



Application Guidelines for Interventional Radiology Review Committee for Radiology

The new interventional radiology residency will replace the current one-year vascular and interventional radiology (VIR) fellowship. As such, the VIR fellowship will sunset on June 30, 2020 (last class July 1, 2019-June 30, 2020). The new interventional radiology residency has two formats: an integrated five-year program; and an independent two-year program. Institutions may apply for: both program formats, integrated only, or independent only.

Institutions can submit the interventional radiology independent program application at any time.

A site visit is **not** required for an application for an independent program at a Sponsoring Institution that already has an accredited interventional radiology integrated program.

A site visit **is** required for an application for an independent program at a Sponsoring Institution that **does not** already have an accredited interventional radiology integrated program. **Therefore, these applications should be submitted as soon as possible to ensure adequate time for the site visit prior to Review Committee review.**

It is anticipated that the first interventional radiology independent match will occur in the spring of 2019 for the July 1, 2020 entering residents. In order to be ready for this match, it is advisable that applications for independent programs be submitted by Dec 1, 2017.

A single specialty-specific application form is available for both program formats. Application considerations based on the type of program requested are summarized below.

- 1. Applying for both an integrated and independent program at the same time**
 - a. A completed application consists of both the common application form and the interventional radiology specialty-specific form. Institutions applying for both a five-year integrated and a two-year independent program will need to initiate and complete two separate common application forms in the Accreditation Data System (ADS), but may use the same fully completed interventional radiology specialty-specific form for both.
 - b. The interventional radiology integrated program application will be processed first, so that a site visit can occur for accreditation review at the next available Review Committee meeting.
 - c. The interventional radiology independent program application will be processed after the integrated program application has been reviewed and accredited, and will **not** require a site visit.
 - d. The interventional radiology independent program will be given a future accreditation effective date of July 1, 2020 to coincide with the VIR sunset date of June 30, 2020.

2. Applying for an integrated program only

- a. An interventional radiology integrated program application will receive a site visit and be reviewed for accreditation at the next available Review Committee meeting.

3. Applying for an independent program only

- a. If the institution already has an accredited interventional radiology integrated program, the Review Committee staff will return a copy of the integrated application to the program to ease data entry efforts for the independent application. The independent application will **not** require a site visit.
- b. If the institution does not have an accredited interventional radiology integrated program, the independent program application will necessitate a site visit prior to review for accreditation at the next available Review Committee meeting.
- c. The interventional radiology independent program will be given a future accreditation effective date of July 1, 2020 to coincide with the VIR sunset date of June 30, 2020.

Q&A

1	<p>Question: Why is the roll-out being done in phases?</p> <p>Answer: In keeping aligned with the previous decision that all existing VIR fellowships will be phased out in 2020, and since the two-year independent programs will (eventually) participate in the same match as the current VIR fellowships, the Review Committee felt it necessary that these two program formats not co-exist and compete with one another.</p>
2	<p>Question: When should an application for an interventional radiology independent program be submitted?</p> <p>Answer: The application for an independent program can be submitted at any time.</p> <p>For those institutions applying for only an independent program that do not currently have an accredited integrated program, it is recommended to begin preparing to submit the application right away, as the application takes a significant amount of time to prepare and will require a site visit.</p> <p>For those institutions applying for an independent program that already have an accredited integrated program, there is less urgency since the application will not require a site visit. Such institutions may decide to wait to initiate the independent application process until the interview season for the 2016-2017 NRMP Main Match is underway.</p>
3	<p>Question: When will the independent program applications be reviewed?</p> <p>Answer: The Review Committee hosts two meetings in the first half of each year, typically in January and April. Applications will need to be submitted well in advance of those meeting dates to be considered.</p> <p>Currently, the 2017 Review Committee meeting dates are scheduled as follows:</p> <p><i>Meeting Date:</i> January 26-28, 2017 For independent applications that do not require a site visit, applications must be submitted by September 1, 2016 to be considered. For all other programs and applications, please contact a Review Committee staff member for an agenda closing date.</p> <p><i>Meeting Date:</i> April 24-26, 2017 For independent applications that do not require a site visit, applications must be submitted by January 6, 2017 to be considered. For all other programs and applications, please contact a Review Committee staff member for an agenda closing date.</p>
4	<p>Question: Is there a deadline by which the independent program applications should be reviewed for accreditation?</p> <p>Answer: All of the independent programs will have an accreditation effective date of July 1, 2020. Accordingly, it is anticipated that the first interventional radiology independent match will occur in the spring of 2019. To be reviewed and accredited in time to participate in this first match, independent program applications should be submitted now through the end of 2017 to ensure the application is reviewed by the Review Committee's April 2018 meeting.</p>

5	<p>Question: Now that independent programs need to be considered in the department, how can adjustments to the approved resident positions in the existing integrated programs be made?</p> <p>Answer: All requests to change the number of approved residents in the program should be submitted through ADS for review and approval.</p> <p>Currently, all integrated programs have a status of Initial Accreditation, and therefore cannot request a permanent increase to the number of approved residents at this time. Any requests to increase the number of approved residents for an integrated program should be submitted as a temporary increase.</p>
6	<p>Question: Is there a special format for the block diagram?</p> <p>Answer: Yes. To better facilitate the review of applications for integrated programs, the Review Committee requests that block diagrams submitted with applications follow a standard format. The block diagram submitted with an application should have all interventional radiology and interventional radiology-related rotations highlighted to denote those specific experiences. Block diagrams should also include a Key to define any abbreviations used for site names and/or rotations, and should indicate specific rotational experiences (not simply denoting rotations as “DR,” for example). An example is shown in Appendix 1.</p>
7	<p>Question: Does the independent program application require a block diagram, and if so, can we use the same block diagram from the integrated program?</p> <p>Answer: Yes, the independent program application does require inclusion of a block diagram; however, applicants should not use the block diagram from the integrated program. The block diagram for the independent program will be unique, as it reflects a two-year curriculum versus the integrated five-year curriculum.</p>
8	<p>Question: Who should be included on the Faculty Roster?</p> <p>Answer: The Faculty Roster should include the essential core faculty members of the program, and should demonstrate that the program has met the minimum faculty requirements (see below). From a program perspective, listing an individual as a core faculty member means his/her information must annually be maintained and reported in ADS, including his/her scholarly activity, certification dates, and licensure dates. This also means that these individuals will be asked to complete the annual Faculty Survey for the program. At the very least, the Faculty Roster should list the following individuals:</p> <ul style="list-style-type: none"> • Program director • Associate program director • Members of the Clinical Competency Committee • Members of the Program Evaluation Committee • Minimum required interventional radiology and diagnostic radiology faculty members per the Requirements (see below) <p>Any additional core faculty names included on the Faculty Roster are at the program’s discretion. Programs should list interventional radiology faculty members at the beginning of the Faculty Roster.</p>

The following interventional radiology requirements should be considered when completing the Faculty Roster:

Integrated Programs

II.B.6. The faculty should include, in aggregate, at least two FTE interventional radiologists, including the program director. (Detail)

II.B.6.b) Integrated programs with greater than four residents must maintain a ratio of no less than one interventional radiologist for every two residents in the final 24 months of residency. (Core)

II.B.14.a) There must be at least one FTE physician faculty member in each of the non-interventional subspecialty areas of neuroradiology, musculoskeletal radiology, cardiothoracic radiology, breast radiology, abdominal radiology, pediatric radiology, ultrasonography, and nuclear radiology.

II.B.14.c) An assistant or associate program director (APD) that is clinically active in diagnostic radiology should be appointed. (Detail)

Independent Programs

II.B.6. The faculty should include, in aggregate, at least two FTE interventional radiologists, including the program director. (Detail)

II.B.6.c) Independent programs with greater than four residents must maintain a ratio of no less than one interventional radiologist for every two residents. (Core)

Appendix 1. Block Diagram of Proposed Interventional Radiology Integrated Curriculum (Sample)

Please follow the general block diagram format as demonstrated in the example below.

Year 1	Block	1	2	3	4	5	6	7	8	9	10	11	12	13
PGY-2	Institution	Hosp X	Hosp X	Hosp X	Hosp X	Hosp X	Hosp X	Hosp Y	Hosp Y	Hosp Y				
	Rotation	Peds	NM	Neuro	U/S	BI	Chest	MSK	Chest	ER	IR	GI	BI	Neuro
	Weeks	4	4	4	6	4	4	4	4	2	4	4	4	4
Year 2	Block	1	2	3	4	5	6	7	8	9	10	11	12	13
PGY-3	Institution	Hosp X	Hosp X	Hosp X	Hosp X	Hosp Y	Hosp Y	Hosp Y	Hosp Y	Hosp Y				
	Rotation	Peds	NM	Mammo	IR	BI	MSK	Chest	Neuro	U/S	Neuro	Float/ER	Cardio	GI
	Weeks	4	4	4	4	4	6	4	4	2	4	4	4	4
Year 3	Block	1	2	3	4	5	6	7	8	9	10	11	12	13
PGY-4	Institution	Hosp X	Hosp X	Hosp X	Hosp X	Hosp X	Hosp X	Hosp X	Hosp Y	Hosp Y				
	Rotation	IR	NM	Mammo	U/S	Cardiac	IR	Neuro	AIRP	Float/ER	Body MRI	Peds	U/S	Neuro
	Weeks	6	4	4	6	4	4	2	4	2	6	4	4	2
Year 4	Block	1	2	3	4	5	6	7	8	9	10	11	12	13
PGY-5	Institution	Hosp X	Hosp X	Hosp X	Hosp X	Hosp X	Hosp X	Hosp Y	Hosp Y	Hosp Y				
	Rotation	IR	NM	IR	IR	IR	IR	IR	Neuro IR	Float/ER	IR	IR	IR	IR
	Weeks	6	4	4	4	4	4	4	4	2	4	4	4	4
Year 5	Block	1	2	3	4	5	6	7	8	9	10	11	12	13
PGY-6	Institution	Hosp X	Hosp X	Hosp X	Hosp X	Hosp X	Hosp Y	Hosp Y	Hosp Y	Hosp Y				
	Rotation	IR	IR	Mammo	IR	IR	IR	IR	Neuro IR	Float/ER	ICU	IR	IR	IR
	Weeks	6	4	4	4	4	4	4	4	2	4	4	4	4

Vacation is taken during rotations.

This is tracked to ensure that adequate experience occurs in all subsections of interventional radiology and that requirements in nuclear medicine and mammography are met.