

The Ultimate Recognition for Neuroradiology

The American Board of Radiology (ABR), at the annual winter meeting, made the unanimous decision to offer an examination for added qualifications in Neuroradiology. The format of the certifying examination will be an oral examination. Three examiners will examine in the fields of intracranial, orbit and ENT, and spinal diseases. The period for each will be approximately 30 minutes.

The processing of the application through the American Board of Medical Specialties (ABMS) will take 1 year, and the first examination will be offered in the Spring of 1994. Examination for added qualification will also be offered in Pediatric Radiology and Cardiovascular-Interventional Radiology.

The American Board of Medical Specialties requires that a period of time be allowed (5 years) for individuals to take the examination without having completed an accredited fellowship. The ABR will include, in the ABMS application, the following criteria for entrance to the examination for added qualifications:

1. Completion of a Diagnostic Radiology residency training program and certification by the ABR AND
2. Completion of 1 year of post-residency fellowship training followed by 1 year of practice experience in Neuroradiology OR
3. Completion of 2 years of post-residency fellowship training in Neuroradiology OR
4. Three years practice experience in Neuroradiology with one third (33%) of the individual's practice devoted to Neuroradiology.
5. After 5 years (1999), completion of 1 year of an accredited Neuroradiology fellowship training program followed by 1 year of practice experience in Neuroradiology OR
6. Completion of 2 years of fellowship training in Neuroradiology.

When I reported to you 2 years ago on the status on individual certification and fellowship program accreditation (*AJNR* 1990;11:1076-1077), the process was in its early phases with little momentum. What a difference a little time

makes. The Accreditation Council on Graduate Medical Education (ACGME) has now approved the application through the Radiology Residency Review Committee (RRC), with the result that our fellowship training programs are now becoming accredited. The above reference gives the components of the various accrediting and certifying bodies for those interested.

It is a very complex mixture of specialty, educational, and socioeconomic societies that fit together in a bureaucratic maze. It is surprising that our discipline has worked its way through the steps for fellowship program accreditation and now individual certification. There are those who said this could never be accomplished in our lifetime. There are those who do not believe that this added certifying examination is necessary. Both positions are only of historical interest following the recent action by the ABR.

I have been involved in the ABR certifying process since 1984. The validation of the oral examination has been very thorough. The oral examination works very well. While it does not exactly mimic our daily practice, the presentation of images, the discussion, and presentation of a differential diagnosis are something we all do every day with our fellows, residents, and clinicians. Recent trials of image display for examination indicate that a video display of images is an efficient technique for the oral examination. This technique will evolve and be well refined by March of 1994. The where and when of the examination have not been decided. It will be separate from the usual spring oral exercise that many of you and your senior residents attend in Louisville.

The American Society of Neuroradiology, officers and membership, should be proud of this latest step in our maturity. I am personally proud and extend my praise and thanks to those who have guided us through the lengthy process. We have arrived!

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