ACGME Program Requirements for Graduate Medical Education in Interventional Radiology
Summary and Impact of Focused Requirement Revisions

Requirements #: I.A.3.a – I.A.3.c)

Requirement Revision (significant change only):

For integrated programs, there must be support for a program coordinator as follows: (Core)

I.A.3.a) Programs approved for up to 5 residents must have at least 0.5 FTE program coordinator support. (Core)
I.A.3.b) Programs approved for 6-10 residents must have at least 1.0 FTE program coordinator support. (Core)
I.A.3.c) Programs approved for 11 or more residents must have at least 1.5 FTE program coordinator support. (Core)

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. 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.B.2.a)

Requirement Revision (significant change only):

Other faculty qualifications acceptable to the Review Committee include certification by the AOBR, and other American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) member boards. (Core)
1. Describe the Review Committee’s rationale for this revision: This revision serves to formally recognize that AOBR certification for faculty members is acceptable.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? Not Applicable

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.14.b) – II.B.14.b).(6)

Requirement Revision (significant change only):

II.B.14.b) 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.14.b).(1) computed tomography (CT); (Detail)

II.B.14.b).(2) magnetic resonance imaging (MRI); (Detail)

II.B.14.b).(3) radiography/fluoroscopy; (Detail)

II.B.14.b).(4) reproductive/endocrine imaging; (Detail)

II.B.14.b).(5) ultrasonography; and, (Detail)

II.B.14.b).(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 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? This 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.14.c**

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

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<td>There should be physician faculty members, non-physician faculty members, or institutional staff members with expertise in quality, safety, and informatics. <em>(Detail)</em></td>
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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 requires 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 education, and should somewhat standardize resident education in them.**

3. How will the proposed requirement or revision impact continuity of patient care? **Although no direct impact is anticipated, improved education in quality, safety, and informatics should improve resident knowledge which will lead to improved patient care within 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 #: IV.A.3.i).(3).(c) - IV.A.3.i).(3).(c).(ii)**

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<td>IV.A.3.i).(3).(c) [The didactic curriculum must include:] training in the clinical application of medical physics distributed throughout the 60 months of education; <em>(Core)</em></td>
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<td>IV.A.3.i).(3).(c).(i) A medical physicist must oversee the development of the physics curriculum. <em>(Core)</em></td>
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<td>IV.A.3.i).(3).(c).(ii) The curriculum should include live and interactive educational</td>
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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 requesting 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 tested.

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 #: IV.A.6.c).(1)

Requirement Revision (significant change only):

At least 18 rotations must be core interventional radiology rotations in the interventional radiology division under the supervision of an interventional radiologist. (Core)

1. Describe the Review Committee’s rationale for this revision: The Review Committee had concerns that some program curricula lack a balance of interventional radiology-related rotations and true interventional radiology experiences essential to the specialty.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality? Requiring a minimum number of true interventional radiology rotations will ensure that all residents have the same experience and adequate exposure to the core procedures of interventional radiology.

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 scheduling adjustments may be required so that residents have more time in the interventional radiology suite.

5. How will the proposed revision impact other accredited programs? Not Applicable
Requirements #: V.C.5.

Requirement Revision (significant change only):

At least 90 percent of a program’s graduates from the preceding three-year period who take the ABR Core Examination must pass by the end of the PGY-5. During the most recent five-year period, at least 50 percent of a program’s graduates taking the ABR Core Examination and the Interventional Radiology certification examinations for the first time should pass. (Outcome)

1. Describe the Review Committee’s rationale for this revision: The ABR testing paradigm changed in the last three years, including radical changes to the metrics that had been used by the Review Committee to assess programs’ performance on this test. This new requirement aligns with the new testing paradigm.

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 to educate residents and assess the ABR exam 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