



SES043 Specialty Update: Radiology

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—2023—
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FEBRUARY 23-25, 2023
NASHVILLE
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Conflict of Interest Disclosure

Speaker(s): Janet Bailey, MD, FACR
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Disclosure

None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.



Topics for Today....

- Radiology Data
- NAS Observations
- Program Requirement Clarifications
- Review Committee Discussions
- Committee Composition
- ACGME Updates

Radiology



Radiology Accredited Programs 2022-2023



Specialty	Programs	Trainees
Diagnostic Radiology	199	4647
Interventional Radiology - Integrated	95	757
Interventional Radiology - Independent	94	179
Abdominal Radiology	13	50
Musculoskeletal Radiology	20	37
Neuroendovascular Intervention	3	6
Neuroradiology	91	307
Nuclear Radiology	19	12
Pediatric Radiology	46	58



Interventional Radiology 2022- 2023

• **Integrated**

- 95 programs
- 896 accredited positions
- 757 filled positions

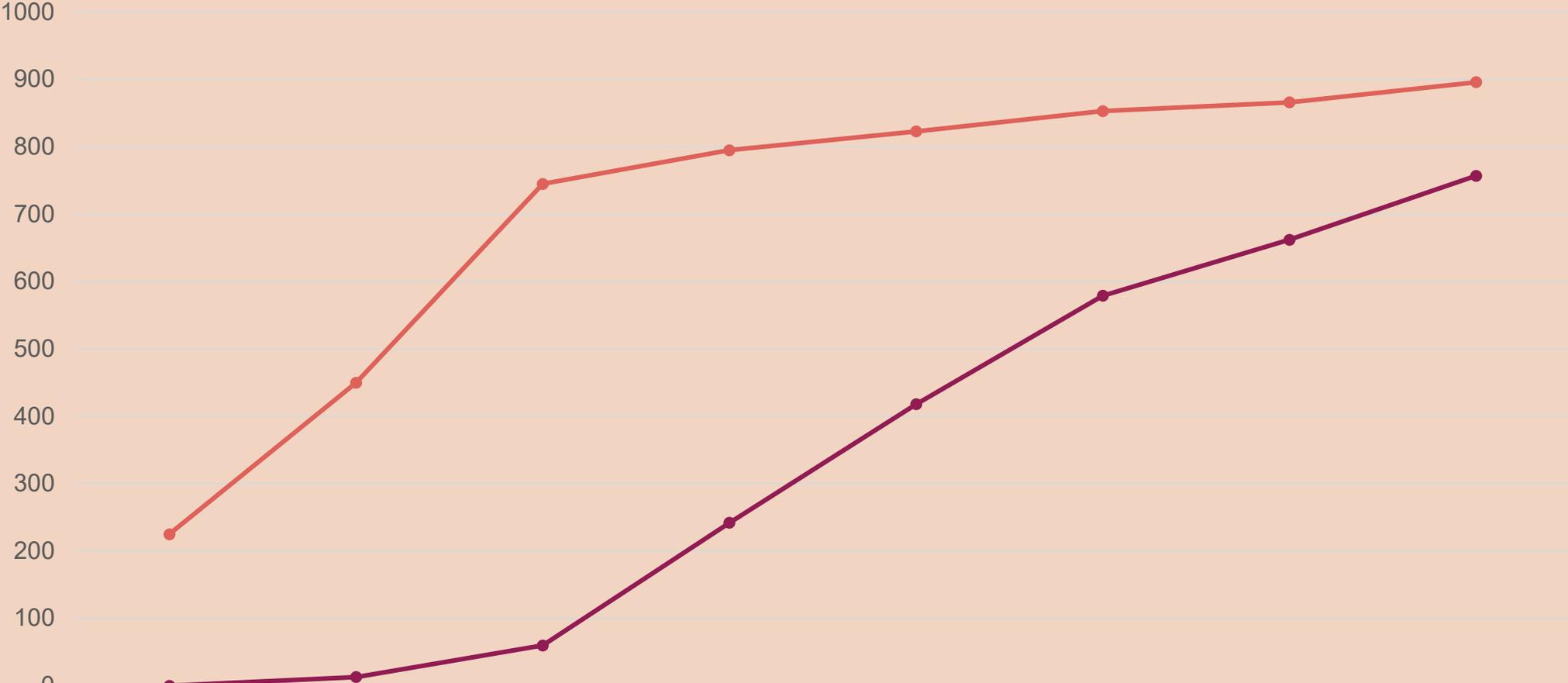
• **Independent**

- 94 programs
- 233 accredited positions
- 179 filled positions

- 75 Institutions - Both
- 20 institutions – Integrated Only
- 16 institutions – Independent Only



Interventional Radiology - Integrated Trend



Approved
On duty

	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Approved	225	450	745	795	823	853	866	896
On duty	0	13	60	242	418	579	662	757

IR ↔ DR Transfers

	2019- 2020	2020- 2021	2021- 2022	Total
Diagnostic to IR Integrated	67	47	30	144
IR Integrated to Diagnostic	7	7	12	26



ESIR Stats

Academic Year	Total Residents (ESIR Specialty Track)
2019-2020	204
2020-2021	171
2021-2022	147
2022-2023	149



Clinical Year Stats 2022-2023

- IR Programs

- 5 IR programs approved
- Total 10 approved positions
- 9 filled positions

- DR Programs

- 6 DR programs approved
- Total 31 approved positions
- 24 filled positions





Top 3 Most Flagged Indicators

- Case Logs
- Faculty Survey
- Resident Survey

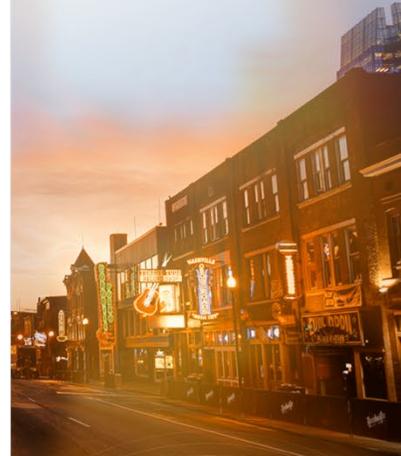
Top 3 Most Flagged Indicators

Case Logs (aggregate procedure numbers)

- Review Committee only evaluates data for graduates
- Erroneous data still being reported by programs
- Examples:
 - Residents reported to have done “0” cases in entire categories, including mammography, PET, etc
 - Large disparity of procedures logged between residents in a program

Faculty and Resident Surveys

- Faculty responses may raise concerns not reflected in the resident survey
- Repeating trends in survey results elevate Committee concern
- Surveys can often be early predictors of the need for a site visit



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Citation VS Area for Improvement

Area for Improvement

- Aspect of program noted by the Committee that needs attention, before it becomes non-compliant; a professional “heads up”
- Does **not** require formal response from the program back to RC
- Programs may respond to an AFI when updating the “Major Changes” section of ADS (recommended)

Citations

- Areas of non-compliance with the program requirements
- **Does** require a formal response from the program to the Committee Review



Major Changes in ADS

- Major clinical or administrative changes in your program belong here
- Highlight changes the program implemented to address **AFIs**
- Highlight plans implemented to address deficiencies that come to light in the resident or faculty **survey**
- Address events of significant impact to the program



Site Visits

- At least 30 days' advance notice
- Conducted for new residency program applications and programs at the end of the Initial Accreditation period
- May be conducted for a complaint
- Can also be requested by the RC at any time



Site Visits: In Person and Virtual

- Dept of Field Activities – coordinates when the site visit will occur and who will be assigned
- Minimal document preparation expected
- May have one or two site visitors, depending on size of program and type of visit



Site Visit Letter

- Confirms the actual date of the visit
- Tells the name(s) of the site visitor(s)
- Will confirm the modality for the visit
- Tips for planning the day
- Guidelines for the Resident/Fellow interviews
- **UPDATE ADS!!**



IR Site Visits

- Approximately 60% completed
- Initial Accreditation site visits delayed for IR Integrated for several years
- Attempted to link IR Integrated and Independent at same institution
- IR programs reviewed - performing well



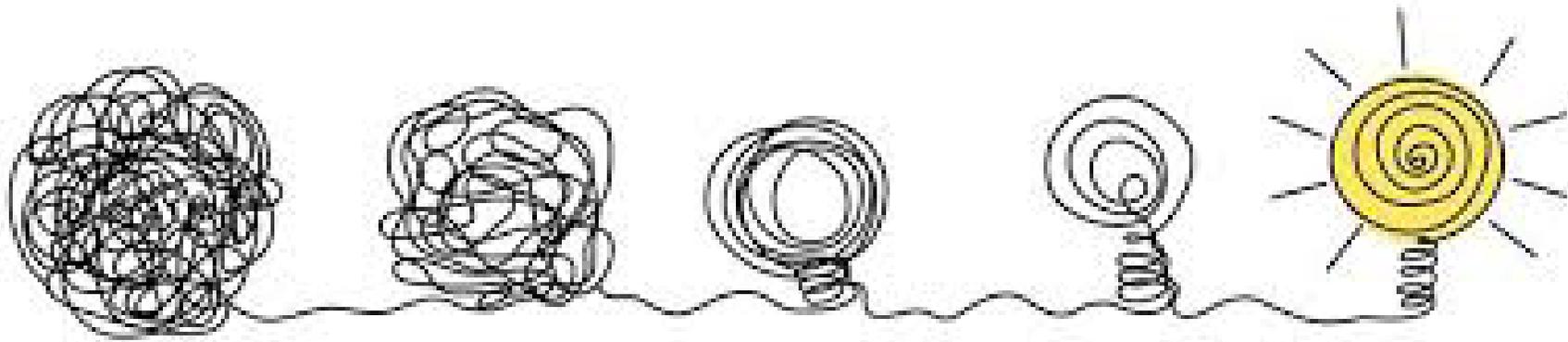
10-Year Site Visits



- ACGME has paused the program Self-Study and 10-Year Site Visits.
- All program Self Study & 10-Year SV dates in ADS have been removed until ACGME finalizes future plans. Currently appear as “Postponed.”
- Programs encouraged to incorporate the Self-Study into their Annual Program Evaluation process, and to track ongoing progress and program improvements as outlined in the Common Program Requirements.
- Self-Study webpage and FAQs have been revised.



Requirement Clarifications



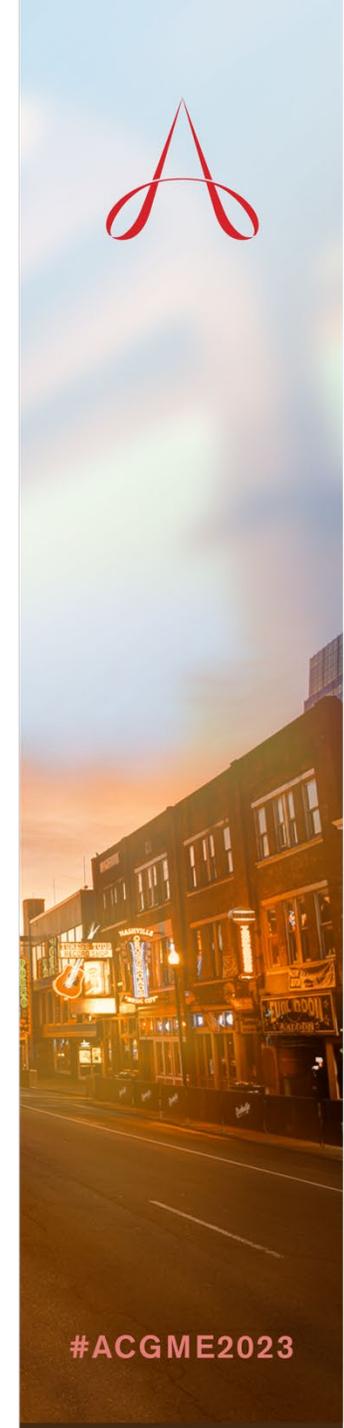
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DR Program Director and Leadership Support

“We have an APD even though it’s not required due to our program size. Can the minimum required support for the PD be shared or does it all have to go to the PD?”



DR Program Director Dedicated Time/Support

II.A.2.a) At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program. Additional support for program leadership must be provided as specified below. This additional support may be for the program director only or divided among the program director and one or more associate (or assistant) program directors. (Core)

Number of Approved Resident Positions	Minimum support required (percent time/FTE or number of hours) for the Program Director	Minimum Additional Support Required (FTE or Number of Hours) for Program Leadership in Aggregate
8 to 10 residents	0.25	n/a
11 to 15	0.3	n/a
16 to 23	0.4	n/a
24 to 31	0.5	n/a
32 to 39		0.6
40 to 47		0.7
48 to 55		0.8
56 to 63		0.9
64 to 71		1.0
72 or more		1.1



DR Program Director Dedicated Time/Support

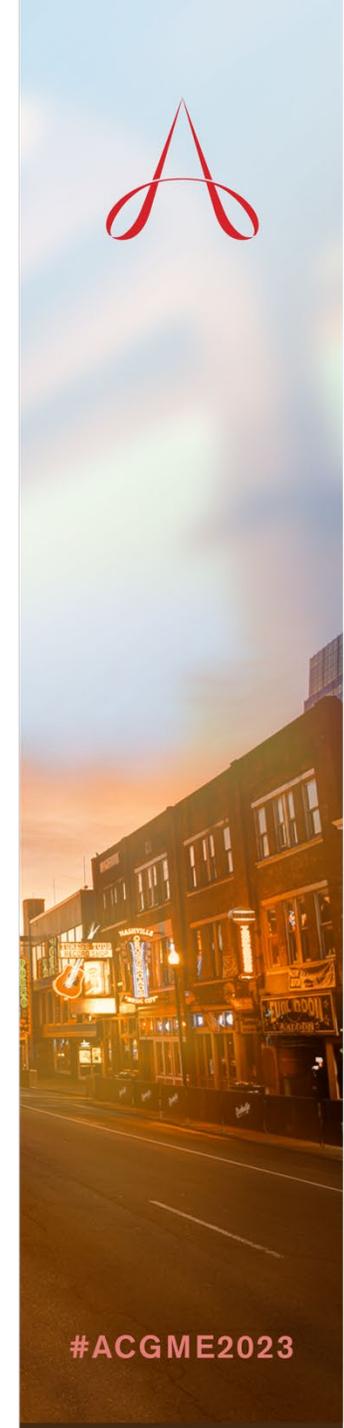


II.A.2.a) At a minimum, the program director must be provided with the dedicated time and support specified below for

administrative program support for leadership provided below. This support may be for the program director only or divided among the program director and one or more associate (or assistant) program directors. (Core)

Number of Approved Resident Positions	Minimum support required (percent time/FTE or number of hours) for the Program Director	Minimum Additional Support Required (FTE or Number of Hours) for Program Leadership in Aggregate
24 to 31	0.5	0.5
32 to 39	0.6	0.6
40 to 47	0.7	0.7
48 to 55	0.8	0.8
56 to 63	0.9	0.9
64 to 71	1.0	1.0
72 or more	1.1	1.1

The decision to share the support is up to the department and institution



Resident Transfers



Transfer Requirements:

(Interventional Radiology Requirement III.C.1.b))

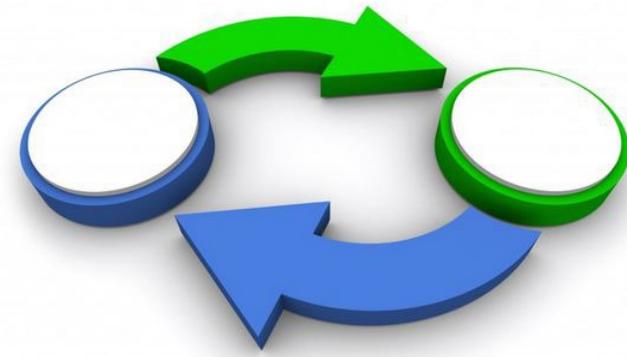
Resident transfers from ACGME-accredited diagnostic radiology programs into integrated interventional radiology programs must be **limited to transfers from within the same Sponsoring Institution** and must meet the following qualifications for transfer: ^(Core)

(Diagnostic Radiology Requirement III.C.2.))

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



Resident Transfers



- The Review Committee re-evaluated the requirements and determined that it will **not enforce** the transfer limitation from within the same Sponsoring Institution.
- An FAQ will be developed to convey this decision until requirement changes can be made.



Neuroradiology Fellowships

Requirement: (IV.C.7.) Fellows should participate in **catheter-based** angiography and pre- and post-procedural care of patients undergoing angiography. (Core)

What does this look like?:

- *Fellows are no longer required to **do** 50 angiography cases, but:*
- *Must **participate** in angiography cases at least indirectly via a required, at least 4-week, longitudinal experience/rotation*



Case Logs

Resident tracking is still new, and we are several years away from having enough data to determine procedural minimums

The previous minimum of 25 image guided bx/drainage procedures, tracked in the **aggregate** case log, has been discontinued; instead, more detailed interventional procedure data will be assessed via the **individually logged** cases in the resident case logs

RRC Task Force working to improve the case log system.

Recommendations include:

- Modifying the confusing “Tracked” and “Non-Tracked” labelling
- Providing lists in the case log system of commonly tracked procedures in the DR domains (Abdominal, Breast Imaging, Cardiothoracic, MSK, Neuro)
- Easier coding; greater standardization



Best Practice – *Supervision Policy*

List procedures in a table to make it clear when/what type of supervision will be expected

	Direct Supervision	Indirect Supervision	Oversight
Procedure A	X		
Procedure B		X	
Procedure C	X		



Radiology Workforce Concerns and ACGME

- Several organizations, notably the American College of Radiology (ACR) and the Association of Program Directors in Radiology (APDR), have raised concerns regarding radiology workforce shortages
- This topic is critically important as radiologists face high work demands and increasing levels of professional burnout
- The role of the ACGME is to accredit residency programs. **ACGME has no role or opinions** in the regulation of any physician workforce, including radiology.





Review Committee for Radiology

Review Committee Responsibilities



- Operate under delegated authority from the ACGME BOD
- Review program compliance with the published program requirements
- Revise and update the program requirements as scheduled
- Maintain communication with programs and specialty associations

Member Responsibilities



- Complete program review homework prior to each meeting
- Write an objective report on the review findings
- Report out to full group for consensus
- Participate in all meetings (Virtual or In-Person)
- Recuse themselves from any review considered a conflict of interest



Radiology Review Committee Composition

- Appointing organizations - ABR, ACR, AMA, and AOA
- 12 voting members (6yr term)
- One Public Member
- One Resident Member (2yr term)
 - Nominations from ACR and APDR; RC then selects from nominated candidates
- Program Directors, Chairs, DIOs, Faculty



Radiology Committee Members 2022-2023



Janet Bailey, MD (Chair) University of Michigan (<i>Breast Imaging</i>)	Victoria Marx, MD USC (<i>Interventional Radiology</i>)
Dennis Balfe, MD Washington University/SLCH Consortium (<i>Abdominal Radiology</i>)	Mark McKinney, MD (Chair-Elect) Mayo Clinical Jacksonville (<i>Interventional Radiology</i>)
Teresa Chapman, MD (Vice Chair) University of Wisconsin (<i>Pediatric Radiology</i>)	Bruno Policeni, MD University of Iowa (<i>Neuroradiology</i>)
Kerri Conner, DO University of Oklahoma (<i>AOA Member – Interventional Radiology</i>)	Eric Rohren, MD Baylor College of Medicine (<i>Nuclear Radiology</i>)
Toby Gordon, ScD Johns Hopkins (<i>Public Member</i>)	Steven Shankman, MD Maimonides Medical Center (<i>Musculoskeletal Radiology</i>)
Joshua Ladner, MD Madigan Army Medical Center (<i>Resident Member</i>)	David Wymer, MD University of Florida (<i>Cardiothoracic</i>)

Review Committee Staff



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Committee Meeting Dates

Meeting Date	Agenda Close
January 26-28, 2023	October 21
April 3-5, 2023	January 30
August 21-22, 2023	June 16



ACGME Updates



Milestones

ACGME Home | [About ACGME](#) | [Milestones Resources](#)

Celebrating the completion of Milestones 2.0 for all specialties this spring!

Resources are added and updated throughout the year

Current resources include:

CCC Guidebook

Assessment Guidebook

DOCC and TEAM Assessment Tools

Clinician Educator Milestones

Resident and Fellow Guidebook





These self-directed curricula provide the fundamentals of DEI and will enable participants to move through progressively more complex concepts.

The History of Race in Medicine
From Enlightenment to Flexner

ACGME EQUITYMATTERS

ACGME EQUITYMATTERS™

- Trauma-Responsive Cultures
- Steps Leaders Can Take to Increase Diversity, Enhance Inclusion, and Achieve Equity
- Naming Racism and Moving to Action Part
- Women in Medicine
- Exposing Inequities and Operationalizing Racial Justice
- Patient Safety, Value, and Healthcare Equity: Measurement Matters
- American Indian and Alaskan Natives in Medicine
- *And many more!*

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Live Event

Program Director Well-Being



An ACGME listening session focused on creating a space for program directors to share experiences and hear from peers regarding issues related to program director well-being .

Join the event for an open discussion of challenges faced by program directors and potential solutions.

[https://dl.acgme.org/pages/well-being-tools-](https://dl.acgme.org/pages/well-being-tools-resources)

[resources](https://dl.acgme.org/pages/well-being-tools-resources)

✓ April 11, 2023

✓ Registration required





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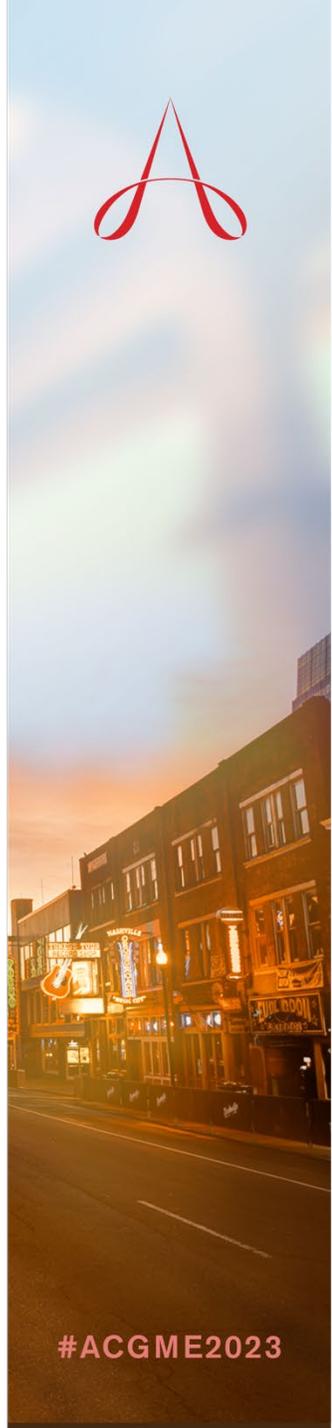
The evaluation can be found in the mobile app and a link will be sent post-conference by email to attendees.

Evaluations are tied to your registered sessions.

Register/un-register sessions in the mobile app.

Deadline – March 24, 2023

Questions? cme@acgme.org



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Thank You

