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The lessons of history.

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The Lessons of History

For neuroradiologists in attendance at the 1992 Annual Meeting of the American College of Radiology, it seemed as though the millenium had come. Many of us had attended meetings of the College and "Summit" gatherings where neuroradiology had tried to make the case for awarding of certificates of added qualification (CAQ) in various subspecialties of diagnostic radiology. Time and again, all such efforts met with resounding defeat by the overwhelming voice of "grass roots" radiology. This time it would be different.

Continued efforts by specialty societies (ASNR, SCIVR, SPR) and petitions to the Residency Review Committee had resulted in approval of fellowships by the Accreditation Council for Graduate Medical Education (ACGME) in neuroradiology, pediatric radiology, and interventional radiology. A major victory for these three specialties came when the American Board of Radiology (ABR) voted to grant certificates of added qualification in neuroradiology, pediatric radiology, and interventional radiology. Neuroradiology's case was vigorously pursued by Dr Joseph Sackett and the decision of the Board was reported in this journal (Sackett JF. The Ultimate Recognition for Neuroradiology. *AJNR* 1992;13:833). The final step in this process will be for the American Board of Medical Specialties (ABMS) to grant permission to the American Board of Radiology to implement the examinations and awarding of CAQs. This request will be considered at the March 1993 meeting of the ABMS.

With this one hurdle left to be cleared, several state delegations presented resolutions to the Council of the American College of Radiology requesting that the College go on record as opposing the awarding of certificates of added qualification in diagnostic radiology and to so inform the ABMS. The debate on this issue was destined to be the most heated and emotional of the entire meeting.

The opening session began with an address to the Council by Lee Rogers, President of the ABR. With his usual finely tuned sense of humor, Dr Rogers outlined the events that preceded the ABR retreat in August of 1991, at which time the ABR concluded, "It would be in the best interests of radiology to offer CAQs in pediatric radiology,

neuroradiology, and vascular and interventional radiology." Dr Rogers went on to say that, "By granting CAQs we would ensure competence and give credibility . . . to radiologists practicing these subspecialties. We would improve the professional skills and capabilities of trainees by intensifying the learning experience in fellowships. Improved training would result in improved quality of care." He further stated that there were "several objections and concerns raised within radiology to subspecialty certification." Addressing the five main complaints within radiology, he systematically presented convincing arguments as to why these concerns did not pose threats to general radiologists. He pointed to a resolution put forth by the Council Steering Committee of the ABR that suggested endorsement of statements that appeared in the Handbook of the American Board of Medical Specialties. He quoted portions of these statements:

"There is no requirement or a necessity for a diplomate in a recognized specialty to hold special certification in a subspecialty of that field in order to be considered qualified to include aspects of that subspecialty within a specialty practice. Under no circumstances should the diplomate be considered unqualified to practice within an area of subspecialty solely because of lack of subspecialty certification . . .

"Subspecialty certification . . . has not been created to justify a differential fee schedule or to confer other professional advantages over other diplomates not so certified . . .

"It should be emphasized that there is no specific requirement for a diplomate in a recognized specialty to hold certification in a subspecialty of that field in order to include aspects of that subspecialty within the range of privileges."

Dr Rogers asked in his closing remarks if those who objected to the action of the ABR could "honestly state that the services provided by your group would not be enhanced (if they are not already) by the presence of a general radiologist with these added qualifications? Can you tell me that your practice would not be improved by the skills and competence such certification implies? . . . The approaches of the past will not serve us in the future. One hundred years ago radiology did not exist. . . . Seventy years ago there was no American College of Radiology. . . . Sixty years

ago there was no certifying examination for radiologists. . . . Fifty years ago there was no nuclear radiology. Thirty years ago there was no separate and distinct certification of radiation oncologists or diagnostic radiologists or nuclear radiologists. Now there is and we and our patients are better for it. And so shall we and our patients be, in the future, if we continue to improve in the present, as we have in the past."

Dr Rogers's talk met with considerable applause from the members of the Council. Dr Harwood-Nash began the debate in the reference committee by suggesting that the resolution put forth by the Council Steering Committee be considered first since passage of that resolution would make it unnecessary to consider the resolutions presented by the various state delegations in opposition to CAQ. In the ensuing discussion, state delegations that had come to the meeting strongly opposing the awarding of CAQs softened their stances. When it was time to vote, one by one they withdrew their resolutions and strongly supported the substitute resolution of the Steering Committee. This resolution ultimately prevailed.

It was indeed a proud moment for diagnostic radiology and a tribute to the persistence of the American Society of Neuroradiology (ASNR) in petitioning the College, the ABR, and the ACGME for official recognition. It was also a resounding victory for the strategy of working within the "system." Although the ASNR had been continuously rebuffed in its efforts to obtain official recognition for our specialty, never once was there a threat to withdraw support from the College or to seek recognition by other specialty boards. Tom Bergeron's rousing speech at the 1986 ASNR meeting in San Diego solidified the resolve of the ASNR to move ahead on this issue. Various ASNR presidents shepherded the effort along the way, and special thanks must go to Joe Sackett and Lee Rogers for their willingness to champion this issue and, from their leadership positions in other radiologic bodies, convince organized radiology that it was indeed "the right thing to do."

Now, with the hard won victory, come some major responsibilities for the ASNR. First and

foremost among these is the educational obligation. This means establishing and maintaining approved training programs and standards of care and sharing our expertise. However, we also have the obligation of tolerance—tolerance toward those within our own household who wish to be recognized for *their* particular talents, namely the interventional neuroradiologists. We have argued before the College that certificates of added qualification would benefit the specialty of diagnostic radiology and, more importantly, the welfare of our patients. The larger body of Neuroradiology must hear the arguments of interventional neuroradiologists with the same equanimity and fairness and respond in accordance with the same bottom line that neuroradiology has asked of the College—that is, to act in accordance with the best interests of the patients we serve.

I was intrigued by an ill-fated resolution that was presented to one of the reference committees at the College meeting. It suggested that the College endorse the withdrawal of radiologists from the American Medical Association (AMA) as an appropriate protest to its unethical stand on self-referral. After Dr James S. Todd, Executive Vice President of the AMA, reminded us that the College and the AMA have been allies on many issues and that many members of the College hold high positions in the AMA, cooler heads prevailed, and this motion was ultimately withdrawn from consideration by its sponsor.

Radiology and neuroradiology have matured and both will benefit from the outcome of this year's American College of Radiology meeting. If there are lessons to be learned from all of this, they are that a worthwhile goal, even if initially unpopular, can be achieved within the system. The keys to success are persistence, adherence to high principles, and a modicum of compromise. It is especially important to avoid idle threats to "take the bat and ball and go home" when things don't go your way. In that scenario there are no winners. Neuroradiology and its own internal subspecialties should bear these lessons in mind in the years to come.

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