

Neuroradiology Fellowship Program Requirements Summary

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Background: The required revision of the ACGME Neuroradiology fellowship program requirements has been ongoing for the past year and normally would have been completed by this time, however with the ACGME also revising the Common Program Requirements for the subspecialties, there has been some delay as the New requirements for Neuroradiology need to be integrated into the New Common Program Requirements. Thus, we have one more opportunity to review the requirements as they currently stand to make sure the ASNR is aligned with the training requirements.

The attached documents are the most recently posted New Common Program Requirements for Fellowships.

Key changes:

- **Sponsoring Institutions (IA.1)**
 - o Program director time – now a sliding scale with 0.1 FTE with 1-5 fellows and 0.2 FTE for programs with more than 5 fellows. (note that this is based on approved complement not on the actual number of fellows enrolled, a subtle but important distinction to understand)
 - *This protected time was not clearly identified in the prior version*
- **Program Director (IIA)**
 - o Experience prior to becoming a fellowship director now set at 3 years as a faculty member. (does not need to be at the same institution as they are becoming the fellowship director)
- **Patient Care and Procedural Skills (IV.A.2.a).(2).(a).(i)**
 - o Major changes to this section --
 - o Fellows must participate in the interpretation of a minimum of 3000 Neuroradiological exams (including CT and MR) of which at least 1500 neuroradiological MR scans.
 - *Prior requirement listed 1500 CTs and 1500 MRs separately. There was input from pds that wanted to allow fellows to concentrate more on MRs than on CTs to account for CT experience that was likely gained in residency.*
 - o 250 vascular examinations (including CTA, CTV, MRA, MRV, Doppler Ultrasound, and catheter-based angiography)
 - *Major change – all vascular studies are now combined into one number requirement of 250 including catheter based angio. Previously the 250 number was met by CTA and MRA*
 - o 100 image-guided invasive procedures
 - *Major change—prior version was to require 50 angios + 50 other image guided procedures. The change is to maintain the total number of patient procedures—but allow programs more flexibility in how they will meet this requirement—will specify the details of this requirement in the FAQs*
 - o Fellows must perform relevant patient evaluation, demonstrate patient management skills, and relevant pharmacology skills, including informed consents and monitoring for complications. (this part not new, just rewritten)

- **Medical Knowledge IV.A.2.b).(1).(d)**
 - o Fellows must understand aspects of administering and monitoring sedation of the conscious patient. (this has been added)
- **Curriculum:** (IV.A.3) *The prior curriculum required a 4 week equivalent experience on head and neck, pediatric neuro and spine—which has not changed. The prior version had required a 6 week equivalent experience on the angio service which is now re-written to a 4 week vascular neuroradiology experience that is more broad. See below for specifics. There is rewording of the experience required in the sub-sections of Neuroradiology which now reads (summarized).*
 - o The curriculum must provide: experience in Pediatric and head & neck radiology which should be a minimum of four weeks or equivalent longitudinal experience.
 - o The curriculum must provide: experience in spine radiology including non-invasive studies and image-guided procedures.
 - Spine radiology should be for a minimum of four weeks or longitudinal equivalent experience.
 - o Experience in vascular neuroradiology
 - Fellows must interpret non-invasive and invasive diagnostic catheter-based cervicocerebral angiography.
 - Fellow should have the opportunity to participate in catheter based angiography and pre- and post-procedural care of patient undergoing angiography.
 - Vascular neuroradiology should be for a minimum of **four** weeks or longitudinal equivalent experience.
- Fellows must document their exposure to MRS and fMRI.
- Fellows must document their performance of invasive cases in a procedure log.
- Common program language changes related to Section 6 which primarily deals with well-being and clinical work environment.

A summary of the currently posted “new” fellowship (1-year) program requirements:

Most of these are related to “Section VI”. There are too many to summarize, so I suggest reading through the section 6 and recognize that most of these are ‘new’ requirements. Two areas to pay attention to:

- Note the language in the supervision sections.
- Note the Clinical Experience and Education section and the language related to ‘time free of clinical work and education’ and to the new language about counting clinical work done from home and all moonlighting.

Not much we can do about these at this point as they are already ‘passed’ by the Board. The changes to Sections I-IV mostly related to where different requirements are inserted in the document.