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

Requirement #: II.B.1.a)

Requirement Revision (significant change only):

There must be a minimum of one physician faculty member for every resident in the program. (Core)

1. Describe the Review Committee’s rationale for this revision:
   This requirement is being added to clarify ambiguity about the minimum number of required faculty members, particularly for new programs seeking accreditation.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This requirement will ensure adequate faculty availability to provide education and supervision of resident interpretation of radiological studies.

3. How will the proposed requirement or revision impact continuity of patient care?
   None

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, it has been the Committee’s experience that most programs already have a 1:1 faculty-to-resident ratio, but codifying this expectation makes it concrete.

5. How will the proposed revision impact other accredited programs?
   No impact to other programs.

Requirement #: II.C.2.a)

Requirement Revision (significant change only):

For integrated programs, the minimum amount of full-time equivalent (FTE) program coordinator support provided must be based on the size of the program as follows; (Core)

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<th>Program Size (Approved Complement)</th>
<th>Minimum FTE Coordinator Support</th>
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<tr>
<td>1-10 Residents</td>
<td>0.5 FTE</td>
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<tr>
<td>11-15 Residents</td>
<td>0.6 FTE</td>
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<td>16-20 Residents</td>
<td>0.8 FTE</td>
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<tr>
<td>&gt;20 Residents</td>
<td>1.0 FTE</td>
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1. Describe the Review Committee’s rationale for this revision: The scale of program coordinator support levels was recalculated to align with the new Common Program Requirement which designates 0.5 FTE as the new base support.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This will potentially improve education by providing increased administrative support to the residents and program.

3. How will the proposed requirement or revision impact continuity of patient care?
   No change to continuity of 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?
   This requirement may necessitate additional resources for program coordinators whose support is currently below 0.5 FTE. Approximately 80 percent of the interventional radiology integrated programs are approved for 10 residents or fewer, 15 percent of the interventional radiology programs are approved for 15 residents, and five percent of the interventional radiology programs are approved for 20 residents.

5. How will the proposed revision impact other accredited programs?
   This revision is not expected to impact other accredited programs.

Requirement #: IV.C.1.a) and IV.C.1.b)

Requirement Revision (significant change only):

The assignment of educational experiences should be structured to minimize the frequency of transitions. (Detail)

Educational experiences should be of sufficient length to provide a quality educational experience defined by ongoing supervision, longitudinal relationships with faculty members, and high-quality assessment and feedback. (Detail)

1. Describe the Review Committee’s rationale for this revision:
   This language is inserted to explain the new Common Program Requirement to minimize transitions in care and transitions in teaching.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   Reliance on a team rather than an individual should improve patient safety.

3. How will the proposed requirement or revision impact continuity of patient care?
   Continuity of patient care should improve if team members start and end shifts at different times.
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<td>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?</td>
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<tr>
<td>NA</td>
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<td>5. How will the proposed revision impact other accredited programs?</td>
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