

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

Requirement #: **Int.C.-Int.C.2.a)**

Requirement Revision (significant change only):

Int.C. Length of Educational Program

The educational programs in diagnostic radiology are configured in 48-month and 60-month formats. The latter includes 12 months of education in fundamental clinical skills of medicine, and both include 48 months of education in radiology (R1, R2, R3, and R4 years.) The educational program in diagnostic radiology must be 48 months in length. ^{(Core)*}

Int.C.1. The 48-month program must be comprised of 48 months of radiology education. ^(Core)

Int.C.2. The 60-month program must be comprised of 12 months of education in fundamental clinical skills of medicine followed by 48 months of radiology education. ^(Core)

Int.C.2.a) Programs seeking to utilize the 60-month format must submit an educational justification for using this format to the Review Committee for approval prior to implementation. The educational effectiveness of this format will be subject to evaluation at each subsequent program accreditation review. ^(Core)

1. Describe the Review Committee's rationale for this revision:

The preliminary clinical year requirement for all radiology residents has been in place for almost 25 years and is considered to be an important component of residency education and training. Medical students develop clinical skills and judgment deemed foundational for all physicians during their clinical internship.

A small number of radiology residency programs have required their residents to match into an internship at the radiology residency's institution. An even smaller number have endeavored to integrate the internship into the radiology residency by having these preliminary clinical year residents train at their institution and by being involved in clinical year curriculum, evaluation, and supervision.

Under the current Program Requirements, radiology residency program directors have no control over their future residents' clinical year. With control over the preliminary year, the curriculum can be designed to better prepare these residents for the radiology educational program. Surgical specialties and anesthesiology have already taken ownership of their clinical years.

This revision allows radiology residency programs, *only if they choose*, to oversee the clinical year.

Programs that want to continue in the traditional model would stay as is, with a four-year program and the separate preliminary clinical year.

Programs would be allowed to offer an integrated clinical year for some but not all of their residents if they choose.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Some advantages to owning the clinical year:
 - **Single residency match with guaranteed PGY-1 position**
 - **Curriculum better designed to provide a foundation for radiology**
 - **Residents learn systems common to both internship and residency**
 - **Residents develop relationships with clinical attendings and other residents**
 - **Residents work closely with medical students; may inspire interest in radiology**
3. How will the proposed requirement or revision impact continuity of patient care?
Radiology residents would be expected to build strong relationships with clinical attending physicians and resident physicians during their preliminary clinical year. This has the potential to improve communication and professionalism throughout residency, positively impacting 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?
Institutions would be required to budget for the additional clinical year of training. Sufficient clinical volume and variety of clinical cases, clinical faculty members to engage in graduate medical education, and cooperation of clinical departments would be necessary.
5. How will the proposed revision impact other accredited programs?
The impact on other graduate medical education programs will depend in part on how a health system budgets for the additional year of training. If a budget-neutral approach is taken, for example by converting an existing transitional year position to a radiology clinical year position, impact should be negligible. If additional incremental positions are budgeted, care must be taken that sufficient clinical volume is available to support all residents/fellows.

Requirement #: **II.A.2.a)**

Requirement Revision (significant change only):

60-month programs: In addition to the support requirements outlined above, program directors of 60-month programs must be provided an additional 20 percent FTE for the administration and oversight of the clinical year. ^(Core)

1. Describe the Review Committee's rationale for this revision:
Developing and administering a clinical year curriculum, and the necessary relationships with clinical departments, will require additional program director and/or associate program director effort. This is in addition to the increase in resident complement required to accommodate an additional year of training.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The radiology program director's effort to develop and administer a clinical year will increase collaboration with clinical colleagues and should allow for increased interdepartmental collaboration in research and quality/safety projects, for both residents and faculty members.
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?
Yes. The radiology department must provide an additional 0.2 FTE for the program director/associate program director.
5. How will the proposed revision impact other accredited programs?
No impact

Requirement #: IV.B.1.b).(1).(b)-IV.B.1.b).(1).(b).(vi)

Requirement Revision (significant change only):

60-month Programs

IV.B.1.b).(1).(b) Residents in 60-month programs must demonstrate competence in fundamental clinical skills of medicine, including:

IV.B.1.b).(1).(b).(i) obtaining a comprehensive medical history; (Core)

IV.B.1.b).(1).(b).(ii) performing a comprehensive physical examination; (Core)

IV.B.1.b).(1).(b).(iii) assessing a patient's medical conditions; (Core)

IV.B.1.b).(1).(b).(iv) making appropriate use of diagnostic studies and tests; (Core)

IV.B.1.b).(1).(b).(v) integrating information to develop a differential diagnosis; and, (Core)

IV.B.1.b).(1).(b).(vi) implementing a treatment plan. (Core)

1. Describe the Review Committee's rationale for this revision:

The preliminary clinical year, while overseen by the radiology residency program director, is not intended to be another year of radiology training. Residents in the clinical year are to gain clinical experience and attain the clinical skills and judgement considered foundational to all physicians.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

Residents in the preliminary year will train in the same learning environment as their radiology residency. They will more efficiently gain facility with the systems and familiarity with the personnel of the institution. Mastery of institution-specific skills should improve residents' ability to focus on education, direct patient care, quality, and safety.

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 impact

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

No impact

Requirement #: **IV.C.4.a)-IV.C.4.a).(2)**

Requirement Revision (significant change only):

IV.C.4.a) 60-Month Programs

IV.C.4.a).(1) Programs using the 60-month format must provide a clinical experience during the first 12 months of the program, including: ^(Core)

IV.C.4.a).(1).(a) At least nine months of rotations designed to provide the fundamental clinical skills of medicine, which must include:

IV.C.4.a).(1).(a).(i) six months of inpatient care, which must include at least one month of critical care; ^(Core)

IV.C.4.a).(1).(a).(ii) one month of emergency medicine; and, ^(Core)

IV.C.4.a).(1).(a).(iii) two months of additional inpatient or outpatient care. ^(Core)

IV.C.4.a).(1).(b) The nine months of fundamental clinical skills of medicine should occur in the disciplines of anesthesiology, emergency medicine, family medicine, internal medicine or internal medicine subspecialties, neurology, obstetrics and gynecology, pediatrics, surgery or surgical specialties, or any combination of these. ^(Core)

IV.C.4.a).(1).(c) Elective rotations in diagnostic radiology, interventional radiology, or nuclear medicine must only occur in radiology departments with a diagnostic radiology, interventional radiology, or nuclear medicine residency program accredited by the ACGME, AOA, RCPSC or College of Family Physicians of Canada, or in ACGME International (ACGME-I)-accredited Advanced Specialty Accreditation. ^(Core)

IV.C.4.a).(1).(c).(i) These electives must not exceed a combined total of two months. ^(Core)

IV.C.4.a).(1).(c).(ii) The elective rotations in radiology should involve active resident participation and must not be observational only. ^(Core)

IV.C.4.a).(1).(c).(iii) The elective rotations in radiology should be supervised by a radiology program faculty member. ^(Detail)

IV.C.4.a).(2) The program director must maintain oversight of resident education in fundamental clinical skills of medicine. ^(Core)

1. Describe the Review Committee's rationale for this revision:

The preliminary clinical year is intended to be rigorous and continuous during the initial 12 months of graduate medical education, with robust learning opportunities in inpatient care (including critical care) and in emergency medicine. Additional clinical rotations, which may be inpatient or outpatient, can be tailored by the

program and the resident to allow for clinical experiences felt to be important to future practicing radiologists.

As in the previous requirements, only two rotations in radiology can be taken during the clinical year, as the clinical year is primarily for developing clinical expertise rather than the image interpretation skills residents will attain later in their residency education.

The program director, as a radiologist, is expected to provide oversight, not specific clinical expertise, in administering the clinical year.

Examples:

- In developing a clinical year, the program director would be expected to work closely with clinical colleagues skilled in directly educating and training residents in medicine, surgery, critical care, etc.
- In semiannual reviews with clinical year residents, a program director may learn that a rotation is not delivering on a promised learning opportunity. An intervention, like modifying the curriculum or meeting with the clinical faculty supervisor, might be needed. This is analogous to the variety of clinical radiology rotations program directors currently manage, including rotations on which a subspecialty program director may have limited personal expertise.
- The program director reviewing evaluations of resident performance on a surgery rotation is analogous to an abdominal radiologist reviewing interventional radiology resident evaluations.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

Greater standardization of the preliminary clinical year curriculum, including rigorous rotation requirements, will improve clinical education and training and better prepare residents for their radiology residency and future career.

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?

The hospital must be able to provide the number and type of clinical rotations required by the revised program requirement.

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

No impact

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

Requirement Revision (significant change only):

VI.A.2.c).(1).(b).(i) The program must have clear guidelines that delineate which competencies must be demonstrated to determine when a resident can progress to indirect supervision. (Core)

VI.A.2.c).(1).(b).(ii) The program director must ensure that clear expectations exist and are communicated to the residents, and that these expectations outline specific situations in which a resident would still require direct supervision. (Core)

1. Describe the Review Committee's rationale for this revision:
This language accommodates the new definitions for Direct Supervision as it pertains 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