

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.