Frequently Asked Questions: Diagnostic Radiology
Review Committee for Diagnostic Radiology
ACGME
Effective July 1, 2023

Question	Answer
Institutions	
Which rotations require a program letter of agreement (PLA) and what must the PLA include? *[Program Requirement: I.B.1.]*	As stated in the Program Requirements, all required rotations that take place outside the primary hospital, regardless of their length, require a PLA between the program and the participating site. The Common Program Requirements stipulate that PLAs should: a) identify the faculty member(s) who will assume both educational and supervisory responsibilities for residents; b) specify their responsibilities for teaching, supervision, and formal evaluation of residents; c) specify the duration and content of the educational experience; and, d) state the policies and procedures that will govern resident education during the assignment. Courses, like the American Institute for Radiologic Pathology course, are not examples of “sites” and, therefore, do not require PLAs.
Must there be a PLA for every hospital or site that is part of a single medical center? *[Program Requirement: I.B.1.]*	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.5)]*	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	
Will the Review Committee grant any exceptions to the requirement for a 1.0 FTE faculty appointment for the program director? *[Program Requirement: II.A.1.]*	The Review Committee would also consider a 0.8 or 0.7 FTE faculty appointment acceptable for the role of program director.
What information should programs use 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.
Are there any considerations for the program director qualifications requirement of at least three years' experience as a faculty member? *[Program Requirement: II.A.3.a)]*	The Review Committee will accept three years of faculty experience in either an ACGME-accredited or AOA-approved program.
What is the "ESIR" program referenced in the Program Requirements for Interventional Radiology, and how does it affect diagnostic radiology programs? *[Program Requirement: II.A.4.s)]*	The Early Specialization in Interventional Radiology (ESIR) program 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 training. Diagnostic radiology programs that would like to participate in the ESIR will need follow the ESIR guidelines posted on the Radiology web pages on 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 will review and need to 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 CT, MRI, etc.? *[Program Requirements: II.B.1.b).(1)-(4)]*	Programs do not have 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 is 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.
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 is the expectation regarding the time core faculty members devote to their subspecialty area? *[Program Requirement: II.B.2.k)]*	While core faculty members are expected to devote at least 0.50 FTE of their time in their practice domain, it is expected that they demonstrate a commitment to the subspecialty area by spending 100% of that time in the distinct practice domain.
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	In order to count elective rotations in interventional or diagnostic radiology completed during the pre-requisite year towards residency required training, the following considerations apply:

radiology during his or her prerequisite clinical year? *[Program Requirement: III.A.2.b)]*	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 towards the resident's required 12 months of diagnostic radiology training for call responsibilities or interpreting exams without direct supervision (per Requirement IV.A.6.a)).
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 Milestone 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 the Accreditation Data System (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 of 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 competency 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 "appropriate" patient-centered imaging utilization? *[Program Requirement: IV.B.1.c).(1).(c)]*	Residency programs are required to both teach and assess competency 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)]*	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 Requirement: IV.C.3.a)]*	The didactic curriculum may be supplemented with laboratories, online modules, and other resources.

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 1.5-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 as part of the 700 hours of nuclear training? *[Program Requirement: IV.C.4.b).(5)]*	According to 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.
How should residents consider the minimum number of mammograms required by the Review Committee versus the MQSA standard? *[Program Requirement: IV.C.4.b).(4)]*	In order to meet current MQSA regulations, residents completing training after June 2014 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.

Are there any interpretations or exceptions to providing time for residents studying 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 training. 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 regards 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 trainee 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 trainee 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 trainee participant in extensive projects where the trainees can define their specific involvement in the project, as attested to by faculty investigators/authors. 4. In brief, the 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 Med Portal (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 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 CME. 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 GME trainee 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	
What does the Committee expect 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 him- or herself.
Other	
Often, PGY-5 (R4) residents want to concentrate their training in a subspecialty area of radiology. What considerations should be given to these resident requests?	During the final year of diagnostic radiology training (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 the ADS 2. E-mail a copy of the candidate's full faculty CV to the ACGME staff 3. E-mail a DIO letter of support for the candidate to the ACGME staff Contact information for Review Committee staff members at the ACGME can be found on 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.