

Anticipated Supply and Demand for Independent Interventional Radiology Residency Positions: A Survey of Department Chairs

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Abstract

Purpose: The first participants in the independent interventional radiology (IR) residency match will begin prerequisite diagnostic radiology (DR) residencies before the anticipated launch of the independent IR programs in 2020. The aim of this study was to estimate the competitiveness level of the first independent IR residency matches before these applicants have already committed to DR residencies and possibly early specialization in IR (ESIR) programs.

Methods: The Society of Chairs of Academic Radiology Departments (SCARD) Task Force on the IR Residency distributed a survey to all active SCARD members using SurveyMonkey. The survey requested the number of planned IR residency and ESIR positions. The average, minimum, and maximum of the range of planned independent IR residency positions were compared with the average, maximum, and minimum, respectively, of the range of planned ESIR positions, to model matches of average, high, and low competitiveness.

Results: Seventy-four active SCARD members (56%) answered at least one survey question. The respondents' programs planned to fill, in total, 98 to 102 positions in integrated IR residency programs, 61 to 76 positions in independent IR residency programs, and 50 to 77 positions in ESIR DR residency programs each year. The ranges indicate the uncertainty of some programs regarding the number of positions.

Conclusions: The survey suggests that participating programs will fill sufficient independent IR residency positions to accommodate all ESIR applicants in a match year of average or low competitiveness, but not in a match year of high competitiveness. This suggestion does not account for certain difficult-to-predict factors that may affect the independent IR residency match.

Key Words: Interventional radiology residency, interventional radiology, Society of Chairs of Academic Radiology Departments, residency match, early specialization in interventional radiology, ESIR

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INTRODUCTION

Vascular and interventional radiology (VIR) was first recognized as a radiology subspecialty in 1994 [1], and the 1-year VIR fellowship has been in place for two decades [2]. More recently, in 2012, the American Board of Medical Specialties established interventional radiology (IR) as a unique medical specialty [2]. In 2014, the

Board of Directors of the Accreditation Council for Graduate Medical Education (ACGME) approved the program requirements for a new residency program in IR, intended to train residents in diagnostic imaging, IR techniques, and clinical care [2].

Under this plan, IR residency training will be offered through two types of programs, the integrated IR residency program and the independent IR residency program, though the two training programs share the same goal of producing competency in both diagnostic radiology (DR) and IR [2] (Fig. 1). To pursue the integrated IR residency format, a trainee would complete a clinical internship year, followed by a 5-year integrated residency including both DR and IR training. To pursue the independent IR residency format, a trainee would have successfully completed a clinical internship and a

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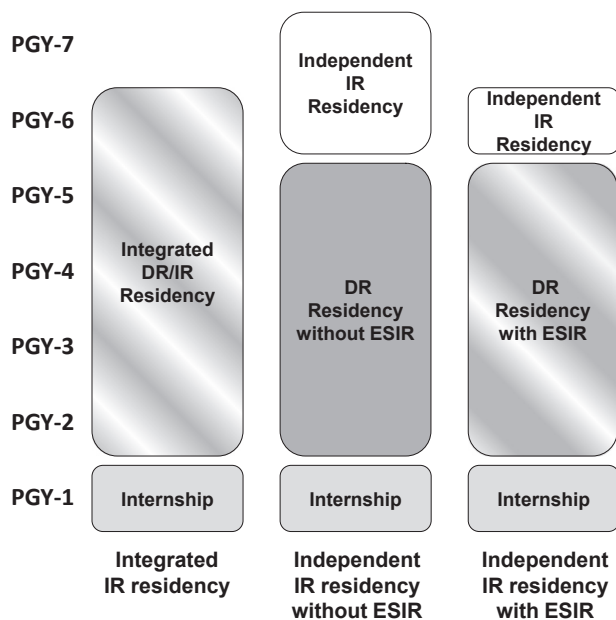


Fig 1. The three pathways to IR residency training. Please see text for more details. DR = diagnostic radiology; ESIR = early specialization in interventional radiology; IR = interventional radiology; PGY = postgraduate year.

standard 4-year DR residency before entering into the 2-year independent IR residency. In addition, the ACGME allowed the creation of early specialization in IR (ESIR) programs, in which DR residents complete a specified number of IR-related rotations and procedures during their residencies [3]. Graduates of DR programs who successfully complete ESIR programs may then enter directly into the second year of the independent IR residency program.

On July 1, 2020, the ACGME will discontinue the 1-year VIR fellowship and launch the independent IR residency [4-6]. After this date, IR residency training programs, whether integrated or independent, will represent the sole source of IR training. Therefore, DR residents (of ESIR or non-ESIR programs) who hope to train in IR starting after July 1, 2020 will apply to independent IR residency programs, not the VIR fellowship. This launch date for the independent IR residency programs is relatively late compared with the integrated IR residency programs, a handful of which already participated in the 2016 National Resident Matching Program match [7], and the ESIR designation, which has already been approved for several programs [5].

Initially, students who intend to pursue DR residencies followed by independent IR residencies will commit to the DR residency match before any independent IR residency programs have been launched.

Medical students enrolling in the 2015 through 2020 matches into DR will fall into this initial cohort. When these students match into their DR residencies, they will have imprecise information regarding the forthcoming independent IR residency programs (program sizes, number and locations of training positions, etc). Furthermore, independent IR program applications will not be reviewed until 2017 [3]. Therefore, the numbers and status of independent IR programs' applications will not inform medical students enrolling in the 2016 and perhaps 2017 DR residency matches. Thus, medical students who intend to match into DR residencies program (either ESIR or non-ESIR) in upcoming years, and subsequently enter independent IR residencies, have a relative lack of guiding information available to aid their decision making. This information is especially critical for students entering ESIR DR training, which contains a substantial amount of IR-specific training that is intended to allow trainees to match into second-year positions in independent IR residency programs [2]. To help inform this first cohort of students and residents pursuing the DR/independent IR residency track, as well as their advisers, is a central goal of this study.

Toward this goal, the Society of Chairs of Academic Radiology Departments (SCARD) Task Force on the IR Residency sent a survey to the chairs of academic radiology departments regarding their plans for implementation of the IR residency. To gain a better sense of the training environment anticipated for the independent IR residents, the survey asked these chairs whether their departments intended to start integrated IR residencies, independent IR residencies, both, or neither, and how many residency positions they anticipated to apply for and fill in their respective programs. We also sought to help assess the level of competition anticipated for the independent IR residency match. To this purpose, we also surveyed chairs as to how many ESIR residency positions they intended to fill. The purposes of this study were to summarize these data and to compare the potential number of independent positions and ESIR graduates to estimate whether there will be sufficient opportunities for these graduates.

METHODS

SurveyMonkey (<http://www.surveymonkey.com>) was used to create and share a survey, the relevant questions of which are listed in the Appendix. The president of SCARD reviewed and approved the survey for

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