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

Requirement #: II.A.2.a)

Requirement Revision (significant change only):

At a minimum, the program director must be provided with the salary support required to devote 10 percent FTE of non-clinical time to the administration of the program. Additional support must be provided based on the program size as follows: (Core)

<table>
<thead>
<tr>
<th>Number of Approved Fellow Positions</th>
<th>Minimum FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4</td>
<td>0.1</td>
</tr>
<tr>
<td>5-7</td>
<td>0.2</td>
</tr>
<tr>
<td>8 or more</td>
<td>0.3</td>
</tr>
</tbody>
</table>

1. Describe the Review Committee’s rationale for this revision:
The Review Committee felt it appropriate to start mandating support for program directors of fellowship programs to more formally recognize their role and efforts. This scale of support is consistent with the scale introduced in neuroradiology.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
This will potentially improve education by providing increased clinical, supervisory, and administrative support to the fellows and the program.

3. How will the proposed requirement or revision impact continuity of patient care?
N/A

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?
The previous statements required simply “adequate” support without a minimum. In some cases, this change may represent an increase in financial support for the program director from what has been previously provided.

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

Requirement #: IV.C.1.a) and b)

Requirement Revision (significant change only):

The assignment of educational experiences should be structured to minimize the frequency of transitions. (Detail)
Educational experiences should be of sufficient length to provide a quality educational experience defined by ongoing supervision, longitudinal relationships with faculty members, and high-quality assessment and feedback. (Detail)

1. Describe the Review Committee’s rationale for this revision:
   This language is added to explain the new Common Program Requirement to minimize transitions in care and transitions in teaching.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Reliance on a team rather than an individual should improve patient safety.

3. How will the proposed requirement or revision impact continuity of patient care?
   Continuity of patient care should improve if team members start and end shifts at different times.

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?
   N/A

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

Requirement #: VI.A.2.c).(1).(b).(i) and VI.A.2.c).(1).(b).(ii)

Requirement Revision (significant change only):

The program must have clear guidelines that delineate which competencies must be met to determine when a fellow can progress to indirect supervision. (Core)

The program director must ensure that clear expectations exist and are communicated to the fellows, and that these expectations outline specific situations in which a fellow would still require direct supervision. (Core)

1. Describe the Review Committee’s rationale for this revision:
   This language accommodates the new expectations for direct supervision as related to telecommunications.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The Review Committee expects the program-defined guidelines will ensure patient safety as a priority in patient care cases involving telecommunications and indirect supervision.

3. How will the proposed requirement or revision impact continuity of patient care?
   N/A

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

N/A