Interventional Radiology and Diagnostic Radiology Primary Certificate

By ABR Executive Director Gary J. Becker, MD

On September 11, 2012, following a nearly six-year joint effort by the American Board of Radiology (ABR) and a Primary Certificate Task Force of the Society of Interventional Radiology (SIR), the American Board of Medical Specialties (ABMS) approved ABR’s proposal to begin issuing certificates in a new primary discipline, Interventional Radiology and Diagnostic Radiology (IR/DR). During those six years, the proposal was modified to address the concerns of various stakeholders. By the time the ABMS approved the proposal, it enjoyed broad-based support within the radiology community, as well as support from several other specialties. The final ABMS vote on the IR/DR certificate was unanimous. The new certificate will be one of four primary certificates offered by the ABR, the other three being Diagnostic Radiology, Radiation Oncology, and Medical Physics. In total, the 24 ABMS Member Specialty Boards now offer 38 primary certificates and 122 subspecialty certificates.

Why did the ABR and the SIR Primary Certificate Task Force seek this approval, and why did the ABMS approve the proposal? What will happen to existing Vascular and Interventional Radiology (VIR) fellowship programs and DR residencies? What does the new certificate mean to practicing interventional radiologists (IRs) who have subspecialty certification in VIR? What other changes can be expected? When are the changes expected to take place? These are some of the questions answered in the paragraphs that follow.

Why did the ABR and the SIR Primary Certificate Task Force seek ABMS approval of an IR/DR primary certificate?

The short answer is that today, safe and competent IR practice requires a unique combination of clinical, procedural, and interpretive skills that necessitate a new approach to training and certification. In 1994, the ABR began to issue subspecialty certificates in VIR. Since then, the number and complexity of disorders amenable to IR procedures, the combinations of modalities utilized in image guidance, and the clinical skills required to meet the expectations of patients and referring physicians have all grown. In order to assure patients, the public, and the medical profession that all future IRs will receive the highest quality training and that they will acquire, demonstrate, and maintain the highest standard of care available, a change from today’s training and certification paradigm in IR is needed. Such was the clearly stated intent of the proposal to the ABMS, and the ABMS agreed.

What changes in training will occur, and what are they expected to accomplish?

The new training will enable IR residents to develop competence in diagnostic imaging, peri-procedural care of the IR patient, and interventional procedural skills. The new IR residency training that will lead to the IR/DR certificate consists of an internship year, followed by three years of DR training that will be
identical to those of the current DR residency, and then followed by two years of IR residency. The IR portion must include one four-week ICU rotation, and all residencies must include specific training in peri-procedural care and an inpatient admitting service. More details will be elucidated as the training program requirements are written.

**When will the new training begin?**

Now that the new certificate has been approved, the ABR has formally requested that the Accreditation Council of Graduate Medical Education (ACGME) accredit the new IR residency training programs. In November 2012, the ACGME Board assigned the request to an ad hoc committee that will deliberate and report back to the ACGME Board of Directors. The ACGME Board could decide the matter as soon as February 2013. If the ACGME Board decides in favor of accrediting the new programs, the program requirements must then be written and submitted, subjected to a 45-day public comment period, and then considered by the ACGME Committee on Requirements. If approved by the Committee on Requirements, the final decision must be made by the ACGME Board of Directors.

If the training requirements pass these hurdles, then individual training programs will be able to apply for accreditation. Each program applying for IR residency accreditation must have a site visit, since each will represent a new program application. Considering the minimum time for each of these steps, the very earliest a resident might be able to enter an accredited IR residency would be July 2015. Once accredited programs exist, medical students should be able to select them via the National Residency Match Program (NRMP) system.

Transfers into the newly-accredited programs from other ACGME-accredited residency programs will also be possible. In the early years of IR/DR implementation, this mechanism may frequently be used by DR residents who plan on careers in IR.

**What will happen to the existing Vascular & Interventional Radiology Fellowship Training Programs?**

Prior to the ABR’s application to ABMS, one-half of today’s VIR fellowship training directors and/or the training directors of their associated DR programs indicated in writing their intent to offer the new training. This was considered a strong show of support, especially so early in the process. Importantly, when ABMS approved the new certificate proposal, it clearly stated that ABR could not continue to offer two different credentials in IR (i.e., both the VIR subcertificate and the IR/DR primary certificate).

Indeed, ABMS stipulated that the VIR certificate must be phased out as the IR/DR certificate ramps up, so that the public, referring physicians, credentialers, and payers will not be presented with more than one credential in IR. Consequently, we can say most assuredly that if the ACGME decides to accredit the IR residencies, the VIR fellowships will be phased out.

Assuming ACGME approval, it is likely that the earliest one could reasonably expect the first accredited residencies to have entering residents is July 2015, simply because the remaining steps take that long. Thus, it is clear that the transition from VIR fellowships to IR residencies across the nation will take several years. Five might be a reasonable estimate; however, it could be longer. Both the ABR and the ACGME/Residency Review Committee (RRC) are keenly aware of many issues that must be addressed, such as the options available going forward to independent VIR programs (those not within institutions having core residencies in DR), the fate of DIRECT Pathway programs, and various funding issues and local circumstances that have direct bearing on how DR and IR/DR programs will accommodate. Ultimately, medical students should be able to match directly into the IR residencies.

Source: *The Beam*, Winter 2012 [www.theabr.org](http://www.theabr.org)
What will happen to practicing VIR subspecialists if/when the VIR fellowships phase out and the public grows accustomed to the one credential, the IR/DR certificate?

All VIR subspecialists who are maintaining certification will have their certificates converted to IR/DR certificates through the “MOC Pathway.” The ABR will publish more details about this later. But suffice it to say that those who are keeping up will find that the MOC Pathway provides a seamless transition to the new certificate.

When will the first IR/DR certificates be issued?

The first practitioners who are likely to be awarded IR/DR certificates are those in the “MOC Pathway.” These will be diplomates currently ABR-subcertified in VIR who will have met all the requirements of MOC (including completion of at least one PQI project in IR) as of the time of the first full annual “look-back” of the ABR’s new continuous certification process. (To read more about continuous certification, please visit the ABR Website or click on the following link: http://www.theabr.org/sites/all/themes/abr-media/ABR_Implements_Continuous_Certification.pdf.)

The first full look-back will occur in March 2016. In addition, the first IR/DR certifying examinations will be offered in 2016 to several categories of “grandfathered” practitioners, about whom the ABR will provide more detail in the near future. These examinations will comprise both a computer-based component very much like the new DR Certifying Exam, except with the clinical practice areas specified, plus an oral component.