ACGME Program Requirements for Graduate Medical Education
in Diagnostic Radiology
Summary and Impact of Major Requirement Revisions

Requirement #: I.A.1.

Requirement Revision (significant change only):

There must be support for at least one associate/assistant program director for programs with resident complements of more than 32. (Core)

1. Describe the Review Committee’s rationale for this revision: The Committee made this revision in response to comments received from the community with concerns on the increasing workload of running a residency and the need for required associate/assistant program director-level support in larger diagnostic radiology programs.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? Resident education will be enhanced by the presence of more administrative-level staff to ensure a cohesive educational experience.

3. How will the proposed requirement or revision impact continuity of patient care? Not applicable

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? For those institutions with larger radiology programs, this may necessitate the addition of a faculty member and/or FTE salary. Most programs will name an existing faculty member to this role. There are several large programs with a current designated associate/assistant program director.

5. How will the proposed revision impact other accredited programs? Not applicable

Requirement #: I.A.2 – I.A.2.e)

Requirement Revision (significant change only):

I.A.2. The program director and, if applicable, the associate/assistant program director(s), must be provided appropriate protected time to fulfill the responsibilities essential in meeting the educational goals of the program. (Core)

This protected time must total at least:

I.A.2.a) 0.4 FTE for programs approved for 16 residents or fewer; (Core)

I.A.2.b) 0.5 FTE for programs approved for 17 to 24 residents; (Core)

I.A.2.c) 0.6 FTE for programs approved for 25 to 32 residents; (Core)

I.A.2.d) 0.7 FTE for programs approved for 33 to 40 residents; and, (Core)
### I.A.2.e)

**0.8 FTE for programs approved for more than 40 residents.** *(Core)*

1. Describe the Review Committee’s rationale for this revision: The Review Committee has received feedback over the past few years about the need to increase program director support and consider support for an associate/assistant program director.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **Requiring increased support for program leadership will help ensure that adequate protected time is devoted to the administration of educational activities.**

3. How will the proposed requirement or revision impact continuity of patient care? **Not applicable**

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **Yes, in many cases these support requirements will necessitate an increase in institutional support. The old requirement was for one day a week of protected time.**

5. How will the proposed revision impact other accredited programs? **Not applicable**

**Requirements #: I.A.3. – I.A.3.c)**

**Requirement Revision (significant change only):**

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<th>Requirement</th>
<th>Description</th>
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<tr>
<td>I.A.3.</td>
<td>The programs must have a dedicated radiology residency program coordinator who must be provided. This person must have sufficient time and support to fulfill the responsibilities essential in meeting the educational goals and administrative duties of the program. <em>(Core)</em></td>
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<tr>
<td>I.A.3.a)</td>
<td>Programs approved for 8-24 residents must have at least 1.0 FTE program coordinator support. <em>(Core)</em></td>
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<tr>
<td>I.A.3.b)</td>
<td>Programs approved for 25-39 residents must have at least 1.50 FTE program coordinator support. <em>(Core)</em></td>
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<td>I.A.3.c)</td>
<td>Programs approved for 40 residents and over must have at least 2.0 FTE program coordinator support. <em>(Core)</em></td>
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1. Describe the Review Committee’s rationale for this revision: The Review Committee has received feedback on the need for more program coordinator support from the community and from Association of Program Directors in Radiology/Association of Program Coordinators in Radiology. In the current context of coordinators providing support for multiple programs, the community requested better parameters/guidelines on support.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **Requiring defined support for the program coordinator should help ensure that adequate support is devoted to the administration of educational activities of the residency program.**
3. How will the proposed requirement or revision impact continuity of patient care? Not Applicable

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? In some cases this will require either more coordinator support be added to the program or potentially the reduction of the number of programs one coordinator can support.

5. How will the proposed revision impact other accredited programs? Not Applicable

Requirement #: II.A.3.d)  

Requirement Revision (significant change only):

[Qualifications of the program director must include:] at least three years’ experience as a faculty member in an ACGME-accredited program. (Core)

1. Describe the Review Committee’s rationale for this revision: The Review Committee wanted to standardize the expectations for program director experience to better ensure that qualified candidates are selected for this role. This language appeared in much earlier versions of the Requirements and should not have been removed.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? This requirement will better ensure that the program director has had the requisite experience in the specialty to effectively lead the program.

3. How will the proposed requirement or revision impact continuity of patient care? Not Applicable

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? Not Applicable

5. How will the proposed revision impact other accredited programs? Not Applicable

Requirement #: II.B.2.d)-II.B.2.d).(6)

Requirement Revision (significant change only):

II.B.2.d) In addition to the practice domains, there should be designated physician faculty members with expertise in and responsibility for developing didactic content in the following educational content areas:

II.B.2.d).(1) CT; (Detail)  
II.B.2.d).(2) MRI; (Detail)  
II.B.2.d).(3) radiography/fluoroscopy; (Detail)  
II.B.2.d).(4) reproductive/endocrine imaging; (Detail)
II.B.2.d). (5) ultrasonography; and, (Detail)

II.B.2.d). (6) vascular imaging. (Detail)

1. Describe the Review Committee’s rationale for this revision: The Review Committee has adapted the language of the Requirements to align with the American Board of Radiology designations for content areas. To this end, requiring designated faculty members to be responsible for education in these areas was determined to be appropriate and necessary.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? Having programs designate faculty member(s) with expertise in and responsibility for the content in these areas that will be tested by the ABR and needed for radiology practice should improve the education of residents.

3. How will the proposed requirement or revision impact continuity of patient care? The revision is not expected to impact continuity of patient care directly, although increased education in these areas will help residents care for patients since they will have increased knowledge of the technical aspects of these areas.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? Unless a program does not have faculty members with expertise in these areas (a rare circumstance) there should be no additional resources needed.

5. How will the proposed revision impact other accredited programs? Not Applicable

Requirement #: II.B.2.e

Requirement Revision (significant change only):

There should be physician or non-physician faculty members with expertise in quality, safety, and informatics. (Detail)

1. Describe the Review Committee’s rationale for this revision: The Review Committee received feedback and reviewed the ABR testing content and felt that these areas were under-stressed previously given the current focus on quality and safety particularly relating to radiation protection. The increased integration of the digital medical record and the digital images with which radiology deals require knowledge of informatics. The Committee felt that designating an individual with expertise in these areas would improve resident education and provide a more standard educational experience.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? Designation of an individual with expertise in these areas stresses the importance of these areas of education and should somewhat standardized education for residents.

3. How will the proposed requirement or revision impact continuity of patient care? Although no direct impact is anticipated, the improved education in quality, safety, and informatics should improve resident knowledge which will lead to improved care in
the program and in practice.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **No additional resources should be needed.**

5. How will the proposed revision impact other accredited programs? **Not applicable**

Requirements #: III.A.1.a).(1).(a)-III.A.1.a).(1).(a).(vi)

**Requirement Revision (significant change only):**

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<tr>
<td>III.A.1.a).(1).(a)</td>
<td>Residents should develop the following fundamental clinical skills of medicine competencies during the pre-requisite year to include:</td>
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<td>(Core)</td>
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<tr>
<td>III.A.1.a).(1).(a).(i)</td>
<td>obtaining a comprehensive medical history; (Outcome)</td>
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<td>III.A.1.a).(1).(a).(ii)</td>
<td>performing a comprehensive physical examination; (Outcome)</td>
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<td>III.A.1.a).(1).(a).(iii)</td>
<td>assessing a patient's medical condition; (Outcome)</td>
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<td>III.A.1.a).(1).(a).(iv)</td>
<td>making appropriate use of diagnostic studies and tests; (Outcome)</td>
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<td>III.A.1.a).(1).(a).(v)</td>
<td>integrating information to develop a differential diagnosis; and, (Outcome)</td>
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<td>III.A.1.a).(1).(a).(vi)</td>
<td>integrating a treatment plan. (Outcome)</td>
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1. Describe the Review Committee's rationale for this revision: The Review Committee determined that there are numerous options available for the pre-requisite clinical year, inserting expected competencies standardize the clinical skills expected of all entering residents.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **The proposed requirement will improve education and patient care by defining the characteristics and competencies that must be assessed prior to radiology training.**

3. How will the proposed requirement or revision impact continuity of patient care? **Improved standardization of skills and competencies for residents.**

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **Not applicable**

5. How will the proposed revision impact other accredited programs? **This should not impact other accredited programs as current preliminary positions largely have these competencies in place.**
### Requirement #: III.A.1.a).(1).(c)

**Requirement Revision (significant change only):**

If the clinical year is offered by the institution of the core residency, and is not a standalone ACGME- or RCPSC-accredited year, the program director will be responsible for ensuring the quality of the year. 

1. **Describe the Review Committee’s rationale for this revision:** The Review Committee determined that in light of the new ACGME 2016 eligibility requirements, this option needs to be formalized to officially track residents that participate in this clinical year option. The Committee will continue to discuss options for those programs that desire to own the clinical year.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? There is some lack of standardization currently that allows for various experiences to occur. This change allows for more oversight by the Review Committee.

3. How will the proposed requirement or revision impact continuity of patient care? **Not Applicable**

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **No known impact**

5. How will the proposed revision impact other accredited programs? **No known impact**

### Requirements #: IV.A.3.e).(4) and IV.A.3.e).(4).(a)

**Requirement Revision (significant change only):**

IV.A.3.e).(4)  
[The didactic curriculum must include:] training in the clinical application of medical physics, distributed throughout the 48 months of the educational program; and,  

IV.A.3.e).(4).(a)  
A qualified medical physicist should oversee the development of the physics curriculum.

1. **Describe the Review Committee’s rationale for this revision:** The Review Committee received comments from The American Association of Physicists in Medicine and the Physics Trustees of the ABR for more robust requirements around physics education. Including face-to-face lectures, and integrally involving a physicist in the development of the didactic content.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **Requiring more physics education will better prepare residents for the ABR Core Examination as physics is one of the 18 categories that comprises the Core Examination.**

3. How will the proposed requirement or revision impact continuity of patient care? **Not Applicable**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **Some programs may need additional resources to support a physicist or teaching by a physicist.**

5. How will the proposed revision impact other accredited programs? **Not applicable**

Requirements #: V.C.2.c).(1) and V.C.2.c).(2)

Requirement Revision (significant change only):

V.C.2.c).(1) At least 90 percent of the program's graduates from the preceding three-year period who take the ABR Core Examination must pass by the end of residency; or (Core)

V.C.2.c).(2) At least 90 percent of the program's graduates from the preceding three-year period who take the American Osteopathic Board of Radiology (AOBR) physics and diagnostic imaging examinations must pass by the end of residency. (Core)

1. Describe the Review Committee's rationale for this revision: **The ABR testing paradigm changed in the past three years and radically changed the metrics that had been used to assess programs' performance on this test by the Review Committee. The new requirement aligns with the new testing paradigm and includes the American Osteopathic Board of Radiology examination.**

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? **The new requirement will allow the Committee to better assess a program's capability of educating residents and assessing the ABR test outcome.**

3. How will the proposed requirement or revision impact continuity of patient care? **Not Applicable**

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how? **Not Applicable**

5. How will the proposed revision impact other accredited programs? **Not Applicable**