Diagnostic Radiology Certifying Examination FAQs

What is the timeline for changes?

The first class to take the new examinations was the class entering radiology residency training (i.e., R1/PGY2 year) in July 2010. The first Core Examination was given during the first week of October 2013; subsequent examinations are given twice yearly at the ABR’s Chicago and Tucson Exam Centers. The first Certifying Examination is in fall 2015.

What happens if a candidate does not pass the oral exam by the final administration in November 2014?

Candidates whose most recent Oral Exam resulted in conditioned status must take a certifying exam consisting of two fundamental modules in each conditioned category. These candidates will not be required to take the Noninterpretive Skills and Essentials of Diagnostic Radiology modules. Each clinical category is to be scored as a separate pass/fail. Candidates who fail this exam may retake the Certifying Exam in the manner described above, during the spring session, until the termination of their board eligibility period.

Why do I have to go to an official ABR Exam Center instead of taking the examination at a Pearson VUE Center?

Currently, the examinations cannot be administered at Pearson VUE centers because Pearson VUE software is unable to handle the modular exam content and case structure. In addition, Pearson VUE monitors are not calibrated, and the room lighting cannot be controlled. The ABR plans to have a distributed exam in the future and is currently working on a system to implement this.

| Timeline for Exams |
|-------------------|----------------|
|                   | Core Exam     | Certifying Exam |
| Clinical Year, PGY1 | R1 | R2 | R3 | R4 | Fellowship or Practice | MOC |
| 12 mos.            | 12 mos.      | 12 mos. | 12 mos. | 12 mos. | 12 mos. | 3 mos. |

What is the Certifying Examination?

The Certifying Examination, which is given 15 months after completion of diagnostic residency training, is a computer-based, image-rich examination. The examination includes five modules. Three modules are in clinical
practice areas and may be chosen by the examinee to fit his/her interests, experience, and training. The other two modules, Essentials of Diagnostic Radiology and Noninterpretive Skills, will be taken by all examinees. Sixty percent of the Certifying Examination is thus a profiled examination that reflects the individual’s practice. The remaining 40 percent of the examination tests areas that every radiologist should know.

**How long do candidates have to pass the examination?**

Candidates have six years from the end of their training to successfully complete the initial certification process (Core and Certifying exams) and describe themselves as “board eligible.” After that, candidates must take an additional year of training in a department with ACGME or RCPSC (Canada) accreditation before re-registering and re-entering the certification process.

**So much learning occurs in the fourth year of residency in preparation for the oral board examination. Why change something that has been successful?**

Many diplomates still remember their board experience, and some state, “I never knew more.” However, the “binge-and-purge” mentality is not a good strategy. The new training and certification processes should encourage a greater depth of knowledge in the areas of an individual’s interest and practice, which is intended to translate to a higher level of patient care. Finally, it should be noted that the new testing paradigm involves no change in the total duration of training. The resident still has the same amount of total time to reach the “never knew more” stage, and the knowledge he/she gains can be more relevant to his/her practice goals.

**How does an individual select content for the Certifying Examination?**

A candidate selects three clinical practice modules in which to be examined, based on his/her training experience, interest, and practice pattern. These areas include the following: breast, cardiac, gastrointestinal, musculoskeletal, neuroradiology, nuclear, pediatric, thoracic, ultrasound, genitourinary, vascular/interventional, and general radiology. The candidate should expect questions requiring a greater depth and breadth of knowledge if he/she selects two or three modules in a single category.

**How will the Certifying Examination be scored?**

The exam is scored as pass or fail, and feedback will be provided to examinees. The two required modules and the elective modules must all be passed as a group. If the overall result is “fail,” the entire exam must be retaken.

**What does “noninterpretive skills” mean?**

This refers to general topics of importance to the practice of radiology, including, but not limited to, radiation safety, recognition and management of contrast reactions, error prevention, communication skills, professionalism, and quality principles. A syllabus, _Noninterpretive Skills Domain Specification and Resource Guide_, is available on the ABR website (click here). All noninterpretive skills questions will come from information contained in this syllabus.

**Is radiology unique in delaying board examinations until the candidate is in practice?**

Many boards delay the final certification examination until after the individual is in practice. In fact, for many years the ABR was one of the few boards that offered the final certifying exam before the end of residency training. In addition, many boards no longer have oral examinations. So the new examination
paradigm for diagnostic radiology makes our specialty more similar to many other specialties in the way in which we administer our Certifying Examination.

**Does the ABR Diagnostic Radiology Certificate still indicate whether an individual is AU-eligible?**

Yes. If the individual fulfills all requirements for an “authorized user,” including satisfactory documentation of the training and experience requirements and passing the RISE items in both the Core and the Certifying examinations as described above, the certificate will indicate “AU-eligible.”

**What happens to the required months of rotation for nuclear medicine and breast imaging? How can you be sure that all residents have these rotations?**

These requirements are mandated by federal agencies/legislation and remain the same. The program director, chair, and faculty are responsible for compliance with these requirements and must attest to their completion.