



**Evolution of Interventional Radiology and ABR Certification:
Birth of the ABR Certificate in Interventional Radiology and Diagnostic Radiology**

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1973: The Society of Cardiovascular Radiology (SCVR) is founded.

1970s–80s: These years see a gradual increase in the number of graduates of diagnostic radiology residency pursuing a year of training in "angio." During this period, the term "interventional radiology" began to be used and "angio" fellowships gradually became "IR" fellowships. The society changes its name to the Society of Cardiovascular and Interventional Radiology (SCVIR)

1990: *Journal of Vascular and Interventional Radiology* is launched.

1991: Accreditation Council for Graduate Medical Education (ACGME) first offers accreditation for VIR fellowships.

1994: Vascular and interventional radiology is recognized by American Board of Medical Specialties (ABMS) as a subspecialty of diagnostic radiology.

1995: The Vascular and Interventional Radiology Certificate of Added Qualifications (CAQ) exam is implemented by ABR for qualified candidates (graduates of VIR fellowship programs who are certified in diagnostic radiology and meet VIR case log requirements). Candidates have up to 10 years following completion of fellowship to sit for the exam. The VIR CAQ has a 10-year time limit and requires Maintenance of Certification (MOC), a process required by ABMS, which includes a medical knowledge test at 10-year intervals.

2000: Implementation of the Clinical Pathway in IR as an alternative training path leading towards candidacy for ABR's diagnostic radiology primary certificate and VIR CAQ. Goal of this pathway was to increase clinical patient care experience, increasingly recognized as a key component of IR. Pathway was analogous to the Holman research pathway in the amount of time devoted to diagnostic radiology rotations. It did not gain traction, likely in part due to complexity of implementation.

2002: The lifetime certification in diagnostic radiology is no longer issued by ABR. All diagnostic radiology certificates issued from now through 2012 are time-limited 10-year certificates and require participation in MOC, which includes a medical knowledge test every 10 years for recertification.

2003: Members of SCVIR vote to change the organization's name to the Society of Interventional Radiology (SIR). Members formally recognize themselves as interventional radiologists. This vote occurred after extensive polling of members and active discussions within membership.

2005: Implementation of the DIRECT (Diagnostic and Interventional Radiology Enhanced Clinical Training) Pathway, established as a second alternative training path leading to candidacy for board

certification in Diagnostic Radiology and a CAQ in VIR. This path was geared towards physicians transferring from other types of programs (such as surgery). It was not widely adopted.

2006: The Primary Certificate Task Force was established within SIR to develop a proposal for a primary certificate in interventional radiology emphasizing the unique combination of competencies within IR: imaging, procedures, and nonprocedural patient care. The nonprocedural patient care is the key component that qualifies IR as a primary specialty rather than a subspecialty of diagnostic radiology. IR stakeholders specifically wanted, however, to remain within the house of radiology and under the ABR for certification.

2007: ABR agreed to support this proposal for a primary IR certificate.

2009: Initial proposal for a primary certificate in interventional radiology was presented to ABMS by ABR. Had this proposal been adopted, the certificate would have been for IR alone, excluding certification in diagnostic radiology. This proposal was rejected by ABMS in large part because it did not adequately address the need for competence in imaging—a key component of IR's unique triad of skills and knowledge. Had it been accepted, IR certificate holders might be vulnerable to having their credentials to interpret imaging studies viewed/counted as being inferior to DR certificate holders.

2009–2011: Reflection and reactivation of SIR's Primary Certificate Task Force to develop a revised proposal for primary specialty recognition by ABMS. The activities leading up to the proposal included collaborative work with SIR members and other stakeholder groups including the Association of Program Directors in Radiology (APDR) and Society of Chairs of Academic Radiology Departments (SCARD). Work included two SIR member surveys. Members were strongly in favor of certification in interventional radiology as a primary specialty and strongly in favor of an ABR certificate that included both interventional radiology and diagnostic radiology rather than interventional radiology alone. The proposal was debated at the ACR Annual Meeting and Chapter Leadership Conference in 2011; 400 delegates voted unanimously to support the proposal for a primary certificate in interventional radiology and diagnostic radiology. ABR submitted the proposal to ABMS.

2012: Proposal for a primary certificate in interventional radiology and diagnostic radiology was approved by ABMS. The proposal outlined a training plan that included 35 months of diagnostic radiology training, one month of ICU experience, and up to 24 months of IR experience. As part of the training/certification requirements, all IR residents are required to pass the ABR Core Exam in Diagnostic Radiology.

2012: First MOC exam in diagnostic radiology was administered by ABR. ABR primary certificates changed from 10-year, time-limited to continuous paradigm, requiring ongoing compliance with MOC and status and reviewed yearly by ABR.

2013: Administration of the final ABR Oral Board Exam in Diagnostic Radiology. Administration of the first ABR Core Exam in Diagnostic Radiology, a comprehensive exam taken at the end of the PGY4 year of training by diagnostic radiology and interventional radiology residents.

2013: Development of ACGME program requirements for Interventional Radiology Residency leading to candidacy for ABR certification in interventional radiology and diagnostic radiology. The requirements were developed by members of the Radiology Residency Review Committee. Two pathways (integrated and independent) were developed to ensure that medical students can apply directly to this residency (the integrated path) and to ensure that physicians who choose IR during DR residency are able to pursue IR training after completion of DR residency (the independent path). The existence of two training paths also provides radiology departments and institutions with some flexibility in implementing the new residency.

2014: ACGME approved the program requirements for the IR Residency. The ACGME accreditation approval process for integrated IR Residency programs was initiated.

2015: First administration of the ABR Certifying Exam in Diagnostic Radiology. This is the exam administered 15 months after completion of DR residency that has two required modules and three modules in sections of the diagnostic radiology domain chosen by the candidates (neuroradiology, MSK, pediatrics, etc.).

2015–2016: Seven integrated IR residency programs participate in 2016 Main National Resident Matching Program (NRMP) Match; 15 medical students match into IR Residency.

2016: Final administration of VIR CAQ exam and awarding of this particular certificate.

2016 – 2017: Sixty-one integrated IR Residency programs participate in the 2017 Main NRMP Match; 122 medical students match into IR Residency. Note that as IR Residency programs are implemented, they are able to have current DR residents transfer into IR positions at and above the PGY3 level. This means that although residents matching into IR in 2017 won't graduate until 2023, programs will have graduates in place to sit for their IR/DR certifying exam as early as 2017.

2017: ACGME program approval process for independent IR Residency programs opens.

2017: In response to increasing discontent with MOC testing throughout the entire medical community, ABR discontinues the 10-year medical knowledge testing paradigm for MOC in diagnostic radiology, interventional radiology and DR subspecialties. ABR is developing an online system of knowledge assessment that will satisfy the MOC requirement in a way that is less burdensome on certificate holders. It will likely be implemented in 2019. There is no change in yearly ABR fees. This system will apply to holders of diagnostic radiology certificates, subspecialty certificates (pediatrics, neuroradiology) and those with the primary dual certificate in interventional radiology and diagnostic radiology. Each IR physician holding the dual certificate (and no other subspecialty certificates) will have one MOC process to follow—not two!

2017: First administration of IR/DR certifying exam (October). The exam is being implemented because the IR residency now exists and the exam must be congruent with the residency and the certification. Candidates for this initial administration are mostly graduates of DR residency and IR fellowship. Soon, the candidates will be graduates of IR residency who transferred into an IR program from their DR residency. In a few years, they will all be graduates of IR residency. The existence of this certificate is the reason that the ABR must make all VIR Certificates of Added Qualifications inactive. ABMS will not permit there to be two separate certificates offered by one board for a single discipline because it would be confusing to the public. In addition, ABMS and SIR and ABR firmly believe that the new training pathway leading to the new dual certificate is in the best interests of patient care.

NOTE: There have been many SIR Connect posts indicating that many other specialties allow double boarding. Examples posted include the ability to hold certificates in emergency medicine and sports medicine or family practice and sports medicine. These physicians are not double boarded. Sports medicine is not a primary certificate; it is a subspecialty certificate that can be achieved through multiple primary certificate paths, including emergency medicine and family practice. Another example posted is the ability to hold a certificate in cardiology as well as internal medicine. Cardiology is a subspecialty certificate that can be acquired by board certified internists.

2020: On June 30, 2020 all VIR fellowship programs will lose ACGME accreditation. All graduate medical education for certification in interventional radiology will occur in IR Residencies after this date.

The Future is Here: The primary specialty of interventional radiology has been born. Interventional radiology is publicly recognized by organized medicine as a primary specialty that not only treats patients with procedures but that is integral to medical decision making, imaging and patient care before, during and after those procedures. Dedication to this goal of achieving recognition as a new specialty is something that the SIR can and should take pride in. Our community has made this happen. The new ABR certificate recognizes our expertise in interventional radiology and diagnostic radiology is a designation we deserve and are proud to have achieved. We should embrace it! My conclusion after reviewing our history and the many detailed posts by Drs. Spies and Roberts of ABR is the following:

My opinion is that for interventional radiologists who currently hold a primary diagnostic radiology certificate with a CAQ in VIR, there is no downside to converting to the new primary certificate in interventional radiology and diagnostic radiology

- This certificate acknowledges interventional radiology as a primary specialty
- This certificate recognizes the recipient to be certified in interventional radiology
- This certificate recognizes the recipient to be certified in diagnostic radiology
- There is no added cost to MOC
- For those with a lifetime certificate in diagnostic radiology, this certificate will be inactive but will continue to exist for diplomates who achieved DR certification prior to 2002—and the lifetime certificate can be reactivated on request if the diplomate no longer wishes to maintain IR certification.

I have implemented the change for myself.

This has been adapted from a Sept. 8, 2017 SIR Connect open forum post.