

ACGME Program Requirements for Graduate Medical Education in Interventional Radiology

Summary and Impact of Focused Requirement Revisions

Due to the small number of changes, the full revised Program Requirements have not been posted on the Review and Comment page and the changes are noted only in this Impact Statement. Visit the link below to comment on the revision.

<https://forms.office.com/r/0Ejs2jp4xm>

Background

In June 2020, the ACGME Board approved formation of a special task force to examine the principles that should guide creation of requirements that quantify the effort required to participate in the educational programs of residents and fellows. The task force, comprised of representatives of the ACGME Board and ACGME leadership, reviewed more than 100 position papers submitted by representatives from across the medical community, data collected through the ACGME's Accreditation Data System, a comprehensive literature search, and feedback from internal and external stakeholder congresses.

The proposed requirements were posted for a 45-day public comment period in February 2021 and will be effective as of July 1, 2022.

To balance the unique needs of each specialty/subspecialty with the responsibility to maintain fair and equitable standards across specialties/subspecialties, in February 2021 the ACGME Board directed the Committee on Requirements to develop guidance for Review Committees to use in the development of specialty-specific requirements related to dedicated time for program leadership, program coordinators, and core faculty members.

The Review Committees have now been asked to review their existing requirements for consistency with the guidance from the Committee on Requirements and, where needed, to propose modifications needed to conform to the guidelines.

The guidelines for dedicated time requirements for specialties are consistent with the recent modifications to the Common Program Requirements, and take into account the minimum required for the smallest programs in each specialty, with the ability to scale up required dedicated time based on program size and complexity. It is important to note that while the Program Requirements specify the minimum dedicated time required, individual programs may determine that additional time and support is needed.

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

Requirement Revision (significant change only):

II.A.2.a) At a minimum, the IR-independent only program director must be provided with support equal to a dedicated minimum of 20 percent FTE for administration of the program. ^(Core)

II.A.2.b) At a minimum, the 60-month IR-integrated only program director must be provided with the dedicated time and support specified below for administration of the program: ^(Core)

<u>Number of Approved IR-Integrated Resident Positions</u>	<u>Minimum support required (FTE)</u>
<u>1 to 6</u>	<u>0.20</u>
<u>7 to 12</u>	<u>0.25</u>
<u>13 to 18</u>	<u>0.25</u>
<u>19 to 24</u>	<u>0.30</u>

II.A.2.b).(1) At a minimum, program directors who oversee both independent and integrated interventional radiology programs at the same institution must be provided with an additional .1 FTE for administration of the program: ^(Core)

II.A.2.c) In addition to the support requirements above, program directors of 72-month integrated programs with more than six approved IR-integrated resident positions must be provided additional support for the administration and oversight of the clinical year as follows: ^(Core)

<u>Number of Clinical Year Positions</u>	<u>Minimum Additional Program Director FTE</u>
<u>1-3 residents</u>	<u>0.10</u>
<u>4 or more residents</u>	<u>0.15</u>

~~II.A.2.a) Program directors who oversee both independent and integrated interventional radiology programs at the same institution must be provided protected time for administration of the independent program according to the following:~~ ^(Core)

<u>Number of Approved Interventional Radiology-independent Resident Positions</u>	<u>Minimum Additional Program Director FTE</u>
<u>1-3 residents</u>	<u>0.05</u>
<u>4 or more residents</u>	<u>0.10</u>

II.A.2.b) In addition to the support requirements above, program directors of 72-month integrated programs must be provided additional support for the administration and oversight of the clinical year as follows: ^(Core)

Number of Clinical Year Positions	Minimum Additional Program Director FTE
1-3 residents	0.10
4 or more residents	0.15

1. Describe the Review Committee's rationale for this revision:
The proposed change is in alignment with the ACGME's new guidance related to dedicated administrative time.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
As reflected in the Background and Intent for Common Program Requirement II.A.2., the ultimate outcome of graduate medical education is excellence in resident/fellow education and patient care. The Common and specialty-specific Program Requirements related to administrative time and support are intended to ensure that the program director and, as applicable, the program leadership team, are able to devote a sufficient portion of their professional effort to the oversight and management of the program to ensure an effective and high quality educational program.
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?
The requirements define the required minimum dedicated time for administration of the program based on program size. For some programs, the new requirements represent a decrease in the minimum administrative time and support required for program leadership, while for other programs the new requirements represent an increase.
Programs for which the required minimum has decreased are encouraged to consider whether additional time and support should be provided based on factors such as program complexity and level of experience among the members of the program leadership team. It is anticipated that some programs may choose to decrease administrative time and support to the level specified in the new requirements if that is sufficient to meet the administrative requirements of the

program. Other programs may determine that the time and support currently provided is optimal and may, therefore, elect not to make a change.

Programs for which the requirements for administrative time and support have increased will need, in partnership with their Sponsoring Institution, to provide additional support for administrative time as specified in the requirements.

Both provision of support for the time required for the leadership effort and flexibility regarding how this support is provided are important. Programs, in partnership with their Sponsoring Institution, may provide support for this time in a variety of ways. Examples of support may include, but are not limited to, salary support, supplemental compensation, educational value units, or relief of time from other professional duties. Program directors and, as applicable, members of the program leadership team, who are new to the role may need to devote additional time to program oversight and management initially as they learn and become proficient in administering the program. It is suggested that during this initial period, the support described above be increased as needed.

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

N/A

Requirement #: **II.C.2.a - b)**

Requirement Revision (significant change only):

II.C.2.a) At a minimum, the IR-independent program coordinator must be provided with support equal to a dedicated minimum of 50 percent FTE for administration of the program.

II.C.2.b) At a minimum, the IR-integrated program coordinator must be provided with the dedicated time and support specified below for administration of the program:

<u>Number of Approved Resident Positions</u>	<u>Minimum FTE</u>
<u>1-6</u>	<u>0.5</u>
<u>7-12</u>	<u>0.6</u>
<u>13-18</u>	<u>0.7</u>
<u>18-24</u>	<u>0.8</u>
<u>25 or More</u>	<u>1.0</u>

II.C.2.a) Additional support must be provided based on program size as follows for integrated programs: ^(Core)

<u>Number of Approved Resident Positions</u>	<u>Minimum FTE Coordinator(s) Required</u>
<u>1-10</u>	<u>0.5</u>
<u>11-15</u>	<u>0.6</u>

16-20	0.8
More than 20	1.0

~~II.C.2.b) Program coordinators who are responsible for the administration of both independent and integrated interventional radiology programs at the same institution must be provided an additional 20 percent FTE protected time for administration of the independent program.~~^(Core)

1. Describe the Review Committee's rationale for this revision:
The proposed change is in alignment with the ACGME's new guidance related to dedicated administrative time.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The program coordinator plays a key role in developing and maintaining a high quality educational program, and the Common and specialty-specific Program Requirements are intended to ensure that the FTE support for the coordinator is sufficient to meet the administrative needs of the program.
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?
The requirements define the required minimum dedicated time for administration of the program based on program size. For some programs, the new requirements represent a decrease in the required FTE support for the coordinator, while for other programs the new requirements represent an increase. It is important to note that the FTE support defined in the requirements must be devoted exclusively to responsibilities related to the accredited program. Time spent by a coordinator related to other duties, such as providing support for unaccredited fellowships or other departmental responsibilities, must not be counted toward the required FTE. Coordinators may support more than one accredited program only if the total FTE required across programs does not exceed 1.0 FTE.

Programs for which the required minimum has decreased are encouraged to consider whether additional time and support should be provided based on factors such as program complexity, the administrative responsibilities delegated to the coordinator, and level of experience of the coordinator. It is anticipated that some programs may choose to decrease administrative time and support to the level specified in the new requirements if that is sufficient to meet the administrative requirements of the program. Other programs may determine that the time and

support currently provided is optimal and may, therefore, elect not to make a change.

Programs for which the requirements for administrative time and support have increased will need, in partnership with their Sponsoring Institution, to provide additional support for administrative time as specified in the requirements.

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

N/A

Requirement #: **III.C.1.b)**

Requirement Revision (significant change only):

Resident transfers from ACGME-accredited diagnostic radiology programs into integrated interventional radiology programs ~~must be limited to transfers from within the same Sponsoring Institution and~~ must meet the following qualifications for transfer: ^(Core)

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

The proposed change will provide more opportunities to accommodate personal/life situations that necessitate a residency transfer.

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

N/A

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?

The requirement change will not require additional resources.

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

N/A