American Board of Radiology Diagnostic Radiology (DR) Initial Certification (IC):
Recommended Discussion Points

*Note: DR IC refers to the combination of the DR Qualifying (Core) and DR Certifying exams.*

1. How well do the Qualifying (Core) and Certifying exams assess radiology knowledge and clinical competence?

2. To what degree are radiologists completing training and DR IC in the current system well prepared for independent practice?

3. Is the current DR IC exam structure fair (unbiased)? If not, why?

4. Does the DR IC process need improvement? If so, where is improvement needed?

5. Is the current timing of DR IC, to be completed at least 12 months after completion of residency, appropriate? Is there a better time to administer the exam?

6. What parts of the current DR Qualifying (Core) Exam work well to assess residents in training?

7. What parts of the current DR Certifying Exam work well to assess competence for independent practice?

8. Is broad knowledge of diagnostic radiology a necessary component of the DR Certifying Exam? Why or why not?

9. Is subspecialized radiology knowledge a necessary component of the DR Certifying Exam? Why or why not?

10. In what ways does board exam preparation for current DR IC exams have a positive or negative impact on preparation for future practice?

11. How well do multiple-choice test questions assess the knowledge of trainees?

12. How well do multiple-choice test questions assess the interpretation skills of trainees?

13. How well do multiple-choice test questions assess the communication skills of trainees?

14. How well do multiple-choice test questions assess professionalism of trainees?

15. Regarding the current DR IC process, what should the ABR stop doing?

16. Regarding the current DR IC process, what should the ABR keep doing?

17. Regarding the current DR IC process, what should the ABR start doing?

18. Additional comments regarding the current DR IC process.