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Message From SIR President: ACR Council Approves Landmark Resolution on IR Pathway

The American College of Radiology (ACR) Council voted to approve Resolution 44, “Interventional Radiology Pathway,” on Tuesday, May 17, during ACR’s 88th Annual Meeting and Chapter Leadership Conference in Washington, D.C. This resolution is in support of the proposed ABR Dual Certificate in Interventional and Diagnostic Radiology, which results in competency in both IR and DR and raises IR to specialty standing. This would be an additional, focused training option; traditional VIR Fellowships and the DIRECT pathway will continue, and certification in only IR will not be possible.

This comes 10 years after the ACR Council approved the resolution, “Recognition and Retention of Interventional Radiology Within Radiology,” which recognized IR as a distinct component within the house of radiology during the September 2001 ACR meeting. The training pathway still requires approval of the American Board of Medical Specialties (ABMS), but this resolution is an important endorsement that increases the chances for that proposal.

“The unique nature of IR within medicine has been affirmed by the plurality of radiology, a crucial step toward final approval of the Dual Certificate in Interventional Radiology and Diagnostic Radiology by ABMS. Furthermore, this proposal strengthens the bond between diagnostic competency and image-guided interventional competency,” said John A. Kaufman, M.D., FSIR, SIR past president, who is guiding this effort. The proposal also has the support of the following key organizations: the Association of Program Directors in Radiology (APDR); the Society of Chairs of Academic Radiology Departments (SCARD); the Radiology RRC of ACGME; the American Osteopathic College of Radiology (AOCR); and the American Association for Women Radiologists (AAWR). The proposal will be submitted to ABMS in late December and a final decision is expected in early 2012.

“We are one step closer to approval of this important specialty pathway due to the efforts of many members. Their support is greatly appreciated. I especially would like to thank John A. Kaufman, M.D., FSIR; Anne C. Roberts, M.D., FSIR, FACR; Philip S. Cook, M.D., FSIR, FACR; Kenneth W. Chin, M.D., FSIR, FACR; Curtis A. Lewis, M.D., MBA, JD, FSIR, FACR; Steven L. Ferrara, M.D.; Alan H. Matsumoto, M.D., FSIR, FACR; and Richard Duszak Jr., M.D., FSIR, FACR, for their tireless efforts. Special thanks also go to Charles E. Ray Jr., M.D., Ph.D, FSIR, FACR; John D. Fulco, M.D., FSIR, FACR; Richard Strax, M.D., FACR; James B. Spies, M.D., MPH, FSIR, FACR; Daniel A. Siragusa, M.D.; Timothy L. Swan, M.D.; Michael A. Braun, M.D.; Jeanne M. LaBerge, M.D., FSIR; and Gary J. Becker, M.D., FSIR, FACR,” said Timothy P. Murphy, M.D., FSIR, FACR, SIR president.

The support of ACR state chapters, regional caucuses and other organizations was also instrumental to this achievement and they will be recognized in further communications. The following is the final approved resolution language:

BE IT RESOLVED, the American College of Radiology supports the proposed training program leading to dual primary certification in both interventional radiology and diagnostic radiology as an additional training option in interventional radiology. Refer to Appendix A.

Appendix A. The Dual Certification Proposal

(Schedule based on four-week blocks)

<u>PGY Year</u>	<u>IR/DR Dual Certificate</u>
1	<u>Internship</u>
2	<u>DR 12 / IR 1</u>
3	<u>DR 12 / IR 1</u>
4	<u>DR 12 / IR 1</u>
5	<u>IR 10 / ICU / DR 2</u>
6	<u>IR 13</u>
<u>Total IR (min)</u>	<u>27 (includes ICU)</u>
<u>Total DR (max)</u>	<u>38</u>

Legend:

DR = Diagnostic Radiology; IR = Interventional Radiology; ICU = Intensive care unit