Frequently Asked Questions: Interventional Radiology
Review Committee for Radiology
ACGME
Effective July 1, 2018

Question	Answer
Institutions	
Can one institution sponsor both an integrated and an independent program? *[Program Requirement: I.A.]*	Yes, institutions may apply for and sponsor both an integrated program and an independent program.
What information should programs use to determine the necessary level of support for both program directors and program coordinators? *[Program Requirements: I.A.3.a)-e)]*	The graduated levels of support for both program director and program coordinator are based on the program's approved resident complement, not the number of residents on duty each academic year.
Program Personnel and Resources	
If an institution has both an integrated and an independent program, can the programs share the same program director? *[Program Requirement: II.A.1]*	Yes, if the same institution sponsors an integrated and an independent interventional radiology program, one interventional radiologist may serve as the program director of both programs.
What qualifications are necessary for faculty members with appointments outside of the radiology department? *[Program Requirement: II.B.2]*	Faculty members with appointments outside of the radiology department should hold appropriate qualifications in their respective areas of expertise, including American Board of Medical Specialties (ABMS) certification.
Are there any considerations for pediatric radiology faculty members? *[Program Requirement: II.B.2.b)]*	A pediatric radiologist may have a primary appointment at an external site and still be the designated faculty member supervising pediatric radiologic education for the program.

<table>
<tr><th>Question</th><th>Answer</th></tr>
<tr><td>What is the Review Committee's interpretation of an "FTE" faculty member?

[Program Requirement: II.B.6]</td><td>The full-time equivalent, or FTE, reference in this requirement is interpreted as the faculty member's total time commitment to the program. This FTE commitment could be fulfilled by two part-time interventional radiology faculty members or one FTE faculty member.</td></tr>
<tr><td>Are there any considerations for alternatives to the FTE requirement for the program director?

[Program Requirement: II.B.6]</td><td>In lieu of an FTE appointment for the program director, the Review Committee would also consider an appointment of at least 0.7 FTE, with at least 0.5 FTE clinical time dedicated to interventional radiology as an acceptable FTE appointment.</td></tr>
<tr><td>If larger programs must maintain the faculty-to-resident ratio of 1:2, how should the minimum number of faculty members be determined?

[Program Requirements: II.B.6), II.B.6.b) and II.B.6.c)]</td><td>The expectation is for all programs, regardless of size, to have a minimum of two FTE interventional radiology faculty members, including the program director. For programs with more than four residents in the final 24 months of the integrated program and with more than four residents in the independent program, the faculty-to-resident ratio must be 1:2. The following table delineates the minimum faculty member requirements:
<table>
<tr><th>Independent Program Resident Complement or Total Number of PGY-5-6 Integrated Residents</th><th>Minimum Number of Interventional Radiology Faculty Members</th></tr>
<tr><td>5 residents</td><td>3</td></tr>
<tr><td>6 residents</td><td>3</td></tr>
<tr><td>7 residents</td><td>4</td></tr>
<tr><td>8 residents</td><td>4</td></tr>
<tr><td>9 residents</td><td>5</td></tr>
<tr><td>10 residents</td><td>5</td></tr>
</table>
</td></tr>
<tr><td>What is the definition of a "dedicated" interventional radiology outpatient clinic?

[Program Requirement: II.B.13]</td><td>A dedicated interventional radiology outpatient clinic is clinic space outside of the normal procedure room, consent room, or personal physician office where outpatients can be seen and evaluated. The space and resources should be conducive to obtaining a complete history, performing a physical examination, and consulting with patients and family members.</td></tr>
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Question	Answer
If an integrated program is established at an institution with an existing diagnostic radiology program, what considerations should be made for the associate program director role? *[Program Requirement: II.B.14.b)]*	Integrated interventional radiology programs and diagnostic radiology programs under the same Sponsoring Institution should work closely together and establish a collaborative relationship. As part of this collaborative relationship, it is desirable that the integrated program appoint the diagnostic radiology program director to the role of the associate/assistant program director.
What considerations are there for faculty members who have clinical or didactic responsibilities in more than one subspecialty area? *[Program Requirement: II.B.14.b).(2)]*	Faculty members may have clinical responsibilities and/or teaching responsibilities in the department for several diagnostic radiology subspecialty areas, but may only have primary responsibility in the program for one subspecialty area.
What are the expectations for a dedicated program coordinator? *[Program Requirement: II.C.1]*	A residency program coordinator is considered "dedicated" if his or her professional time is exclusively spent in the radiology department. It is acceptable for the program coordinator to assist with accredited radiology fellowships or with radiology clerkships, if time permits. It is not acceptable, however, for the coordinator's time to be spent assisting other departmental residency or fellowship programs, such as neurological surgery or pediatrics. Depending on program size, a single program coordinator can be responsible for both a diagnostic radiology residency and an interventional radiology residency, as long as the coordinator has sufficient time as outlined in Program Requirement II.C.1.a). This applies regardless of the format of the interventional radiology residency program.
What are the Review Committee's expectations regarding satisfaction of the requirement for an institution having no fewer than 7,000 radiologic examinations per year per resident? *[Program Requirements: II.D.3.a).(2)]*	The intent of this requirement is to ensure there is an adequate institutional volume of radiologic examinations for the education of all residents in the department. As it is anticipated that some institutions will have both a diagnostic radiology residency and an integrated interventional radiology residency, it will be important for institutions to have enough examinations to ensure both types of residents receive an adequate educational experience. To this end, the Review Committee will add the total number of diagnostic radiology residents to the interventional radiology residents in the PGY-2-4 of an integrated program. This total number of residents will be used for the 7,000 examinations per

Question	Answer
	year benchmark. The integrated interventional radiology residents in their PGY-5 or PGY-6 will not be counted when assessing compliance with this requirement. Residents in independent programs are not counted when assessing compliance with this requirement.
Resident Appointments	
What considerations should be taken if a resident will participate in elective rotations in interventional or diagnostic radiology during the pre-requisite clinical year for integrated programs? *[Program Requirement: III.A.1.a).(3).(a).(iii)]*	In order to count elective rotations in interventional or diagnostic radiology completed during the pre-requisite year towards required residency training, the following considerations apply: 1. The elective must involve active resident participation and must not be observational only. 2. The elective must be supervised by a radiology program faculty member. 3. It is up to the receiving interventional radiology program director to determine whether the elective will count towards the resident's required 12 months of diagnostic radiology training for call responsibilities or interpreting exams without direct supervision (as noted in Program Requirement IV.A.6.n).(4)).
If an institution only sponsors an integrated program, will it also need to sponsor an independent program if it wishes to accept diagnostic radiology graduates seeking only the final two years of interventional training? *[Program Requirements: III.A.2 and III.A.3]*	Yes. It is not the Review Committee's intent that a five-year integrated radiology program will match diagnostic radiology graduates to the final two years of education to focus on interventional radiology only. If it is the desire of the radiology department to offer this option, the Sponsoring Institution will need to sponsor both an integrated and an independent program.
What is the "ESIR" program? *[Program Requirement: III.A.2.c)]*	The Early Specialization in Interventional Radiology (ESIR) program was created to provide the independent interventional radiology program director assurance that residents planning advanced level entry in an independent program at the PGY-7 level, will have had an adequate interventional radiology experience during their diagnostic radiology training. The Review Committee will review and approve the interventional radiology curriculum for those diagnostic radiology programs seeking to participate in the ESIR to ensure that the curriculum is in compliance with the guidelines for entry into the second year of the Independent program.

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Within what specialties should the clinical year be taken? *[Program Requirement: III.A.3.a).(1)]*	It is preferred that the clinical year be completed in a general surgery program or in a program in one of the surgical specialties. It is also acceptable for the clinical year to be completed in one of the following disciplines: emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, or the transitional year, or any combination of these.
What considerations should be taken for diagnostic radiology residents who desire to transfer into interventional radiology, and vice versa? *[Program Requirement: III.C.3.)]*	The following considerations and procedures should be followed when a diagnostic radiology resident transfers into an interventional radiology program: 1. Transfers into the interventional radiology PGY-2 (R1) year are not allowed (See NRMP match rules). It is advisable that transfers occur at the end of an academic year to facilitate summative evaluation and Milestones assessments prior to transfer. 2. Both the diagnostic radiology and interventional radiology program directors should agree to the transfer and must follow the resident transfer rules as stated in Program Requirements III.C-III.C.4.b), including providing written verification of previous training and a summative evaluation. 3. Both program directors will need to update their resident rosters in the Accreditation Data System (ADS) to reflect the resident's transfer status in the diagnostic radiology program and active status in the interventional radiology program, or vice versa. 4. The interventional radiology program director must also notify the American Board of Radiology (ABR) that the resident has enrolled in the interventional radiology program and withdrawn from the diagnostic radiology program, or vice versa.
Educational Program	

Question	Answer
What types of conferences should be included in the didactic curriculum? *[Program Requirement: IV.A.3.b)]*	The didactic curriculum should include the following: • Peer-review case conferences • Morbidity and mortality conferences • Intradepartmental conferences • Regular resident participation in conferences with related clinical departments • A weekly interdisciplinary conference (i.e., tumor boards, transplantation, etc.) • Departmental grand rounds
What is meant by "interdepartmental" conferences? *[Program Requirement: IV.A.3.c)]*	Interdepartmental conferences include any clinical or didactic conferences at which representation from multiple clinical specialties is present. Examples include an oncology conference with representation from the medical, surgical, and/or radiation oncology departments, or a peripheral vascular conference with representation from the vascular surgery and/or cardiology departments.
With regards to protected time for residents to attend conferences, is the expectation that residents should attend all conferences regardless of their current educational schedule? *[Program Requirement: IV.A.3.g).(1)]*	While residents must be provided protected time for lectures and conferences, it is not the intent of the Review Committee that this protected time interrupt or jeopardize patient care. Residents should not leave for conferences or lectures while in the midst of performing a procedure.
What is the Committee's expectation for in-person physics education, and what does "real-time expert discussions and interactive educational experiences" mean in relation to the physics curriculum? *[Program Requirements: IV.A.3.e).(4).(a). and (b)]*	It is not the Committee's expectation that all physics education be delivered in-person by a physicist faculty member or a physicist on site; rather, this resource could be an area physicist at another site or program. Programs can share this resource and collaborate on the curriculum and lectures. Essentially, the didactic curriculum in physics should not consist entirely of online-recorded lectures for the residents to review without real-time interaction. While programs are free to use alternative educational tools such as online modules, these tools should provide a "real-time" and "interactive" component that allows residents to engage with the lecturer.

Question	Answer
Are there any other interpretations for intravascular foreign body removal that the Review Committee would allow programs to count? *[Program Requirement: IV.A.5.a).(2).(f).(i).(b)]*	The Review Committee will allow IVC filter removal to count as an intravascular foreign body removal procedure.
Are there any considerations regarding the 1000 minimum procedures for independent programs that accept a diagnostic radiology graduate who has completed an ESIR curriculum? *[Program Requirement: IV.A.5.a).(2).(f).(i)]*	For independent programs that accept diagnostic radiology residents who have completed an ESIR curriculum, the interventional radiology and interventional radiology-related procedures completed as part of the ESIR curriculum count towards the required minimum of 1000 invasive imaging and image-guided vascular and non-vascular interventional procedures.
What are the expectations for interventional radiology residents taking call in integrated programs? *[Program Requirement: IV.A.6.b)]*	As with diagnostic radiology residents, interventional radiology residents are expected to participate in call duties throughout the duration of the program. It is anticipated that they will be available to take diagnostic radiology call through the end of the PGY-5, including participating in night float rotations. Taking diagnostic radiology call during the PGY-5 is not mandatory, and should be based upon an intra-departmental agreement between the chair of the department, the diagnostic radiology program director, and the interventional radiology program director. For the PGY-6, it is anticipated that the interventional radiology resident will be involved in interventional call duties only.
What are the expectations for the experience during the required critical care rotation? *[Program Requirement: IV.A.6.d)]*	The critical care experience is not intended to provide residents with sufficient skills and knowledge to assume primary responsibility for ICU patients. Rather, it is intended to provide adequate skills to allow for the peri-procedural care of ICU patients during procedures, and to provide a background of knowledge regarding the ways in which ICU and interventional radiology physicians can complement each other in the care of patients they have in common.
Can the critical care experience occur outside of the PGY-5 or -6 for integrated programs? *[Program Requirement: IV.A.6.d).(1)]*	Yes. While it is expected that the critical care rotation will occur during the PGY-5 or -6, there may be some circumstances (i.e., in clinical pathway programs) where this experience could occur earlier in the residency. In such cases, the program director should submit the proposed curricular changes to the Review Committee for review and approval.

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What are the expectations for interventional radiology residents regarding Authorized User (AU) status and meeting Mammography Quality Standards Act (MQSA) requirements? *[Program Requirements: IV.A.6.n).(7)- (9)]*	Interventional radiology residents are expected to obtain experiences such that they will be capable of being certified as AU upon graduation. Additionally, residents should receive sufficient mammography experience to meet the MQSA requirements to read mammograms independently immediately after graduation. As of summer 2014, this will require scheduling breast imaging rotation(s) sufficient to allow a resident to read at least 240 mammograms during the PGY-5 or -6.
Is there any flexibility in regards to the timing of the interventional radiology experiences for the integrated program curriculum? *[Program Requirements: IV.A.6.n).(1)-(2)]*	If a program finds it more beneficial to adjust the timing of the interventional radiology and/or diagnostic radiology education within the curriculum (i.e., in clinical pathway programs), the program director should submit the proposed curricular changes to the Review Committee for review and approval.
Evaluation	
Does the program director have to appoint a separate Clinical Competency Committee (CCC) and Program Evaluation Committee (PEC) from those of the diagnostic radiology program for the integrated program? *[Program Requirements: V.A.1. and V.C.1.]*	Each accredited interventional radiology program must have its own dedicated CCC and PEC, separate from the CCC and PEC for the diagnostic radiology residency and/or the existing vascular and interventional radiology fellowship program. However, faculty members that constitute these committees can serve on more than one committee across programs.

Question	Answer
Other	
How long is the phase out period for the one-year vascular and interventional radiology fellowship programs?	The transition period from the one-year fellowships to the interventional radiology residency program will be approximately seven years. At which time, the Review Committee will no longer accredit the one-year fellowship programs and the only pathway into interventional radiology training will be the residency program. Based on the accreditation timeline, it is anticipated that the last year of this phase out will be the 2019-2020 academic year.
Why are some experiences in the requirements delineated using “four-week blocks” and other experiences are referenced using “months”?	The Review Committee understands that some programs use 13 four-week blocks and other programs use 12 one-month blocks to establish their program curricula. As such: 1. It is not the Committee’s desire to prescribe the type of rotation schedule that should be adopted; programs should exercise the freedom to implement the type of schedule that works best at their institutions. 2. These two types of annual block schedules will be considered equal and therefore, four-week rotations and one-month rotations are equivalent. 3. When a solid block month or a four-week rotation is not desired, the Committee will consider a two-week rotation as a 0.5 rotation. By extension, a six-week rotation would be considered 1.5 rotations. Rotations should not be less than two weeks in length. 4. For programs using a 12-month rotation schedule, the program should ensure that residents have at least 48 weeks of IR and IR-related experiences.

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<tr><td>Why are the resident levels labeled as PGY-1, PGY-2, PGY-3 versus R1, R2, R3?</td><td>While it is ACGME common language to refer to a resident's year in program by "PGY," (Post-Graduate Year) most of the radiology community is more familiar with the terminology R1, R2, etc. to refer to the resident's year in a program. To assist programs with the translation, the PGY equivalents are as follows:
<table>
<tr><th>Educational Year</th><th>DR</th><th>IR Integrated</th><th>IR Independent</th><th>IR Independent (Advanced Placement)</th></tr>
<tr><td>PGY-1</td><td>Clinical Year</td><td>Clinical Year</td><td>Clinical Year</td><td>Clinical Year</td></tr>
<tr><td>PGY-2</td><td>R1</td><td>IR1</td><td>R1</td><td>R1</td></tr>
<tr><td>PGY-3</td><td>R2</td><td>IR2</td><td>R2</td><td>R2</td></tr>
<tr><td>PGY-4</td><td>R3</td><td>IR3</td><td>R3</td><td>R3</td></tr>
<tr><td>PGY-5</td><td>R4 (Optional advanced training in any diagnostic radiology subspecialty area)</td><td>IR4</td><td>R4 (Optional advanced training in any diagnostic radiology subspecialty area)</td><td>R4 (Optional advanced training in any diagnostic radiology subspecialty area)</td></tr>
<tr><td>PGY-6</td><td></td><td>IR5</td><td>IR4</td><td>IR5</td></tr>
<tr><td>PGY-7</td><td></td><td></td><td>IR5</td><td></td></tr>
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