### ACGME Program Requirements for Graduate Medical Education in Neuroradiology

#### Summary and Impact of Major Requirement Revisions

<table>
<thead>
<tr>
<th>Requirement #: II.A.2.a)</th>
<th>Requirement Revision (significant change only):</th>
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<td><strong>II.A.2.a)</strong></td>
<td>The Program director must be provided a minimum of 0.1 FTE for programs with one to five fellows, and a minimum of 0.2 FTE for programs with greater than five fellows to administer and oversee the program. <em>(Core)</em></td>
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1. Describe the Review Committee’s rationale for this revision:  
   The change was made to specify the amount of time a fellowship director must be provided, rather than the previous vague statement regarding sufficient time and financial support.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
   Requiring that program directors are investing the necessary effort to manage the program will improve education and, in turn, patient safety and care quality.

3. How will the proposed requirement or revision impact continuity of patient care?  
   No direct impact is anticipated.

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?  
   Depending on the program, the requirement may necessitate additional resources for program director support.

5. How will the proposed revision impact other accredited programs?  
   N/A
Requirement #: IV.B.1.b).(2).(b).(ii)

Requirement Revision (significant change only):
[Fellows must demonstrate competence in the performance and/or interpretation of the following:]

IV.B.1.b).(2).(b).(ii) 3000 neuroradiological exams, including CT and MR, of which at least 1500 are neuroradiological MR scans. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The change from specifying 1500 each of CT and MR was made as to emphasize the importance of MR interpretation in the fellowship. Since some programs may do a large number of MR with CT delegated to residents, it was felt this change better reflected the focus of the fellowship without changing the overall numbers.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The change helps to better target fellows learning at the more advanced level without compromising care quality.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is anticipated.

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

5. How will the proposed revision impact other accredited programs?
   N/A
Requirement #: IV.B.1.b).(2).(b).(iii)

Requirement Revision (significant change only):
[Fellows must demonstrate competence in the performance and/or interpretation of the following:]

IV.B.1.b).(2).(b).(iii) 250 vascular examinations, including computed tomography angiogram (CTA), computed tomography venogram (CTV), magnetic resonance angiogram (MRA), magnetic resonance venogram (MRV), Doppler ultrasound, and catheter-based angiography; and, (Core)

1. Describe the Review Committee’s rationale for this revision:
   This reflects the trend away from the performance of the angiography procedure to the interpretation of vascular exam in total.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This focuses the education and experience on the most important aspects of neuroradiology training.

3. How will the proposed requirement or revision impact continuity of patient care?
   No direct impact is anticipated.

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

5. How will the proposed revision impact other accredited programs?
   N/A
### Requirement #: IV.B.1.b).(2).(b).(iv)

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

[Fellows must demonstrate competence in the performance and/or interpretation of the following:]

100 50 image-guided invasive procedures (CT, MR, or fluoroscopically guided); and

(Outcome Core)

1. **Describe the Review Committee’s rationale for this revision:**
   The number of image-guided invasive procedures was raised as it now covers all procedures, including angiographic procedures, in addition to the spinal procedures and other image-guided invasive procedures.

2. **How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?**
   The prior separate angiographic requirement was originated in a different clinical and educational environment. As many neuroradiology fellows do not perform angiography in their practice (the majority from surveys), it was felt that instead of required time learning a skill they will not use, they should have the opportunity to utilize the local clinical learning environment’s strengths with a broader definition and number of procedures.

3. **How will the proposed requirement or revision impact continuity of patient care?**
   No specific impact is anticipated on continuity of patient care.

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?**
   Although it may depend on individual institutions or programs, this should not require additional resources.

5. **How will the proposed revision impact other accredited programs?**
   This could potentially give opportunities to either the interventional radiology programs or the neurological surgery programs to have increased access to neurovascular procedures.

### Requirement #: IV.B.1.c).(1).(a)

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

[Fellows must demonstrate competence in their knowledge of the following:]

IV.B.1.c).(1).(a) indications and contraindications for, and the role of interventional neuroangiography in patient care management and treatment; (Core)

1. **Describe the Review Committee’s rationale for this revision:**
   The change from performance of neuroangiography procedures to the knowledge associated with neurointerventional procedures reflects changes in practice.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
   **This better aligns education with practice.**

3. How will the proposed requirement or revision impact continuity of patient care?  
   **No impact is anticipated.**

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**

5. How will the proposed revision impact other accredited programs?  
   **N/A**