National Naval Medical Center,
Bethesda, MD
1988–1989 Internal Medicine Internship, Naval Medical Center Portsmouth,
Portsmouth, VA

ACR Activities

2024–2027 Member, Military Subcommittee for GSER
2023–2027 Member, Veterans Administration Subcommittee for GSER
2022–2028 Councilor, Kansas Radiological Society, Chapter of the ACR
2022–2028 Member, RLI Participant
2022–Present Member, RLI Participant
2015–2063 Selected as Fellow (FACR)

ACR Chapter

Kansas Radiological Society

Chapter Activities

2022–2028 Councilor, Kansas Radiological Society

Honors, Achievements & Appointments

- Professor, Dept of Radiology, Kansas University School of Medicine (Wichita), 2023
- Chair, ABR Image Quality Committee, 2023
- Musculoskeletal Trustee, American Board of Radiology (ABR), 2022
- Chair, ABR General Radiology Online Longitudinal Assessment (OLA) Committee, 2020
- Chair, ABR Musculoskeletal Core Exam Committee, 2016

Number of Publications, Books, Chapters and/or Presentations

- Publications: 3
- Chapters: 0
- Presentations: 3

Additional Disclosures and Interests

Leadership and Employment (Self):

- Trustee, ABR

Government Relations (Self):

- Radiology Service Chief, Veterans Affairs

Stock & Ownership (Self):

- Abbott
- AbbVie

- CVS
- Idaho Health Facilities Authority (Bonds)
- J&J
- Solventum
- South Dakota State Health (Bonds)
- United Health

Areas of interest and/or expertise

During my 31 year radiology career I have had several leadership roles with the Veterans Administration, the ABR, private practice and DOD (Navy). I have served as Service Chief for two different VA hospitals in addition to serving on several VA hospital committees. I am currently the musculoskeletal trustee for the ABR after serving as Chair of musculoskeletal and general radiology committees and as an oral board examiner with the prior oral exam. I have been an ABR volunteer for 18 years. In private practice I was a president of a group employing 20 radiologists and over 100 employees. I had served in other positions in that group prior to that. I spent time as a Program Director and division officer in the Navy. I spent time at four different Naval hospitals. I am currently appointed as a volunteer Professor of Radiology with the Kansas University School of Medicine (Wichita) where I mentor radiology residents who rotate at the VA. My passion is musculoskeletal radiology resident education, mentoring those I serve with at the VA and on my ABR committees, and supporting veterans at my VA.

What do you think are the most important issues facing the ACR?

My sense is that there is less volunteerism in radiology than there was 20 years ago. Most meetings are largely virtual and many radiologists work remotely, which likely contributes to this. This leads to less engagement in group practices and in voluntary radiology organizations. Radiologists don't share difficult or interesting cases as much as they used to. They don't know their group members as well as in the past. We all must continually strive to learn about our field, and that is partly done by staying engaged. The ACR, at both the national and state level, needs to make sure all radiologists know how important it is to support the ACR both by membership dues and by volunteering. Without both, the ACR loses the ability to influence important decisions, which can have major consequences to radiologists related to turf and income.

How should the ACR respond to them?

The ACR should make sure there is diversity regarding age, gender, race, group practice and geography throughout the organization at the national and state levels. That way all know they are supported. I know the ACR does an excellent job promoting its value to members, but that reminder will always be needed, since it is an expensive organization to support. State organizations need to promote its value to residents and fellows, so they understand the value in being a member of the ACR when they graduate. In the past, the average private practice group was smaller than it is now and there was a higher percentage of radiologists who were partners in these groups. These groups often would pay for ACR memberships for all. With consolidation and corporate ownership, there are less and less partners. If an employee physician has to pay out of pocket for ACR membership, then the ACR needs to make sure that these individuals know how valuable the lobbying and quality efforts are of the ACR. I always tell my VA colleagues, that their market pay (market pay varies by medical specialty) reflects what local radiologists in non-VA practices make. If their non-VA colleagues are not doing well, then that will eventually spill over to the VA.

Reason for seeking office

I am very interested to serve on the College Nominating Committee to make sure the ACR gets the best possible candidates for its elected positions. I am a strong believer in diversity amongst our candidates

College Nominating Committee (one two-year term)

whether it is based on personal or practice characteristics. If people feel they are not represented, then they are less likely to be involved or join. We always need to make sure these elected positions are filled by individuals who will promote radiology and minimize intrusions on quality, turf, and income. I would be honored to serve.



Ralph Drosten, MB, BCh

Education

2013–2015	Certificate, Academy of Radiology Leadership and Management, ALRM, Phoenix, AZ
1999–2000	Advanced Management Diploma, University of Manchester Business School, Manchester (based in RSA), UK
1999–1999	FCRad Diag, Fellow of the College of Radiology, Johannesburg, RSA
1987–1992	MBBCh, University of the Witwatersrand, Johannesburg, Gauteng, RSA

Training

2002–2003	Fellowship, Oncologic and PET Imaging, Dana-Farber Cancer Institute, Brigham and Women's Hospital, Harvard Medical School, Boston
2001–2002	Fellowship, Thoracic Imaging, Brigham and Women's Hospital, Harvard Medical School, Boston
1994–1999	Residency, University of the Witwatersrand, Johannesburg, RSA
1993–1993	Internship, Baragwanath Hospital, University of the Witwatersrand, Johannesburg, RSA

ACR Activities

2024–2027	Alternate Councilor, Arizona Radiological Society
2024–Present	CAC Liaison to IMPAC, Arizona Radiological Society
2022–Present	RLI participant, RLI Radiology Leadership Institute
2020–2024	Member, ACR Commission on International Relations
2020–2024	Member, ACR Lung Cancer Screening 2.0 Steering Committee
2014–2014	Invited speaker at ACR2014, Lung Cancer Screening, ACR2014

ACR Chapter

Arizona Radiological Society

Chapter Activities

2024–2025	Bylaws Committee Chair, Arizona Radiological Society
2024–2025	Alternate Councilor, Arizona Radiological Society
2024–2030	CAC Committee Liaison to IMPAC, Arizona Radiological Society

Honors, Achievements & Appointments

- American Journal of Radiology (AJR) Silver Reviewer Lifetime Achievement Award, 2023
- American Journal of Radiology (AJR) Distinguished Reviewer, 2020
- Dignity Diamond Award, Dignity Health St. Joseph's Hospital and Medical Center. Exhibits dignity, collaboration and excellence with a commitment to education and research, 2013
- Radiological Society of North America (RSNA) Cum Laude Award, 2006
- Chair of the Dean's Committee of Ten, elected by medical faculty, University of Arizona, Tucson AZ, 2024

Contact

ralphdros@yahoo.com

Group/Practice Name

Department of Medical Imaging

Parent Organization

University of Arizona

Employer Type

Academic institution

Primary Practice

Diagnostic Radiologist

Subspecialty

Thoracic

Position Held

Professor

- Chair of Radiology, Honor Health Osborn Hospital, Scottsdale AZ, 2023
- Vice Chief of Staff, elected by medical staff, Dignity Health St. Joseph's Hospital, Phoenix, AZ, 2020
- Tenured Professor, Creighton University School of Medicine, 2019
- Professor, University of Arizona, 2019
- Chair of Radiology, Dignity Health St. Joseph's Hospital, Phoenix, 2014–2021
- Dignity Health St. Joseph's Hospital Foundation Board of Directors and Finance Committee 2011–2021
- St. Joseph's Hospital Foundation Board of Directors and Finance Committee 2011–2021

Number of Publications, Books, Chapters and/or Presentations

- Publications: 11
- Chapters: 12
- Presentations: 200

Additional Disclosures and Interests

- No additional disclosures

Areas of interest and/or expertise

Learning from and collaborating with engaged, dedicated, inquiring, growth minded teachers and colleagues in South Africa, the United Kingdom and in the U.S., in academic and private practice, in first, second and third world settings, from isolated resource poor rural villages in Africa to the hallowed halls of Harvard, a journey with its accompanying diverse and vibrant multicultural, multisystem life experience is an honor and privilege that one life should not dare to dream of, let alone experience. I seek out and thrive in considered leadership roles where I endeavor to be a patient centric catalyst for improvement and progress and where I can be positively impactful. I delight when considering what the future holds in store for us, secure in the knowledge that both incremental and seismic meaningful things are yet to manifest. I strive towards and hope to contribute positively and substantively to humanity's tenuous journey.

What do you think are the most important issues facing the ACR?

If the ACR intends to become an even more important and impactful leader in a rapidly evolving governmental, medical and radiological landscape it should strive to proactively assimilate information, strategize and implement in an efficient and effective manner. Accomplishing this takes a considered, intentionally applied multipronged flexible approach that is able to evolve, one where leadership, networks, resources are impactful elements, and where articulate leadership is able to communicate strategy, successes and failures in a balanced and engaging fashion so as to garner the attention of and call to action an overworked and distracted membership, and also as a consequence of effectiveness, expand the membership.

How should the ACR respond to them?

Connecting intellectually and emotionally, backed up with demonstrable substance, are important components of striving for success with society, patients, advocacy, medical structures and colleagues. Supporting and expanding ACR guidelines, processes and procedures of excellence, that become inculcated as a leading light, a lighthouse, in medical culture and are repeated a multitude of times each day, reiterating just how important the ACR is, "in accordance with the ACR guidelines...", "ACR Imaging Center of Excellence", "ACR accredited", in tandem with big picture strategy consideration, implementation and effective communication, with a patient, community and society centric

appropriate utilization focus shows that the ACR cares for me and cares for us, all of us, and is intentional about doing the right thing.

Reason for seeking office

I am 57 years old, with broad life experience, with enough water under the bridge to be cognizant of my strengths and weaknesses, and with more than enough runway and dollops of energy to be considered, catalytic and substantively and positively impactful. The ACR is an important and impactful leader in radiology, medicine, healthcare and in our society. Contributing to the ACR's positive impact and expanding influence is an opportunity that I would be sincerely grateful for, and if entrusted with a leadership role, I will do all that I can to ensure and expand the value of radiology in our society.



Contact

mid2011@med.cornell.edu

Group/Practice Name

NYP-Weill Cornell Medical Center

Parent Organization

NYP-Weill Cornell Medical Center

Employer Type

Academic institution

Primary Practice

Diagnostic Radiologist

Subspecialty

Breast Imaging

Position Held

Associated Attending physician; Division Chief Breast Imaging

Michele B. Drotman, MD, FACR

Education

1990–1994 MD, The Chicago Medical School, North Chicago, IL

Training

1999–2000 Breast/Body Imaging fellowship, Memorial Sloan Kettering Cancer Center, New York

1995–1999 Radiology Residency, NYP-Weill Cornell Medical Center, New York

ACR Activities

2022–2027 Alternate Councilor, Other

ACR Chapter

New York State Radiological Society

Chapter Activities

2018–2022 Member, New York State Radiologic Society, Inc

2002–2005 Alternate Councilor, New York

Number of Publications, Books, Chapters and/or Presentations

- Publications: 25
- Chapters: 1
- Presentations: 0

Additional Disclosures and Interests

- No additional disclosures

Areas of interest and/or expertise

I have focused on expanding the scope, depth and access of the Cornell Breast Imaging Service. The division has grown to 28 breast radiologists and have expanded our services to improve patient access for all patients but, most notably, underserved communities. We have increased our patient outreach and consultations to improve access to underserved communities. I have always been committed to improving the educational experience of our trainees.

Our fellowship program has doubled in size and we have 4th year residents service as “mini-fellows” in breast imaging. I host visiting diversity summer interns, organized their schedules and provided mentorship. Our consult service, which I helped pioneer in 2013, has grown and significantly expanded in utilization. The service ensures concerns are addressed and is beneficial in several ways for both patients and radiologists. I have focused strongly on building our research program by fostering more collaboration and PhDs. My research and clinical interests are also currently focused on incorporating multiple new technologies, and workflow, most notably abbreviated MRI and expanding use of AI in breast imaging.

I was awarded FACR in 2020 and serve as alternate councilor for ACR for a second term. I am an active member of the NY Metropolitan Breast Cancer

Group, served on the executive committee, Treasurer and Vice President. I am part of the NYC-Paris Breast Consortium with clinical collaboration. I also recently participated in the Quality Assurance (NCQA) measurement advisory panel (MAP), a multidisciplinary panel, which works to improve the quality of healthcare.

What do you think are the most important issues facing the ACR?

Remaining strong and relevant with key leadership. Actively participating and advocating for the needs of our field so that we can best serve our patients and advance medicine.

How should the ACR respond to them?

By servicing as the voice of the needs of the radiology community and our patients and ensuring strong leadership to do so.

Reason for seeking office

I hope to learn more and assist in keeping the ACR leadership strong. Hope to have the opportunity to learn, participate and contribute.



Contact

rxrad@msn.com

Group/Practice Name

Progressive Physicians Associates

Parent Organization

St. Lukes Health Care Network

Employer Type

Independent private practice

Primary Practice

Diagnostic Radiologist

Subspecialty

Abdominal Imaging,
Gastrointestinal,
Genitourinary

Position Held

Attending Radiologist —
Site Director, Geisinger St.
Lukes Hospital

Roy J. Fertakos, MD, MBA, FACR

Education

2017–2021 Master of Business Administration, University of Massachusetts, Amherst, MA
1985–1989 Doctor of Medicine, University of Medicine and Dentistry of New Jersey–Robert Wood Johnson Medical School, Piscataway, NJ

Training

1996–1997 Fellowship, University of Maryland, Baltimore, MD
1992–1996 Radiology Residency, Morristown Memorial Hospital/Columbia Presbyterian Hospital; Morristown, NJ/NYC
1989–1992 Internal Medicine internship and residency, Pennsylvania Hospital, Philadelphia, PA

ACR Activities

2023–2024 CAC Mentor, CAC network
2022–2024 Member, RLI Participant
2020–2024 CAC network core member, Economics committee
2018–2023 Macra subcommittee, Economics committee

ACR Chapter

New Jersey Radiological Society
Pennsylvania Radiological Society

Chapter Activities

2023–2024 Alternate Councilor, Radiological Society of New Jersey
2022–2023 Alternate Councilor, Radiological Society of New Jersey
2021–2022 Alternate Councilor, Radiological Society of New Jersey
2020–2021 Alternate Councilor, Radiological Society of New Jersey
2019–2020 Alternate Councilor, Radiological Society of New Jersey

Number of Publications, Books, Chapters and/or Presentations

- Publications: 5
- Chapters: 0
- Presentations: 5

Additional Disclosures and Interests

Leadership and Employment (Close Personal Relationship):

- Merck, Retired 2024 (Employment)

Areas of interest and/or expertise

Through the many years of being a practicing radiologist, I have learned communication between clinicians, administrators and all healthcare professionals is such an important concept in continuing the advancement of excellence in healthcare. This has always been a focus in my clinical and academic activity. I have been involved in committees both through the RSNJ and ACR including Novitas CAC advisor, MACRA, and membership of the CAC network. I have been active in document review as well as advocacy in conjunction with multispecialty coalitions in negotiating improvements in CAC

process with local contractors and CMS. I have also participated as a mentor in the ACR mentorship program for potential new radiologists in the CAC process. Good communication should be nurtured amongst our trainees. I have been involved in resident training for many years. Encouragement of residents to share clinical discussions with their colleagues as well as through professional society advocacy has been an important teaching point for me. This activity not only advances knowledge in the field of radiology but also adds interest in learning and enthusiasm with a feeling of a larger purpose for residents. “Business of radiology” topics and advocacy is great adjunct for residency training. As site director of my department, I find interviewing candidates is a great way to evaluate skills in communication. These types of candidates lead to better alignment with physicians, residents, administrators and staff. This alignment certainly leads to better patient care and satisfaction.

What do you think are the most important issues facing the ACR?

N/A

How should the ACR respond to them?

N/A

Reason for seeking office

I would like to become a member of the nominating committee to utilize my practice experience to help find the best communicators, leaders, and organizers with necessary self-awareness to help our college continue to foster excellence for our patients. My journey as a radiologist was cultivated in a variety of settings including private practice, academic and consultant roles offering differing experiences with radiology practices through the years. I have embraced leadership roles when needed and have added additional business training to supplement my skill set to better position our practice ahead of the curve in the ever expanding and complex health care environment. I would like to use these same unique attributes and overall perspective to enhance the community of radiology by participating in the nomination process of leadership of the American College of Radiology.



Contact

juandguerreroc@gmail.com

Group/Practice Name

Emory Radiology

Parent Organization

Emory University

Employer Type

Academic institution

Primary Practice

Diagnostic Radiologist

Subspecialty

Breast Imaging,
Mammography

Position Held

Assistant professor,
Assistant Fellowship
Program Director

Juan Diego Guerrero-Calderon, MD

Education

2012–2016 MD, University of Puerto Rico — School of Medicine, San Juan, PR

Training

2021–2022 Breast Imaging Fellowship, Emory University, Atlanta, GA

2017–2021 Diagnostic Radiology Residency, University of Alabama at Birmingham, Birmingham, AL

2016–2017 Transitional Year, San Juan City Hospital, San Juan, PR

ACR Activities

2023–2025 Member, Young and Early Career Professionals Section — Executive Committee

2021–2022 Member, RFS Women and Diversity Advisory Group

2021–2022 Secretary, Resident and Fellow Section — Executive Committee

2021–2022 Alternate Councilor, Resident and Fellow Section — Executive Committee

2020–2021 Chair, RFS Women and Diversity Advisory Group

ACR Chapter

Georgia Radiological Society

Chapter Activities

2024–2025 Alternate Councilor, Georgia Radiological Society

2023–2024 Alternate Councilor, Georgia Radiological Society

Honors, Achievements & Appointments

- Emory Radiology Teacher of the Year Nominee, 2024
- University of Alabama Birmingham Alumni Spotlight, 2024
- University of Alabama Birmingham Resident Award — Breast Imaging Section, 2020
- University of Puerto Rico School of Medicine — Leadership Award, 2016
- University of Puerto Rico School of Medicine — Nuclear Medicine Section Recognition, 2016
- Champion for Breast Cryoablation, 2024
- Assistant Fellowship Program Director — Breast Imaging, 2023
- Assistant Professor of Radiology and Imaging Sciences, 2022
- Champion for Mobile Mammography Program, 2020

Number of Publications, Books, Chapters and/or Presentations

- Publications: 7
- Chapters: 0
- Presentations: 6

Additional Disclosures and Interests

Advisory/Consulting (Self):

- Genoray (Consulting)

Areas of interest and/or expertise

I am an advocate for equity in radiology, both locally and globally. After residency at the University of Alabama at Birmingham (UAB), I completed a breast imaging fellowship at Emory University. I am an Assistant Professor at Emory University, where I serve as fellowship Assistant Program Director and champion for breast cryoablation. In 2023, I participated in the American Roentgen Ray Society (ARRS) Clinician Educator Development Program. In 2024, I have been part of the Emory Junior Faculty Development Course. I have raised awareness of ableism and promoted inclusion of patients and radiologists with disabilities through articles and talks. In 2019, I founded the UAB RAD-AID Chapter and started working on inequities for populations in Alabama. I volunteer in RAD-AID as remote faculty for residents in Guyana since 2021. I have also served as sponsor for one-month breast Imaging observerships at Emory University for a women's imaging fellow from Tanzania (2023), as well as a senior radiology resident from Guyana (2024).

In ACR RFS, I served as Chair of the Women and Diversity Subcommittee in 2020-2021 and as Secretary of the Executive Committee in 2021-2022, which allowed me to be an alternate councilor in the ACR meeting of 2022. In ACR YPS, I am completing my second term as Social Media Liaison of the Executive Committee. Additionally, I served as alternate councilor for the Georgia Radiological Society (GRS) in 2024 and will do so again in 2025 and 2026.

What do you think are the most important issues facing the ACR?

The ACR has been instrumental in establishing and protecting radiology in the face of numerous political and social challenges. Nevertheless, many issues remain. Currently, some of the most important issues that the ACR faces are reimbursement cuts, creeping scope of practice, increased volume of work and radiologist burnout, as well as maintaining college membership. In recent years, we have fought against reimbursement cuts for radiology studies. Even though advocacy has been successful in reducing the cuts, the Medicare fee schedule has been reduced by nearly 10% in the last 10 years. Reimbursement cuts have come together with increased utilization of radiology studies. The Clinical Decision Support/ Appropriate Use Criteria program has been paused by CMS. Ultimately, increased volumes have resulted in increasing rates of burnout among radiologists. Additionally, we have seen creeping scope of practice in several medical specialties. This has become increasingly worrisome for young and early career radiologists like me. I am grateful for the open discussions to determine the ACR position regarding MARCA and for listening to all interested parties regarding the stipulations of the RRA policy. Maintaining College membership is very important so that the ACR can continue funding and staffing the committees and positions that have resulted in the incredible accomplishments the ACR has in its centenary history. Finally, the development of artificial intelligence continues and although it isn't a problem at this time, it may become a problem if its development isn't properly regulated.

How should the ACR respond to them?

The ACR should continue lobbying against CMS reimbursement cuts. Just like we did in the past year, we must continue advocating against the planned 2.8% cut in physician payment by the Centers for Medicare & Medicaid Services (CMS) in the 2025 Medicare Physician Fee Schedule. We should continue educating clinicians and promoting regulatory agencies to be watchful for valid indications of ordered studies, without becoming an obstacle for patients to obtain the indicated imaging studies. Furthermore, we should continue promoting physician wellness. This should move beyond required courses into workplace policies, including scheduling flexibility. Regarding the possible creeping scope of practice by physician assistants, nurse practitioners and radiologist assistants, we must remain alert for any developments that may allow non-physicians to work autonomously. Regarding the RRA policy, ACR should continue discussions with ASRT so that the stipulations of their role remain limited to being under the supervision of a radiologist. We must safekeep our expert reads, which contribute to the

high-quality care that patients deserve. To maintain membership, we have to continue involving medical students, residents, and fellows in ACR endeavors. As they experience the extraordinary work that our college does, they will want to become involved and to pay their membership fees once they become practicing radiologists. Continued support is needed to maintain communication as they transition from RFS to YPS. Finally, the ACR should continue spearheading and controlling the development of clinically useful artificial intelligence in a way that will enhance radiologists' efficiency and accuracy, resulting in better patient care.

Reason for seeking office

Serving in the ACR aligns with my vocation for service with the ultimate goal of achieving social justice. As in my past and current ACR roles, ACR office allows me to contribute to equity and justice in our profession and our society. Becoming a member of the College Nominating Committee will give me a voice in the selection of the candidates to occupy the vacancies for the Board of Chancellors, the Council Steering Committee, the College Nominating Committee, and the Intersociety Summer Conference. My perspective as a racial/ethnic minority that has seen the ACR through the lens of a trainee and an early career radiologist will be valuable to achieve fair and unbiased evaluation of candidates for these vacant positions.



Kathleen R. Gundry, MD, FACR

Contact

kgundry@emory.edu

Group/Practice Name

Department of Radiology
and Imaging Sciences

Parent Organization

Emory University School of
Medicine

Employer Type

Academic institution

Primary Practice

Diagnostic Radiologist

Subspecialty

Breast Imaging

Position Held

Associate Professor

Education

1988–1992 MD, University of Arizona, Tucson, AZ

Training

1999–2000 Breast Imaging Fellowship, Mallinckrodt Institute of Radiology,
Washington University School of Medicine, St. Louis, MO

1995–1999 Radiology Residency, University of Maryland, Baltimore, MD

1994–1995 Nuclear Medicine Residency, Emory University, Atlanta, GA

1992–1994 General Surgery Residency, Emory University, Atlanta, GA

ACR Activities

2024–2024 Chair, Tellers Committee

2023–2023 Chair, Credentialing Committee

2022–2022 Chair, Tellers Committee

2021–2021 Member, Tellers Committee

2017–2025 Member, Medicaid Network Committee

2016–2027 Member, ACR Medicaid Network

2014–2018 Member, Economics Committee on HOPPS/APC

2013–2017 Member, Committee on Economics Issues in Academic Radiology

ACR Chapter

Georgia Radiological Society

Chapter Activities

2018–2027 Chair, Awards Committee, Georgia Radiological Society

2019–2027 Councilor, Georgia Radiological Society

2015–2017 Member, Educational Course Committee, Georgia Radiological
Society

2016–2027 Chair, Bylaws Committee, Georgia Radiological Society

2016–2027 Member, Board of Directors, Georgia Radiological Society

Honors, Achievements & Appointments

- Fellow of the American College of Radiology, 2019
- American Board of Radiology Volunteer Service Award, 2018
- Clinical Site Director Breast Imaging, Grady Memorial Hospital Atlanta, 2007

Number of Publications, Books, Chapters and/or Presentations

- Publications: 13
- Chapters: 0
- Presentations: 3

Additional Disclosures and Interests

- No additional disclosures

Areas of interest and/or expertise

I have been a practicing radiologist in the area of breast imaging for over 23 years. I am an Associate Professor of Radiology and Imaging Sciences at Emory

University School of Medicine and the Director of Breast Imaging at Grady Memorial Hospital. Through my leadership, Grady Breast Imaging has gained recognition by the American College of Radiology as a Breast Imaging Center of Excellence. The program has grown significantly and provides superior patient care for its underserved population. Most notably, I developed the first radioactive seed localization program in the state of Georgia at Grady in 2014. I, also, helped develop the breast MRI programs at Emory and Grady and have overseen the implementation of digital, tomosynthesis and contrast enhanced mammography imaging at Grady Memorial Hospital.

I have taught over 300 residents and fellows in all aspects of breast imaging and have mentored several research projects with residents. I have lectured throughout the country on all areas of breast imaging. The patient education materials I created have been adopted by multiple facilities. I serve(d) on a number of ACR committees and several other national and regional radiology committees. I have taken on leadership roles in the GRS. And have chaired or been a member of several Grady and Emory committees. I have a strong dedication to providing quality care to underserved populations and was the first radiologist to participate in the American College of Pathology Cervical and Breast Cancer Screening Program for the Native American Population in South Dakota.

What do you think are the most important issues facing the ACR?

1. Declining membership.
2. Decreasing reimbursement.
3. Misunderstanding of the role of radiologist in medical care.
4. APP increased scope of practice.

How should the ACR respond to them?

1. Increasing membership requires additional effort sell radiologists on the merits of and build enthusiasm for the ACR. This should begin in residency with ACR-branded educational material and outreach to residents/fellows about economic and governmental issues and the role the ACR plays in them. Increasing the sense of radiology, radiation oncology and medical physics as one community with similar goals should be emphasized.
- 2-4. ACR needs to continue to advocate for radiology and radiation oncology as an important component of modern medicine. Part of this includes explaining to the public and state and national government leaders about the expertise that radiologists bring and how this cannot be replaced with APPs. The cost savings of the correct imaging study being done and the being read by a trained radiologist needs to be expounded.

Reason for seeking office

I want to keep the ACR a strong organization that advocates for the needs of radiologists, radiation oncology and medical physicists. I feel by serving on the College Nominating Committee, I can make the most impactful contribution to the ACR. I can help direct the future path of the ACR and look for solutions and actions to meet the needs of the organization. I want to ensure that the organization stays true to its goals and meets the needs of its members. As a member of the College Nominating Committee, I will have a chance to give back to the ACR and the profession of radiology in a significant way.



Adam H. Kaye, MD, MBA

Contact

adamkaye22@gmail.com

Group/Practice Name

Advanced Radiology
Consultants

Parent Organization

Advanced Radiology
Consultants

Employer Type

Independent private
practice

Primary Practice

Diagnostic Radiologist

Subspecialty

Abdominal Imaging,
Nuclear Medicine,
Thoracic

Position Held

Partner in ARC; Chair of
Radiology — St Vincent's
Medical Center

Education

2007–2009 MBA, Yale University School of Management, New Haven, CT
2004–2009 MD, Yale University School of Medicine, New Haven, CT

Training

2014–2015 Fellowship — Nuclear Radiology, Hospital of the University of Pennsylvania, Philadelphia, PA
2013–2015 Fellowship — Oncologic/Body Imaging, Hospital of the University of Pennsylvania, Philadelphia, PA
2013–2014 Fellowship — Informatics, Hospital of the University of Pennsylvania, Philadelphia, PA
2010–2014 Residency, Hospital of the University of Pennsylvania, Philadelphia, PA
2009–2010 Internship, Greenwich Hospital, Greenwich, CT

ACR Activities

2022–2024 Board Member, Radiology Advocacy Network
2022–2023 Executive Committee — RADPAC Liaison, Young and Early Career Section
2020–2022 Membership Chair, Young and Early Career Professionals Section — Exec Committee
2015–2018 Committee Member, Patient- and Family-Centered Care Committee
2014–2014 Member-in-Training Representative, Intersociety Conference
2014–2014 Member, Candidates
2014–2014 Member, Candidates
2014–2014 Member, Candidates
2013–2015 PA Chapter Liaison to RAN, Resident and Fellows Section
2013–2014 Member, Resident and Fellow Section — Membership Subcommittee

ACR Chapter

Radiological Society of Connecticut

Chapter Activities

2024–2026 Secretary, Radiological Society of Connecticut
2023–2026 Councilor, Radiological Society of Connecticut
2016–2017 Alternate Councilor, Radiological Society of Connecticut
2016–2017 Alternate Councilor, Radiological Society of Connecticut
2015–2022 YPS Chair/Alternate Councilor, Radiological Society of Connecticut

Number of Publications, Books, Chapters and/or Presentations

- Publications: 6
- Chapters: 0
- Presentations: 2

Additional Disclosures and Interests

Leadership and Employment (Close Personal Relationship):

- Sirona Medical (Employment)

Areas of interest and/or expertise

After an internship in internal medicine at Greenwich Hospital, I completed a diagnostic radiology residency at the University of Pennsylvania. During that time, I was also in the first class of informatics fellows, as well as starting a two-year oncologic imaging fellowship that encompassed body imaging in my fourth year of residency and a full nuclear radiology fellowship the following year. I have used these experiences, since starting my career at Advanced Radiology, to build many service lines to enhance patient care, such as a prostate MR and PSMA-PET/CT program and a rectal cancer MR program. I have also stayed involved in the ACR and my state chapter through being my chapter's Young and Early Career Professionals (YPS) Chair for many years, as well as serving for several years on the ACR YPS Executive Committee. I am currently acting as a mentor for our state chapter's new YPS Chair, and have recently been elected secretary of our state chapter. I continue to be involved in practice leadership, serving as Chair of Radiology at our flagship hospital and currently serving as a board member for the last four years.

What do you think are the most important issues facing the ACR?

We are at a unique time in the practice of radiology where corporatization of practices, enlarging hospital systems and uncertain changes to practice structure is colliding with workforce shortages that may drastically change the healthcare system and practice of medicine as a whole, let alone radiology. It is imperative that the ACR continue to hear from a diverse group of voices in terms of practice type, background and experience. It is imperative that the ACR, in the face of these sometimes competing cadres of interests, makes sure it is advocating in the best interests of patients as well as of a sustainable future for radiology and radiologists. This includes making sure that the ACR is represented by large and small practices; by seasoned veterans of the ACR as well as new, younger radiologists; and by people from all walks of life.

How should the ACR respond to them?

I hope that by being a member of the College Nominating Committee (CNC), I can make sure that the ACR keeps this diversity of voices represented and can help promote candidates from all corners of the radiology universe. The ACR needs a unified voice to continue promoting the best interests of our patients and our specialty, and a diversity of opinions such as this is needed to make sure that the ACR acts as such, whether that be focusing our strong economics team on increasing access to imaging or making sure our government relations team provides members and state chapters with the information they need to better advocate for our patients. We are better together, and the more we can keep our differences out of the spotlight and focus our energy on our common goals, the more we can accomplish.

Reason for seeking office

As mentioned, I think that a strong CNC is vital to keeping the College's priorities in line with a changing workforce. As the makeup of our members changes, so too should the leadership and representation. I feel that my diversity of experiences and my leadership pedigree has made me an ideal candidate to find and evaluate radiologists to fill these roles, whether they be rising stars in the RFS and YPS or seasoned chapter leaders that would be perfect fit for roles in national ACR leadership.



Erica Kinne, MD

Contact

ekinne@llu.edu

Group/Practice Name

Faculty Medical Group

Parent Organization

Loma Linda University
Medical Center

Employer Type

Academic institution

Primary Practice

Diagnostic Radiologist

Subspecialty

Musculoskeletal

Position Held

Radiologist, Assistant
Professor, Department of
Radiology

Education

2004–2008 MD, Loma Linda University School of Medicine, Loma Linda, CA

Training

2013–2014 Musculoskeletal Radiology Fellowship, University California, San Diego, San Diego, CA

2009–2013 Radiology Residency, Loma Linda University Medical Center, Loma Linda, CA

2008–2009 Transitional Year Internship, Kettering Medical Center, Kettering, OH

ACR Activities

2024–2024 Tellers Committee Member, Tellers Committee of the 2024 ACR Annual Meeting

2022–2022 Member, RLI Participant

2019–2025 Councilor, ACR

2017–2019 Alternate Councilor, ACR

2015–2024 Member, ACR

ACR Chapter

California Radiological Society

Chapter Activities

2024–2025 President Inland Radiological Society, Inland Radiological Society, local chapter of the California Radiological Society

2016–2024 Member, California Radiological Society

Honors, Achievements & Appointments

- Appointment as Loma Linda University Medical Staff President, 2022–2024
- Appointment as Diagnostic Radiology Residency Program Director 2021–Present
- Appointment as Interventional Radiology Residency Associate Program Director, 2021–Present
- Appointed to the Board of Directors for the Alumni Association, Loma Linda University School of Medicine, 2020
- Appointed to membership on the California Department of Public Health–Radiologic Health Branch’s Radiologic Technology Certification Committee, 2020
- Inducted into the Alpha Omega Alpha Honor Medical Society, 2013

Number of Publications, Books, Chapters and/or Presentations

- Publications: 5
- Chapters: 0
- Presentations: 6

Additional Disclosures and Interests

Leadership and Employment (Self):

- Medical Staff President, Loma Linda University Medical Center

Areas of interest and/or expertise

As an academic radiologist and Radiology Residency Program Director, a large portion of my professional time is dedicated to teaching, mentoring, and fostering educational growth. I oversee the training of approximately 40 residents, providing guidance on clinical skills, professional development, and research. I also mentor junior faculty, helping them enhance their teaching and contribute to the educational mission of our programs. Additionally, I advise medical students on positioning themselves for the match and often collaborate with them on quality improvement initiatives and research projects.

As a musculoskeletal fellowship-trained radiologist, I divide my clinical practice between musculoskeletal and body imaging. To stay current with the latest advancements in both fields, I consistently pursue continuing medical education (CME) opportunities, attending courses and conferences focused on musculoskeletal and body imaging, as well as conferences dedicated to education. Notably, I have participated in the annual meetings of the Association of Academic Radiologists since 2015. My service to Loma Linda University Medical Center has been extensive, including a two-year term as President of the Medical Staff, where I contributed to initiatives that supported both clinical and operational excellence. At the state and national levels, I served for three years as a committee member on the California Department of Public Health's Radiologic Health Branch's Radiologic Technology Certification Committee, where I provided input on regulations that support the administration and enforcement of the Radiology Technology Act. Through these various roles, I strive to improve patient care, enhance resident education, and advance the field of radiology.

What do you think are the most important issues facing the ACR?

1. Radiologist shortages and increasing workloads.
2. Concern regarding AI and job security.
3. Adapting curricula in education/training to incorporate AI, machine learning, and informatics.
4. Reductions in reimbursements.

How should the ACR respond to them?

1. Incentivize radiologists with competitive compensation packages, offer internal moonlighting opportunities (so that those who work more get paid more), utilize teleradiology to extend access to radiologists and help with coverage, utilize AI to help radiologists work more efficiently.
2. AI has the potential to transform radiology but an emphasis needs to be made on augmenting, not replacing, radiologists. ACR continue to provide training programs to help radiologists use and incorporate AI into their practices, making them more efficient and productive, thus helping with radiologist shortages and increasing workloads.
3. Expand continuing medical education (CME) to provide CME opportunities in AI, machine learning, and informatics to program directors, residents, and other radiologists. Provide recommendations for how AI should be incorporated into residency training programs (i.e. should report IMPRESSIONS be allowed to be automatically generated for residents). Boundaries need to be established so as to not hurt the residency training environment, ensuring that residents actually learn how to be radiologists and not be fully dependent on AI.
4. Continuing advocacy efforts and working closely with policymakers to advocate and educate for legislation and policies that result in fair reimbursement rates.

Reason for seeking office

I have had the privilege of attending the ACR Annual Meeting since 2017, and I am eager to become more deeply involved in leadership of and service to this organization. As an advocate for the advancement of radiology, I am excited about the opportunity to contribute to the ongoing ACR efforts to shape the future of the profession. I believe that selecting exceptional leaders is critical to

the continued success of any organization, and I am particularly drawn to the work of the College Nominating Committee (CNC) in identifying and supporting those leaders. In my current role as Program Director of the Radiology Residency Program and having served as the Chair of the Residency Interview Committee for the past 10 years, I have gained extensive experience in candidate selection, assessment, and mentorship. These roles have honed my ability to evaluate leadership potential, recognize qualities that contribute to organizational success, and collaborate with diverse teams to achieve shared goals. I am confident that these skills will enable me to contribute meaningfully to the CNC's work. I am also eager to learn from and work alongside others who share a commitment to the ACR mission and vision. By leveraging my experience and enthusiasm, I hope to help identify leaders who will guide the ACR and the radiology field toward continued growth and excellence. I look forward to the opportunity to contribute to the future of radiology through the College Nominating Committee and am excited about the potential to serve this important organization.



Contact

chrismutter.rvu@gmail.com

Group/Practice Name

Spectrum Healthcare Partners

Parent Organization

Spectrum Healthcare Partners

Employer Type

Multispecialty entity

Primary Practice

Diagnostic Radiologist

Subspecialty

Breast Imaging

Position Held

Director of Imaging
Memorial Hospital, North Conway

Additional Employer(s)

Group/Practice Name

Xray Professional Associates

Parent Organization

Xray Professional Associates

Employer Type

Independent Private Practice

Position Held

Diagnostic Radiologist

Christopher M. Mutter, DO

Education

- 2010–2014 Doctor of Osteopathy, Rocky Vista College of Osteopathic Medicine, Parker, CO
- 2006–2009 Political Science and Biomedical Science, Colorado State University, Fort Collins, CO

Training

- 2019–2020 Breast Imaging Fellowship, University of Virginia, Charlottesville, VA
- 2015–2019 Radiology Residency, Michigan State University/Spectrum Health System, Grand Rapids, MI
- 2014–2015 Traditional rotating internship, New York College of Osteopathic Medicine/Brookhaven Memorial Hospital, Patchogue, NY

ACR Activities

- 2022–Present Member, RLI Participant
- 2023–2025 Member, Committee on Chapters

ACR Chapter

Maine Radiological Society

Chapter Activities

- 2024–2025 President, Maine Radiologic Society

Number of Publications, Books, Chapters and/or Presentations

- Publications: 4
- Chapters: 0
- Presentations: 32

Additional Disclosures and Interests

Leadership and Employment (Self):

- Board of Directors, Maine Medical Association

Areas of interest and/or expertise

This year marks a decade since entering the field of radiology as a resident. In the time since I have consumed as much as I could trying to immerse myself in every facet of radiology. Educating is an obvious endeavor when in training as we all try to become an expert in the field that we have decided to embark on for the remainder of our lives. In addition to the everyday learning, I immediately began to get involved in as many of the opportunities at the periphery of radiology life as my extra time would allow. This meant volunteering for various committee positions on the house staff council and other hospital committees in my hopes of giving radiology a seat at the table of these various levels of administration.

During this time I also began my involvement with the ACR where I was able to serve in many roles in the chapter and national leadership. I continued this

involvement once leaving training in leadership positions in new practice as well as state societies both in radiology and general medicine. Throughout this time I have also served as a mentor at the medical student, resident, and junior attending role as I attempt to give back the benefits that I was offered from others in my journey as a radiologist. Lastly, my continued endeavor to make that patient first has never been lost through this process as they are who we are ultimately here for.

What do you think are the most important issues facing the ACR?

As the newly elected President of my state's radiologic society, I have witnessed firsthand some of the most pressing challenges currently facing radiology, particularly the shortage of workforce and shifting reimbursement models. However, one issue that stands out, in my opinion, is the lack of sustained participation and engagement outside of daily clinical duties. In today's environment, it has become increasingly difficult to encourage radiologists to volunteer for hospital committees, board meetings, and active involvement at the state and national levels. This has been exacerbated by the pandemic and the numerous competing demands on our time. This has created a dichotomy of practitioners where some continue to see the necessity and reward in volunteerism and leadership while others retreat to the sidelines because of these demands that face us inside and outside of work.

How should the ACR respond to them?

To help address these previously discussed challenges, I believe the college has played a critical role in fostering broader participation. Promoting more flexible and accessible ways for radiologists to participate with virtual meetings or short-term, task-based involvement has allowed participants to contribute meaningfully without overwhelming their already full schedules. I feel the college needs to continue to leverage and invest in technology and communication platforms to make participation more convenient. A more chapter-driven online platform where members could post, communicate, and collaborate may help members stay informed and involved without adding to the daily stress. This would be like a fusion of the chapters portal and the engage platform as the information and posts would be more centered around the chapters. Lastly, continuing efforts to recruit and mentor younger or early-career radiologists, helping them integrate into leadership roles within state and national societies. By building a pipeline of new voices, we can ensure that the representation of radiology remains diverse and well-rounded.

We must also show how participation at all levels — local, state, and national — can drive meaningful change. Ensuring that radiology's voice is heard requires a collective effort, and as such, we need to encourage all members to take part in advocacy efforts, no matter how small their contributions might seem. By taking these steps, I believe we can significantly increase engagement within the radiology community and ensure that we are speaking with one unified voice on the issues that matter most to our profession.

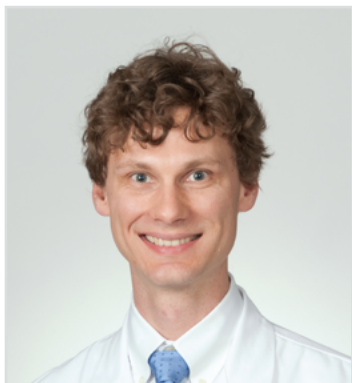
Reason for seeking office

Creativity and diversity in thought are features of leadership I believe will continue to advance the field of radiology through the issue I have previously discussed. I am eager to contribute my short experience and enthusiasm for the profession by assisting in identifying and recommending individuals who will guide ACR in its mission to shape the future of radiology. It is my belief that I have developed a deep understanding of the qualities that make an effective leader through my various leadership and committee positions with the College and other positions in hospital and practice leadership. A commitment to diversity of thought, creativity, and innovation will contribute to the success of our profession.

As a member of the Nominating Committee, I would prioritize identifying candidates who embody these values and who are equipped to navigate the evolving challenges and opportunities facing radiology. I hope to have demonstrated with my application my past abilities to advocate for collaboration, mentorship, and inclusivity within the radiology community. I believe this perspective is essential for effective decision making, and I am dedicated to helping ensure that ACR leadership reflects the diverse needs and priorities of its members. It would be an

College Nominating Committee (one two-year term)

honor for the chance to contribute my passion and enthusiasm to assist the ACR in achieving ongoing success in advancing the field of radiology. I look forward to the opportunity to collaborate with fellow leaders and continue making a positive impact within the ACR community and thank you for the consideration of my application.



Joseph W. Owen, MD

Education

2005–2009 MD, University of Kentucky College of Medicine, Lexington, KY
2000–2004 BA, Princeton University, Princeton, NJ

Training

2014–2015 Body MR Fellowship, Washington University, Mallinckrodt Institute of Radiology, St. Louis, MO
2010–2014 Diagnostic Radiology Residency, Washington University, Mallinckrodt Institute of Radiology, Barnes-Jewish Hospital, St. Louis, MO
2009–2010 General Surgery Internship, University of Kentucky College of Medicine, Lexington, KY

ACR Activities

2022–Present Member, RLI Participant
2021–2023 Member, Committee on LI-RADS — Q&S
2019–2023 Member, Committee on Economics — Body Imaging

ACR Chapter

Kentucky Radiological Society

Chapter Activities

2022–2025 2nd Term Councilor, Kentucky Radiological Society
2020–2022 President, Kentucky Radiological Society
2019–2022 Councilor 1st Term, Kentucky Radiological Society
2018–2020 Vice President, Kentucky Radiological Society
2017–2018 Alternate Councilor, Kentucky Radiological Society

Honors, Achievements & Appointments

- Distinguished Reviewer, Abdominal Radiology, 2019
- Annual Joseph King, MD Award for Teaching Excellence (selected by Diagnostic Radiology Residents, “Teacher of the Year”), University of Kentucky, 2018
- Alpha Omega Alpha Honor Medical Society, University of Kentucky College of Medicine, Lexington, KY, 2009
- Gold Humanism Honor Society, Arnold P. Gold Foundation, University of Kentucky College of Medicine, Lexington, KY, 2009
- First Author — “Brant and Helms” Chapter 48 — Liver, 5th edition, 2024
- Member, RSNA GI Education Exhibits Awards Committee, 2023
- Chair, Liver Reporting & Data System (LI-RADS) Radiology-Pathology Working Group, 2021

Number of Publications, Books, Chapters and/or Presentations

- Publications: 20
- Chapters: 6
- Presentations: 69

Contact

jwowen2@uky.edu

Group/Practice Name

Department of Radiology,
University of Kentucky

Parent Organization

UK Healthcare

Employer Type

Academic institution

Primary Practice

Diagnostic Radiologist

Subspecialty

Abdominal Imaging,
Gastrointestinal,
Genitourinary, Pediatric

Position Held

Associate Professor of
Radiology

Additional Disclosures and Interests

Stock & Ownership (Self):

- Moderna
- Eli Lilly

Areas of interest and/or expertise

I am a diagnostic radiologist with fellowship training in body MR and completed my residency at the Mallinckrodt Institute of Radiology. My clinical interests lie in liver and gynecological imaging, with a focus on MR imaging. Dedicated to medical student education, I've directed a program integrating radiology education throughout all four years of medical school. This requires constant revision and attention and necessitates my involvement in curricular development, in addition to lecturing. As the Advanced Development Director for Radiology, I advise and mentor students pursuing radiology careers, guiding over 30 through the residency application process. Committed to leadership and service, I contribute to my department's advisory committee and have served as both President and Vice President of the Kentucky Radiological Society. Above all, I strive for excellence in patient care by providing high-quality reports and actively participating in multidisciplinary conferences to optimize treatment strategies.

What do you think are the most important issues facing the ACR?

The ACR is facing a number of recurring and emerging issues including but not limited to the following: workforce shortages, burnout, the integration and impact of AI in radiology, and legislative/regulatory issues at the local, state and federal level.

How should the ACR respond to them?

Workforce shortages: Continue to advocate for additional radiology residency positions. Revise and expand alternative training pathways. Careful integrate alternative providers such as radiology assistants into radiology practices. Burnout: Continue to education radiology leaders on strategies to reduce burnout, including flexible work hours, increased agency and autonomy, decreased administrative burden, and improved efficiency. AI in radiology: Ensure the appropriate regulatory environment for radiology practices to integrate AI in a manner that improves efficiency, increases accuracy, and advances patient care, without increasing the burden on radiologists, and while mitigating potential job displacement. Legislative/regulatory issues: Continue to advocate at all level of government for policies that support radiologists and improve patient care.

Reason for seeking office

My interest in the College Nominating Committee stems from a commitment to the ACR mission and a desire to contribute to its leadership. I believe my experience as an alternative counselor, counselor, chapter Vice President, and chapter President has given me valuable insight into the challenges and opportunities facing radiologists. I am particularly interested in advocacy and education, and the impact the ACR can have in these domains. Serving on the College Nominating Committee would allow me to participate in shaping the future of the ACR. I look forward to the opportunity to identify and recommend candidates who possess the dedication, vision, and expertise needed to advance the field of radiology. I am confident that my experience with the ACR and other national radiology organizations would make me a valuable asset to the committee. I hope to have the chance to contribute my time and energy to this important role.



Erick M. Remer, MD, FACR

Contact

remere1@ccf.org

Group/Practice Name

Diagnostics Institute

Parent Organization

Cleveland Clinic

Employer Type

Academic institution

Primary Practice

Diagnostic Radiologist

Subspecialty

Abdominal Imaging,
Gastrointestinal,
Genitourinary

Position Held

Professor of Radiology

Education

1984–1988 MD, University of Michigan, Ann Arbor, MI

1980–1984 BS, University of Michigan, Ann Arbor, MI

Training

1993–1994 Cross Sectional Imaging Fellowship, University of Michigan, Ann Arbor, MI

1989–1993 Diagnostic Radiology Residency, Northwestern University, Chicago, IL

1988–1989 Transitional Internship, Henry Ford Hospital, Detroit, MI

ACR Activities

2021–2022 Member, Committee on ACR Appropriateness Criteria

2021–2022 Chair, Committee on Appropriateness Criteria Gaps and Harmonization

2019–2023 Member, Committee on Abdominal Imaging — Body Imaging

2017–2021 Member, Committee on Appropriateness Criteria Gaps and Harmonization

2014–2017 Specialty Chair, Panel on Appropriateness Criteria — Urologic Imaging 1

2014–2017 Specialty Chair, Panel on Appropriateness Criteria — Urologic Imaging 2

2012–2014 Chair, Panel on Appropriateness Criteria — Urologic Imaging 1

2010–2012 Vice Chair, Panel on Appropriateness Criteria — Urologic Imaging 1

2009–2014 Member, Committee on Abdominal Imaging — Body Imaging

2006–2010 Member, Panel on Appropriateness Criteria — Urologic Imaging 1

ACR Chapter

Ohio Radiological Society

Chapter Activities

2025–Present Councilor 2nd Term, Ohio Radiological Society

2020–2023 Councilor 1st Term, Ohio Radiological Society

2019–2020 Alternate Councilor, Ohio Radiological Society

Honors, Achievements & Appointments

- Best GU Paper Society of Abdominal Radiology Annual Meeting, 2024
- Multiple RSNA Educational Exhibit Awards (Magna Cum Laude, Cum Laude, and Certificate of Merit), 2023
- Society of Abdominal Radiology Board of Directors, 2022–2028
- Society of Abdominal Radiology Igor Laufer Visiting Professor, 2018
- Cleveland Clinic Lerner College of Medicine Committee on Appointments and Promotions, 2018–Present

Number of Publications, Books, Chapters and/or Presentations

- Publications: 220
- Chapters: 11
- Presentations: 359

Additional Disclosures and Interests

Leadership and Employment (Self):

- Board of Directors, Society of Abdominal Radiology

Areas of interest and/or expertise

Dr. Erick M. Remer, MD FACR FSAR is Professor of Radiology and Director of Abdominal Imaging Research in the Section of Abdominal Imaging in the Imaging Institute at the Cleveland Clinic. He completed his undergraduate and medical degrees at the University of Michigan, a transitional internship at Henry Ford Hospital, and was chief resident during his residency at Northwestern University. He then returned to Ann Arbor to complete a fellowship in computed body tomography, MRI, and ultrasound. Dr. Remer is actively involved in many of radiological organizations: he is a Board Member of the Society of Abdominal Radiology and has served as Chair of the GU Scientific Program Committees for the RSNA and ARRS, as Urological Imaging Specialty Chair of the ACR Appropriateness Criteria, and as a member of the Body Imaging Commission. He served as the 2018–2019 SAR Igor Laufer Visiting Professor (awarded to an outstanding member who is a content expert and educational innovator who is a dynamic speaker that demonstrates a passion for the educational pursuits of the Society). Dr. Remer is Director of Abdominal Imaging Research at the Cleveland Clinic and his interests lie predominantly in the area of Genitourinary Imaging with 220 publications to date.

What do you think are the most important issues facing the ACR?

Highest priority issues for radiology are:

- Workforce shortages and their impact on clinical workload and burnout.
- Medicare budget neutrality and lack of adequate reimbursement for radiology.
- Negative impact of shortages on radiological education and research.
- Exponentially expanding radiological knowledge and classification systems.

How should the ACR respond to them?

The ACR should: Continue to advocate for reform of Medicare reimbursements to stem inflationary losses to radiology. Advocate for increased numbers of radiologists and RRAs to better handle increasing workloads. Help to develop methods to assist radiologists to quickly access information and to utilize RADs and other classification systems in daily practice.

Reason for seeking office

I see serving as a member of the Council Nominating Committee as an extension of the previous leadership roles that I have held in the ACR and for other national radiological societies. I feel that I can serve the College by helping to sort through the many qualified and exemplary applicants using skills and prior experience as a residency selection committee member, fellowship director, and member of my medical school appointments and promotions committee. I have always found committee work for national societies to be among the most gratifying experiences of my career and hope to further my commitment to the ACR.



Christopher A. Swingle, DO, MBA, FACR

Education

2021–2023	MBA, Washington University, St Louis, MO
1996–2000	DO, Kansas City University, Kansas City, MO
1991–1996	BA, University of Kansas, Lawrence, KS

Training

2003–2004	Fellowship — Positron Emission Tomography, Emory University, Atlanta, GA
2001–2003	Residency, Nuclear Medicine, Emory University, Atlanta, GA
2000–2001	Internship, Kansas City University, Independence, MO

ACR Chapter

Missouri Radiological Society

Chapter Activities

2023–2027	ACR Councilor, Missouri Radiological Society
2022–2023	President, Missouri Radiological Society
2022–2023	Alternate Councilor, Missouri Radiological Society
2022–2023	President, Missouri Radiological Society
2022–2023	Alternate Councilor, Missouri Radiological Society

Honors, Achievements & Appointments

- Fellow, American College of Radiology, 2024
- Charles F. Knight Scholar, Olin School of Business, Washington University, 2023

Number of Publications, Books, Chapters and/or Presentations

- Publications: 4
- Chapters: 0
- Presentations: 2

Additional Disclosures and Interests

Leadership and Employment (Close Personal Relationship):

- RN4Kids, LLC (Employment)

Areas of interest and/or expertise

I have been involved in organized medicine from almost the start of my post-training career, beginning in 2006. During that time, I have held the presidency of the Greater St. Louis Society of Radiologists, the Saint Louis Metropolitan Medical Society, and the Missouri Radiological Society. I am currently a Councilor to the ACR, as well as to the Missouri State Medical Association. I was named a Fellow of the ACR in 2023. Since transitioning to an academic career almost two years ago, I have developed an active interest in the application of AI to radiology, radiomics, and neurological nuclear medicine imaging. My MBA experience exposed me to other business minded physicians, which led to me cofounding a physician executive special interest group for the Washington University School of Business. I have served as a physician advisor to MedLaunch, the medical

Contact

swingle@wustl.edu

Group/Practice Name

Washington University
Physicians

Parent Organization

Washington University

Employer Type

Academic institution

Primary Practice

Diagnostic Radiologist

Subspecialty

Nuclear Medicine

Position Held

Assistant Professor of
Radiology

Additional Employer(s)

Group/Practice Name

West County Radiology
Group

Parent Organization

West County Radiology
Group

Employer Type

Hospital Affiliated Group
Practice

Position Held

Staff Physician

student start-up incubator at Saint Louis University, as well as informally advising several local venture capital groups on potential radiology and radiology-adjacent investments.

What do you think are the most important issues facing the ACR?

The most important issues facing the ACR are membership growth, scope of practice, and payer relations. Firstly, the ACR, along with most other specialty medical societies, has to prioritize retention of existing members and recruiting of new members. While many training programs will subsidize the cost of dues, not enough encourage participation in ACR activities, or explain the importance of involvement. Scope of practice is an issue that we typically associate with other specialties, but as Richard Duszak, MD, pointed out in his talk at the last ACR, radiology is hardly immune. Especially in medically underserved regions, we will see a continued push from non-physicians to interpret plain films with little to no physician oversight. As we have seen with other specialties, this devalues our expertise and training, creating a race to the bottom in terms of quality and outcomes for our patients. Thirdly, payer relations is a broad category that covers both private and government health insurance. Without a strong presence from radiology in RUC committees, Washington, DC and state capitals, reimbursement for our services will stagnate. In a sense, this has happened on a broad scale already as growth in reimbursement rates has greatly outpaced inflation. Additionally, we are in a zero sum game with other specialties when it comes to patients covered by CMS; more active and savvy specialties could easily enrich themselves at our expense.

How should the ACR respond to them?

Membership growth involves reaching out to all members, but most especially those early on in training. The rate of new residency slots cannot possibly compensate for unfavorable demographics as the baby boomer cohort of radiologists retire. One or two noon lectures for residents per year about the ACR should just be the starting point. Faculty members have to model meaningful involvement in the ACR educational, advocacy and practice missions, serving as a resource for potential new dues paying members as the trainees transition into real world practice. Radiologist employees of large health systems and private practices need to model ACR involvement as well to their colleagues, to prevent the attitude of disengagement that can come with employee status. Scope of practice has been driven by politically skilled non-physician lobbies; the promise is healthcare delivery to underserved communities. However, that is a disingenuous argument; most “providers” practice in communities with adequate healthcare capacity. Radiology has a strategic advantage; we can interpret studies agnostic of location with minimal compromise in quality. Therefore, there is little valid reason that non-physician providers should be able to undercut radiology. This needs to be made clear at the state and federal levels with consistent and clear messaging from radiologist and patients. Payer relations demands a radiologist presence at both state and federal levels with clear and unambiguous messaging. Overcoming busy-work hurdles such as prior authorization need to be answered with both legislative and tactical approaches to ensure patients have timely access to the services they need.

Reason for seeking office

Organized medicine has a difficult future; as the model of physician practice transitions from traditional private practice to hospital employment, there is a serious risk of physician disengagement. I have seen this first hand at the local and state levels; membership in general and specialist societies is stagnant at best, and dropping precipitously at worst. When radiologists do not feel they have skin in the game beyond a paycheck at their institutions, it is very tempting to passively check out and leave the heavy lifting to others. I disagree with this attitude completely. No matter what a radiologist's practice setting might be, they need to be educated and engaged with the operations of profession as a whole. I have had the privilege of being exposed to excellent experienced radiologists, as well as young radiologists

College Nominating Committee (one two-year term)

who might not have the experience, but are unmatched in their energy. Recommending an intelligent mix of experience and enthusiasm lays the groundwork for engagement at all levels. Relying on only the experienced without cultivating the next generation of leaders has led many medical societies to a dead end. The work of the ACR is too important to neglect; the CNC affords an opportunity to help select leaders who are not only committed to the present, but to the future of our specialty. I welcome the opportunity to be part of this group and support the ACR now and into the future.



Michael J. Votruba, MD, FACR

Education

1987–1991 MD, SUNY Renaissance School of Medicine, Stony Brook, NY

Training

1999–2000 MRI Fellowship, University Hospital and Health Sciences Center, Stony Brook, Stony Brook, NY

1991–1996 Internal Medicine, Radiology, University Hospital and Health Sciences Center, Stony Brook, Stony Brook, NY

ACR Activities

2025–Present Councilor, Michigan Radiological Society

2023–2025 Alternate Councilor, Michigan Radiological Society

2022–2022 Member, RLI Participant

ACR Chapter

Michigan Radiological Society

Chapter Activities

2019–2025 Legislative Affairs Committee, Michigan Radiological Society

2020–2027 Member, Board of Trustees, Michigan Radiological Society

Honors, Achievements & Appointments

- Fellow of the American College of Radiology, 2022
- Diagnostic Radiology Residency Teacher of the Year, 2009

Number of Publications, Books, Chapters and/or Presentations

- Publications: 1
- Chapters: 0
- Presentations: 8

Additional Disclosures and Interests

- No additional disclosures

Areas of interest and/or expertise

I have participated in organized medicine since medical school years and have continued to do so for most of my career. Most of my activities outside of practicing radiology throughout my career have involved teaching and related activities ever since medical school. I have taken part in various leadership positions, and community participation, as noted in my CV. At the professional level I have pursued additional subspecialized knowledge. As part of my teaching preparation and leadership responsibilities, I have sought to keep my knowledge current through continuing education.

What do you think are the most important issues facing the ACR?

There are multiple issues facing radiology in general, and thus important to the College. They include: workforce shortage and several other workforce issues, reimbursement issues — private equity buyouts and practice consolidation which could eventually lead to more commoditization, healthcare policy and

Contact

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Group/Practice Name

Advanced Radiology Services

Parent Organization

Advanced Radiology Services

Employer Type

Independent private practice

Primary Practice

Diagnostic Radiologist

Subspecialty

Abdominal Imaging,
Gastrointestinal,
Genitourinary,
Musculoskeletal, Thoracic

Position Held

Radiologist, Educational
Director Body Imaging

legislative issues, such as the erosion of professional liability guardrails, additional administrative and medical licensure burdens, erosion of trust and respect of the medical profession and science — the need to oversee the introduction of new and rapidly developing technology in regards to safety, accuracy, productivity and awareness of new pitfalls arising from the interaction of radiologists and new technology. In addition, there are issues specific to the College itself, beside the multiple established roles and tasks of the Society: the need to increase membership — the need to continue increasing participation and encourage volunteerism of members, not only in ACR but at the community level.

How should the ACR respond to them?

The specific answers to the challenges that we have been able to come up so far are known. More generally, I would propose more openness to experimentation. I believe that we are successful as a country, because as the result of our freedoms we are running thousands of experiments at all times; a lot of ideas that eventually fail, but a few that work well and are then copied by others. Openness to experimentation could open more channels of creativity, and find ways to accomplish seemingly long-shot goals, such as figuring out a way to form alliances with influential but not necessarily aligned organizations such as the AARP. Among my answers, I would include the goal to energize the ACR community, as that effects all of the other issues. One experiment, that could be more helpful than wellness programs, for example, would be to help develop skills that engender increased sense of empowerment and positive expectations. This could be accomplished through lessons from high level “life coaches” that work with highly accomplished individuals in business, sports, arts, etc., as these are skills and attitudes generalizable to many areas of human activity. This could be included in residency curricula and available to groups, perhaps even in the form of continuing education.

Reason for seeking office

Entering the next phase of life, with children away in college and graduate school, no grandchildren yet, and with more time availability, I was open to increase my participation on behalf of the profession. The email I received regarding an opening on the College Nominating Committee led to a conversation and strong encouragement from a couple of close colleagues. While I believe that, if our circumstances allow, we should be involved at some level on behalf of our profession, I also find it rewarding, and look forward to interaction with similarly minded colleagues, and to the creative energy that comes from figuring out ways to move forward towards a common goal.



Contact

drmichaelcrain@yahoo.com

Group/Practice Name

Radiologic Associates of
Middletown, PC

Parent Organization

Middlesex Health

Employer Type

Hospital-affiliated group
practice

Primary Practice

Diagnostic Radiologist

Subspecialty

Thoracic

Position Held

Diagnostic Radiologist

Michael Crain, MD, FACR

Education

- | | |
|-----------|---|
| 1979–1983 | Doctor of Medicine, Albert Einstein College of Medicine,
Bronx, NY |
| 1974–1978 | Bachelor of Arts, Oberlin College, Oberlin, OH |

Training

- | | |
|-----------|---|
| 1987–1988 | Cross Section Imaging Fellowship, George Washington University,
Washington, DC |
| 1984–1987 | Diagnostic Radiology Residency, George Washington University,
Washington, DC |
| 1983–1984 | Transitional Internship, Jersey Shore Medical Center, Neptune
Township, NJ |

ACR Activities

- | | |
|--------------|---|
| 2022–2025 | Member, ACR Rural Practice Critical Access Hospital Committee |
| 2022–Present | Member, RLI Participant |
| 2019–2025 | Councilor, ACR Councilor |

ACR Chapter

Radiological Society of Connecticut

Chapter Activities

- | | |
|-----------|--|
| 2020–2022 | President, Radiological Society of Connecticut |
| 2019–2025 | Councilor, Radiological Society of Connecticut |
| 2017–2019 | Alternate Councilor, Radiological Society of Connecticut |

Honors, Achievements & Appointments

- RSC Dr. Steven Cohen Award — For Outstanding Leadership and Years of Service to the Profession of Radiology, 2024
- Fellow of the ACR, 2023
- RSC President, 2020
- Middlesex Hospital Radiology Department Chairman, 2010
- Radiological Associates of Middletown CEO, 2010

Number of Publications, Books, Chapters and/or Presentations

- Publications: 1
- Chapters: 1
- Presentations: 0

Additional Disclosures and Interests

- No additional disclosures

Areas of interest and/or expertise

I have been in leadership positions in my group from 2010 to 2020, as Radiology Chairman and CEO of my radiology group, RAM, bringing innovative programs to our hospital, improving the healthcare of our community. These programs include a Lung Cancer Screening Program in 2012, Prostate MRI and Targeted

Biopsy Program in 2013, 3D Tomosynthesis Mammography in 2014 and Pancreatic Cancer Screening Program in 2016. I am currently working on bring Coronary CTA to our private practice office. I am currently the President and Executive Director of a non-profit 501(c)(3) foundation to promote Compassionate Healthcare in Connecticut, The Patient Is U. My leadership activities have always been done in a compassionate, inclusive manner, putting the patient first, leading to a successful, positive work environment. I continue to be active in the Radiological Society of Connecticut, as a past President, working with our State Government to protect our scope of practice and to minimize reimbursement cuts.

What do you think are the most important issues facing the ACR?

Apathy, burnout and the lack of compassion among radiologists. Shortage of radiologists, especially rural radiologists. Artificial Intelligence. Private Equity. Shortage of technologists. Imaging interpretation done outside our country.

How should the ACR respond to them?

Continued emphasis on these issue through meetings, conferences, publications, research.

Reason for seeking office

My interest is to improve and promote the practice of radiology. I enjoy working with people, discussing issues and problems, and finding solutions that work for all parties involved, hopefully finding ways to improve patient outcomes at a lower healthcare cost. To provide this kind of healthcare, we also need to provide a healthy, happy workplace for radiologists, who can then provide a healthy and happy workplace for their staff, also essential for the practice of radiology.



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2025 Election Manual

2024–2025 College Nominating Committee

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