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# Peer Learning in Neuroradiology: Easier Than It Sounds

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# Peer Learning in Neuroradiology: Easier Than It Sounds

As multispecialty members of the Peer Learning Committee of the American College of Radiology (ACR), we read "Peer Learning in Neuroradiology: Not as Easy as It Sounds" with great interest. While it has been a long and ongoing process to create a paradigm shift away from traditional score-based peer review (RADPEER; https://www.acr.org/Clinical-Resources/RADPEER) to true peer learning (PL) and many challenges remain, we would like to emphasize that PL is, in fact, being widely embraced by the radiology community,[1] enabling neuroradiologists to improve patient care, radiologist satisfaction, and team engagement.

RADPEER has failed to demonstrate accuracy in determining radiologists' "competence," or improve learning or radiologists' engagement. By contrast, PL champions heed the call of the Institute of Medicine by viewing errors as avenues for system improvement that foster collaboration and growth within teams. The operative question, then, is "who wouldn't want to be a PL champion?" PL creates rewarding opportunities for neuroradiology leaders to positively contribute to their specialty by aligning stakeholders, promoting education, and inspiring collaboration across disciplines to improve care.[1] PL programs provide a platform to enact system improvements, including protocol optimization, workflow efficiency, sharing evidence-based clinical guidelines, and incorporating artificial intelligence into clinical practice. In doing so, neuroradiology leaders are following established paths endorsed by the ACR, American Board of Radiology (ABR), and more than one-half of all radiologists in the United States who already engage in PL[1] and have already demonstrated that it is a very "possible lift."

Effective health care leaders recognize value and eliminate barriers that may prevent success. Implementing any program without local leadership support, including time, is burdensome, so practice leaders should seek to transfer current resources from scored peer review into PL programs.

Practices that have already embraced PL use existing tools, Health Insurance Portability and Accountability Act–compliant forms and case-identification mechanisms, to gather learning opportunities while ensuring patient confidentiality. In fact, some authors of this article have recently documented their implementation details.[2] Continued clarification of needs and vendor advocacy is underway to create an off-the-shelf solution to reduce the "lift" of PL implementation.

Contrary to misconceptions, regulatory oversight agencies like The Joint Commission (TJC), Centers for Medicare & Medicaid Service, ABR, and ACR do not prohibit the transition to PL. The Ongoing Professional Practice Evaluation guidelines of TJC offer flexibility in data collection and metric establishment, without mandating score-based peer review. Recent shifts in TJC requirements reflect this flexibility, relieving health systems of rigid adherence to specific radiology peer review structures.[3]

The evidence supporting the effectiveness of PL is growing,[1] indicating its potential to engage radiologists, decrease burnout, and improve diagnostic accuracy. While further scientific research is needed to directly link PL to improved patient outcomes, we will not get there without the combined effort of thought-leaders in all radiology subspecialties. Rather than persisting with models that do not work, current effort should be directed at nurturing PL and studying which methods best allow sustained measurable learning and improved patient care. Recently published strategies for overcoming potential challenges and the wealth of resources available on the ACR Peer Learning Resources website (https://www.acr.org/Practice-Management-Quality-Informatics/Peer-Learning-Resources) will further support these efforts.

Disclosure forms provided by the authors are available with the full text and PDF of this article at www.ajnr.org.

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