Frequently Asked Questions: Diagnostic Radiology
Review Committee for Diagnostic Radiology
ACGME
Effective January 1, 2025

Question	Answer
Institutions	
Must there be a PLA for every hospital or site that is part of a single medical center? *[Program Requirement: I.B.2.]*	This will depend on the administrative structure of the medical center. PLAs are not necessary when a rotation/assignment occurs at a site under the governance of the Sponsoring Institution or in an office of a physician who is a member of the Sponsoring Institution's teaching faculty/medical staff.
What are "meaningful" educational opportunities? *[Program Requirement: I.B.6.]*	The intent of using the word "meaningful" here is to ensure that the educational opportunities at each participating site are educationally based and not service driven.
Program Personnel and Resources	
Does the Review Committee expect the program director appointment to be a 1.0 FTE faculty appointment? *[Program Requirement: II.A.1.]*	The Review Committee expects the program director appointment to be a full-time role and various faculty appointments could fulfill this expectation including 1.0, 0.8, or 0.7 FTE faculty appointment.
How is program size used to determine the necessary level of support for both program directors and program coordinators? *[Program Requirements: II.A.2.a) and II.C.2.a)]*	The graduated levels of support for both program director and program coordinator are based on the program's approved resident complement, not the number of residents on duty each academic year.
For programs with eight to 31 residents, can the required program director support be shared or must it all be allocated to the program director? *[Program Requirement: II.A.2.a)]*	For programs with 31 or fewer residents, the Review Committee determined that the decision to share the required support is up to the department and institution.

Question	Answer
What experiences are acceptable for program director candidates to meet the requirement for three years' of educational and administrative experience? *[Program Requirement: II.A.3.a)]*	The Review Committee will accept three years of faculty experience in either an ACGME-accredited or American Osteopathic Association-approved program.
What is the Early Specialization in Interventional Radiology (ESIR) track referenced in the Program Requirements for both Diagnostic and Interventional Radiology, and how does it affect diagnostic radiology programs? *[Program Requirement: Diagnostic Radiology (IV.C.4.b).(1); Interventional Radiology (III.A.2.b).(1).(c)]*	The ESIR track was created to provide the independent interventional radiology program director assurance that residents planning advanced entry in an independent program at the PGY-7 level will have had an adequate interventional radiology experience during their diagnostic radiology education and training. Diagnostic radiology programs that would like to participate in ESIR will need follow the ESIR guidelines posted on the Documents and Resources page of the Radiology section of the ACGME website, and work with their interventional radiologist to develop an interventional radiology curriculum that is compliant with the guidelines for entry into the second year of the independent program. The Review Committee must review and approve each submission for consideration.
Are programs expected to have dedicated faculty members, in addition to the eight required core faculty members, for educational content in areas such as computed tomography (CT), magnetic resonance imaging (MRI), etc.? *[Program Requirements: II.B.1.b).(1)-(4)]*	Programs are not required to have additional faculty members to provide the didactic content for the educational content areas of CT, MRI, radiography/fluoroscopy, reproductive/endocrine imaging, ultrasonography, and vascular imaging. Any of the required eight core faculty members with additional expertise in any of the educational content areas may also provide education in these areas to fulfill this requirement and develop the didactic content for the related area.
What are the Committee's criteria for the faculty or staff members with expertise in quality, safety, and informatics? *[Program Requirement: II.B.1.c)]*	The faculty or staff members who fulfill these roles are not required to have formal certification in their respective area(s) of expertise. It is not the Committee's expectation that there be dedicated staff members for each area of expertise. For example, programs may have an IT staff member or administrator with relevant expertise in informatics, and this would satisfy the requirement as long as the individual was available to the program to dedicate the time to develop the necessary didactic content related to the area of expertise. The Committee's expectation is that there be some resident education in each area.

Question	Answer
Where should programs seek faculty development opportunities? *[Program Requirement: II.B.2.f)]*	Programs are free to select faculty development opportunities that work best for their faculty members' time, availability, and budget. Examples of some national organizations with faculty development options are: • Association for Program Directors in Radiology (APDR) • Society of Chairs of Academic Radiology Departments (SCARD) • American College of Radiology (ACR) • Radiological Society of North America (RSNA)
What if an institution does not have a faculty-appointed pediatric radiologist? *[Program Requirement: II.B.4.b).(8)]*	A pediatric radiologist may have a primary appointment at another site and still be the designated faculty member supervising pediatric radiologic education for the program.
Resident Appointments	
What should be taken into consideration to count a resident's participation in elective rotations in interventional or diagnostic radiology during their prerequisite clinical year? *[Program Requirement: III.A.2.b).(1).(b)]*	In order to count elective rotations in interventional or diagnostic radiology completed during the prerequisite year toward residency requirements, the following considerations apply: 1. The elective must involve active resident participation and must not be observational only. 2. The elective must be supervised by a radiology program faculty member. 3. It is up to the receiving diagnostic radiology program director to determine whether the elective will count toward the resident's required 12 months of diagnostic radiology education and training for call responsibilities or interpreting exams without direct supervision (per program requirement IV.A.6.a)).
When the program accepts a resident transfer, how should the program complete the three-month Milestones assessment? [*Program Requirement: III.C.1.]*	If the timing of a resident transfer does not coincide with the ACGME's required biannual Milestones reporting in the Accreditation Data System (ADS), the program should document the three-month assessment using the specialty Milestones as a template for the evaluation. This evaluation should be included in the resident's file and available at the time of a site visit to demonstrate compliance with the requirement.

Question	Answer
Are there any updates regarding resident requests to transfer between diagnostic radiology and interventional radiology integrated programs at two different institutions? [*Program Requirement: III.C.2.]*	Yes, in 2023 the Review Committee re-evaluated the transfer requirements and determined that the implementation phase of the interventional radiology residency programs has stabilized; therefore, the Committee determined that it will **no longer enforce** the transfer limitation restricting resident transfers to be within the same Sponsoring Institution.
What considerations should be taken for diagnostic radiology residents who desire to transfer into interventional radiology and vice versa? *[Program Requirements: III.C.2.]*	The following considerations and procedures should be followed when a diagnostic radiology resident transfers into an interventional radiology program, or when an interventional radiology resident transfers into a diagnostic radiology program: 1. Transfers into the interventional radiology PGY-2 (R1) year are not allowed. It is advisable that transfers occur at the end of an academic year to facilitate summative evaluation and Milestones assessments prior to transfer. 2. Both the diagnostic radiology and the interventional radiology program director should agree to the transfer and must follow the resident transfer rules as stated in the Program Requirements, including providing written verification of previous training and a summative evaluation. 3. Both program directors will need to update their resident rosters in ADS to reflect the resident's transfer status in the diagnostic radiology program and active status in the interventional radiology program or vice versa. 4. The diagnostic radiology program director must also notify the American Board of Radiology (ABR) that the resident has enrolled in the diagnostic radiology program and withdrawn from the interventional radiology program or vice versa.

Educational Program	
What are the expectations for ultrasound systems (machines) for resident ultrasound training? *[Program Requirement: IV.B.1.b).(2).(a).(iii)]*	Ultrasound systems (machines) or simulation systems should be of adequate quality to allow for appropriate, accurate, and repeatable scanning.
How should programs teach for development of proficiency in ultrasound skills? *[Program Requirement: IV.B.1.b).(2).(a).(iii)]*	It is recommended that programs use an integrated approach of lectures, demonstrations, and hands-on scanning opportunities designed to help residents develop the fundamental knowledge base and master skills. Simulation, web-based modules, and/or skills lab experiences are also appropriate.
What is the expectation regarding "sufficient" experience in ultrasound? *[Program Requirement: IV.B.1.b).(2).(a).(iii)]*	Residents are expected to demonstrate competence in basic ultrasound physics, knobology, image generation, and interpretation. As a guideline, supervised residents should perform 75 hands-on scans and interpret 150 examinations of various types prior to graduation.
What types of ultrasound examinations meet the requirements for resident experience? *[Program Requirement: IV.B.1.b).(2).(a).(iii)]*	Routine ultrasound examinations include but are not limited to abdominal ultrasound, obstetrical/gynecological ultrasound, pediatric ultrasound, musculoskeletal ultrasound, vascular ultrasound, and breast ultrasound. Ultrasound-guided interventional procedures also qualify.

How should programs measure and document resident ultrasound scans and ultrasonographic skills? *[Program Requirement: IV.B.1.b).(2).(a).(iii)]*	A procedure log should be maintained for ultrasound scans, similar to procedure logs kept for interventional procedures and nuclear radiology treatments. Programs should develop and implement a process to measure and document resident proficiency in ultrasound scanning. Examples might include a procedure "passport," an objective structured clinical examination (OSCE), or a standardized practical examination using direct assessment. Proficiency assessment should include evaluation of proper machine settings, cleanliness, probe positioning, image acquisition, interpretation, documentation, and communication of results. Ultrasound images should be assessed for technique, including image quality, identification of landmarks, labeling and appropriateness, and completeness of the scan protocol. Interpretation assessment should include identification of sonographic anatomy, artifacts, measurements, and recognition/communication of normal and pathologic findings.
What is considered "appropriate" patient-centered imaging utilization? *[Program Requirement: IV.B.1.c).(1).(c)]*	Residency programs are required to both teach and assess competence in imaging utilization, to include appropriateness (correct modality and sequencing of exams), radiation dose, safety, cost, and patient benefit.
How should programs facilitate resident education in radiologic/pathologic correlation? *[Program Requirement: IV.B.1.c).(1).(e)]*	This requirement may be satisfied by resident participation in a formal course on radiologic/pathologic correlation if the curriculum includes assessment of resident knowledge.
Does the Review Committee require resident attendance at the American Institute of Radiologic Pathology (AIRP)? *[Program Requirement: IV.B.1.c).(1).(e)]*	No. The Review Committee is only concerned that residents gain experience with radiologic-pathologic correlation. Each program can determine how this requirement will be fulfilled.
Does the didactic curriculum have to consist entirely of lectures and conferences? *[Program Requirements: IV.C.3.a) and IV.C.3.a).(2)]*	The didactic curriculum can consist of several didactic activities, which may include, but is not limited to lectures, conferences, courses, labs, asynchronous learning, simulations, drills, case discussions, grand rounds, and didactic teaching.

Are there any expectations regarding how often the didactic curriculum should be repeated? *[Program Requirement: IV.C.3.a).(1)]*	While the core didactic curriculum must be repeated every two years at a minimum, programs are encouraged to repeat the didactic curriculum on a one-and-a-half-year cycle so that residents can be exposed to all essential topics twice before the ABR Core Examination.
Are there any expectations for the didactic curriculum content other than what is stated in the Program Requirements? *[Program Requirement: IV.C.3.e)]*	It is highly advisable that the curriculum for diagnostic radiologic physics and radiation biology be based on national recommendations, such as the American Association of Physicists in Medicine Residents Physics Curriculum and the ABR Core Examination Study Guide.
What is the Committee's expectation for in-person physics education and what does "real-time expert discussions and interactive educational experiences" mean in relation to the physics curriculum? *[Program Requirement: IV.C.3.e).(4).(b)]*	It is not the Committee's expectation that all physics education be delivered in person by a physicist faculty member or a physicist on site; this resource could be an area physicist at another site or program. Programs can share this resource and collaborate on the curriculum and lectures. Essentially, the physics didactic curriculum should not consist entirely of online-recorded lectures for the residents to review without real-time interaction. While programs are free to use alternative educational tools such as online modules, these tools should provide a "real-time" and "interactive" component that allows residents to engage with the lecturer.
What counts toward the 700 hours of nuclear training? *[Program Requirement: IV.C.4.b).(5)]*	According to Nuclear Regulatory Commission (NRC) guidelines § 35.290 Training for imaging and localization studies, the NRC requires "700 hours of training and experience, including a minimum of 80 hours of classroom and laboratory training." Thus, there is the option to count the 80 hours of classroom and laboratory training toward the 700-hour total. In any case, the 80-hour requirement must be met, either in addition to the 700 hours (more than 700 hours total) or as part of the 700 hours.
What is the Committee's expectation for program compliance with the requirement for 700 hours of nuclear training? *[Program Requirement: IV.C.4.b).(5)]*	To approach the NRC requirement of 700 hours of training, the Review Committee will expect the curriculum of both the diagnostic and integrated interventional radiology programs to include at least four rotations or 16 weeks in nuclear medicine/nuclear radiology experiences, and these rotations should be clearly identified on the block diagram.

How should residents consider the minimum number of mammograms required by the Review Committee versus the Mammography Quality Standards Act (MQSA) standard? *[Program Requirement: IV.C.4.b).(4)]*	In order to meet current MQSA regulations, residents must have interpreted or multi-read, under direct supervision of a qualified interpreting physician, at least 240 mammographic examinations in any six-month period during the last two years of a diagnostic radiology residency program. However, it is the opinion of the Review Committee that in order to obtain true proficiency in performing these examinations, a minimum of 300 mammograms must be completed by each resident by graduation.
Can residents participate in I-131 administrations remotely? *[Program Requirement: IV.C.4.b).(5)]*	No; the Review Committee determined that oral I-131 administration is a clinical procedure that requires consultation and consent in person, along with direct participation in the administration of the radioactive treatment to the patient, all under the supervision of a faculty member who is an NRC authorized user.
Can our NightHawk radiology service supervise on-call residents overnight? *[Program Requirement: IV.C.5.b).(2)]*	No; on-call residents must be supervised by a faculty member, senior resident, or fellow. If a faculty member(s) works for the NightHawk service and is on duty, then supervision would be acceptable.
Are there any interpretations or exceptions to providing time for residents to study for the ABR Core Examination? *[Program Requirements: IV.C.5.b).(4)]*	The Review Committee expects residents to be engaged in clinical (or research-related) work throughout all 48 months of residency. Examination preparation or other non-research-related activities should not interfere with clinical training. Specifically, in preparation for the ABR Core Examination, faculty-run review sessions or faculty-directed conferences are acceptable activities, but time away from clinical service for these activities must not adversely affect other diagnostic radiology residents on the clinical services. Protected time away from clinical duties during normal workdays for independent or unsupervised examination preparation is not allowed. Extended time (more than 20 working days) during normal working hours for the purposes of earning an additional degree (e.g., MBA, MHA, MEd) is not permitted.

What types of annual objective examinations are acceptable? *[Program Requirement: IV.C.5.g).(2).(b)]*	Annual objective examinations can be any exam the program creates or implements, as programs are free to use any objective assessment tool. Many programs use the ACR In-Service Examination and the ABR Core Examination as comprehensive tools to assess resident competence in medical knowledge, and it is perfectly fine to do so. The annual objective examination can be rotation-specific or specific to a section of radiology. Examples of other objective examination tools could include but are not limited to: a) A subsection of STATdx b) An objective tool developed by another program/institution c) Mock oral exam d) Online exams e) RADprimer f) RADexam

What does the Review Committee consider as acceptable resident scholarly involvement and to what degree? *[Program Requirement: IV.D.3.a)]*	The following criteria define the Review Committee's expectations with regard to residents' degree of involvement in scholarly activity: 1. Before graduation, every resident should submit at least one scholarly work to a meeting or for publication. 2. The resident should be the principal learner-investigator. The position of authorship in a multi-author work in and of itself is not critical, although first or second authorship is preferred. 3. If more than one resident is among the authors, credit shall be given to the principal (as designated by investigators/program), though an allowance might be extended for more than one resident participant in extensive projects where the residents can define their specific involvement in the project, as attested to by faculty investigators/authors. 4. In brief, the International Committee of Medical Journal Editors (ICMJE) rules of authorship should be followed: a) Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND b) Drafting the work or revising it critically for important intellectual content; AND c) Final approval of the version to be published; AND d) Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.
Which categories of resident scholarly activity count and how should they be considered? *[Program Requirement: IV.D.3.a)]*	1. Peer-reviewed publication a) Publication in a peer-reviewed medium (physical or electronic) of scholarly work that is citable by PMID number. Examples include work related to original research, practice issues, practice management, medical education, review article, case report, and quality/safety and value PQI-related projects. b) Scholarly work published in MedEdPORTAL (does not carry PMID number). c) The following do NOT qualify: Abstracts, editorials, and letters to the editor. 2. Non-peer-reviewed publication a) Scholarly effort listed above that is published in a medium not citable with a

	PMID number. b) Additional examples of acceptable work in this category include editorials, letters to the editor, educational videos, DVDs, and podcasts that are accessible to the public at large. 3. Textbook/chapter: Chapter(s) in electronic or print textbook. 4. Presentations a) Oral, electronic, or print exhibit/poster presentations at regional/national/international venues. b) ACR Case in Point presentation. c) Local or institutional meeting presentations, only if approved for continuing medical education (CME) credit. d) The following activities do NOT qualify: i. Preparing morning or noon conferences, and journal clubs as part of expected resident activity in the program. ii. Grand rounds if such a formal presentation is an expected component of the residency program. iii. Medical student and/or graduate medical education learner instruction if such a formal commitment is expected of residents. iv. Mandated departmental or multidisciplinary conferences at the home institution. 5. Participation in research a) Active participation in a research project, or formulation and implementation of an original research project. This includes funded and non-funded basic science or clinical outcomes research. b) The following does NOT qualify: Preparing for/participating in a quality improvement/patient safety activity that the department routinely expects of all residents.

Evaluation	
Who does the Committee expect to be included for multisource evaluations? *[Program Requirement: V.A.1.c).(1)]*	The Review Committee expects evaluations from faculty members, peers, patients, other professional staff members, and the resident themself.
How does the Review Committee expect programs to demonstrate a defined process for remediation of resident underperformance? [*Program Requirements: V.A.1.d).(3).(a) and V.A.1.d).(3).(a).(ii).(a)]*	Programs can develop their own process for resident remediation, which should include a written plan identifying the problems and addressing how those problems can be corrected. Programs can also use remediation policies and processes developed by the department and/or Sponsoring Institution.
Other	
Often, PGY-5 (R4) residents want to concentrate their education and training in a subspecialty area of radiology. What considerations should be given to these resident requests?	During the final year of diagnostic radiology residency (PGY-5), residents should be allowed, within program resources, to select and participate in rotations, including "general radiology," that will reflect their desired areas of concentration as they enter practice.
What are the procedures for submitting a request for a new program director?	1. Enter the request in ADS 2. Email a copy of the candidate's full faculty CV to Review Committee staff 3. Email a letter from the designated institutional official supporting the candidate to Review Committee staff Contact information for Review Committee staff members at the ACGME can be found on the Overview page of the Radiology section of the ACGME website.
In meeting the established Case Log minimums, can programs use teaching file cases or cases that were only observed by the resident to supplement the residents' procedure numbers?	No; only actual clinical cases in which residents were directly involved can be recorded for credit in the Case Log System.

Is it possible for more than one resident to take credit for the same case?	The Committee has determined that other than I-131 therapies, procedures should not be shared by, nor should credit be given to, more than one resident, including for mammograms. For I-131 therapies, up to two residents may share and claim credit for the same case.
Can residents read cases for hospitals and/or outside imaging centers that are not officially part of the teaching program?	The Review Committee determined that this activity is acceptable as long as the external cases are being used for education, are supervised by program faculty member(s), and are documented.