

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

Requirement #: **II.B.1.a)**

Requirement Revision (significant change only):

There must be a minimum of one physician faculty member for every resident in the program.
(Core)

1. Describe the Review Committee's rationale for this revision:
This requirement is being added to clarify ambiguity about the minimum number of required faculty members, particularly for new programs seeking accreditation.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
This requirement will ensure adequate faculty availability to provide education and supervision of resident interpretation of radiological studies.
3. How will the proposed requirement or revision impact continuity of patient care?
None
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, it has been the Committee's experience that most programs already have a 1:1 faculty-to-resident ratio, but codifying this expectation makes it concrete.
5. How will the proposed revision impact other accredited programs?
No impact to other programs.

Requirement #: **IV.C.1.a) and IV.C.1.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 inserted 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?
This will potentially improve education and patient care by decreasing handoffs and transitions. The language is general and does not require a specific outcome.
3. How will the proposed requirement or revision impact continuity of patient care?
Any resulting change should enhance 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?
This requirement should not require more resources.
5. How will the proposed revision impact other accredited programs?
This revision is not expected to impact other accredited programs.

Requirement #: **IV.C.4.a).(1–3)**

Requirement Revision (significant change only):

The ESIR curriculum must include:

at least 11 interventional radiology and interventional radiology-related rotations; and,
(Core)

Of these, at least eight rotations must take place in the interventional radiology section under the supervision of interventional radiology faculty members. (Core)

one critical care rotation of at least four continuous weeks. (Core)

ESIR residents must perform a minimum of 500 interventional radiology and/or interventional radiology-related patient procedural encounters. (Core)

The program must provide residents with written verification of their successful completion of an ESIR curriculum and performance of 500 patient procedural encounters. (Core)

1. Describe the Review Committee’s rationale for this revision:
Now that ESIR has been completely implemented, the ESIR guidelines have been made program requirements to help the Review Committee maintain oversight of the programs and their participation.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The requirements formalize the ESIR clinical and educational expectations to define the residents’ experiences.
3. How will the proposed requirement or revision impact continuity of patient care?

No impact

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 will be required.

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

No impact