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Frequently-asked questions about the new IR/DR certificate

The IR/DR certificate

1. *Why did ABR create a single IR/DR certificate? How was the decision made, and what process did you follow?*

The IR specialty and the IR/DR certificate are the results of almost 20 years of work by the SIR and ABR on IR and IR education. The SIR was the primary driving force behind ACGME approval of VIR fellowships in 1991. Subsequently, the SIR and ABR achieved ABMS approval of VIR as a subspecialty of radiology in 1994. Beginning in 2006, as first an SIR initiative and then a combined SIR/ABR effort, work began on an IR primary (specialty) certificate. The fundamental motivation has always been the recognition that non-procedural care was a unique aspect of IR that, in combination with imaging and procedural competence, required dedicated training and warranted recognition as a primary specialty.

This effort resulted in a single certificate that includes competency in both interventional radiology and diagnostic radiology (IR/DR) for two major reasons:

- First, SIR members and all diagnostic radiology stakeholders overwhelmingly favored a combined specialty certificate that would support practice in both interventional radiology and diagnostic radiology. This was ascertained through SIR member polls; discussions and presentations at SIR meetings; and formal discussions (leading to modifications of the proposal and endorsements) with key radiology organizations such as the American College of Radiology, the Radiological Society of North America, the American Roentgen Ray Society, the Association of Program Directors in Diagnostic Radiology, the Society of Chairs of Academic Radiology Departments, and nine other radiology specialty organizations.
- Second, the American Board of Medical Specialties (ABMS), the governing body of the 24 specialty boards, does not allow any of its member boards to issue two certificates covering the same specialty. Therefore, the ABR cannot issue both a VIR subspecialty certificate and an IR/DR specialty certificate, nor can we issue both a DR certificate and an IR/DR certificate to the same individual.

2. *Did you have an open comment period to obtain feedback about this change? If so, when was it held? If not, why?*

There has been significant support for the development of a defined IR specialty and training. Implementing the specialty of interventional radiology, the IR training path, and the IR/DR certificate was a multiyear process that began in 2006. It was widely discussed and debated throughout the development period, during which feedback from all IR and DR stakeholders, including those from the SIR, ACR, and ABR, was obtained and incorporated into the final proposal. Through this FAQ, the ABR is attempting to address the concerns of current and future certificate holders.

3. *This is the first I'm hearing about this change. When did ABR start communicating this change and the deadline?*

We've been communicating consistently about the IR/DR certificate since 2012 through emails to diplomates, articles in *The Beam* and the *ABR Annual Report*, and announcements on the ABR website. SIR has also posted announcements on its website and in its various communications. In addition, multiple presentations regarding the changes have occurred at various society meetings, including the SIR. More specific information regarding the conversion process and deadline was announced in the summer 2017 issue of *The Beam*, which was published on August 3, 2017. A personalized email was sent to all impacted diplomates on August 22, 2017.

4. *Why can't we maintain separate IR and DR certifications like we do today and start the new certification in October 2017 with the new graduates/diplomates?*

ABMS does not allow any of its member boards to issue two certificates covering the same specialty. Therefore, the ABR cannot issue both a VIR subspecialty certificate and an IR/DR specialty certificate, nor can we issue both a DR certificate and an IR/DR certificate to the same individual.

5. *If I convert to the IR/DR certificate, does this mean I am not going to be considered a diagnostic radiologist with a subspecialty in IR?*

The IR/DR certificate indicates competency in both specialties. The IR portion of the certificate elevates the current subspecialty certificate to a primary specialty level, and the DR portion of the certificate is equivalent to a DR-only certificate. This provides diplomates with flexibility in the future to revert an IR/DR certificate back to a DR certificate.

6. *If I have a lifetime DR certificate and I choose to convert to an IR/DR certificate, am I giving up my ability to regain my lifetime DR certificate in the future if something changes?*

Absolutely not. If you convert your DR and VIR certificates to an IR/DR certificate and for any reason decide you would like to drop the IR component of your IR/DR certificate at a later time, your lifetime DR certificate will be re-issued. No new requirements will be attached to the re-issued lifetime certificate.

7. *If I choose to convert my DR and VIR certificate to an IR/DR certificate, will my old DR certificate be shown as "inactive" on the ABR and ABMS websites?*

No. The DR certificate will no longer be visible on the ABR website. ABMS CertiFACTS will show a diplomate's entire certification history, so credentialers will see that both the DR and VIR certificates were "converted" on October 15, 2017.

8. *If IR is truly its own specialty, why am I not being offered a new and separate IR board certification?*

The initial thought was to have an IR certificate that would be completely separate from diagnostic radiology. However, after significant discussions, focus groups, surveys, etc., it became clear that this would be detrimental to practicing interventional radiologists because it would not allow them to practice diagnostic radiology if they were injured, changed jobs and needed to practice diagnostic radiology, or wanted to practice only diagnostic radiology. Thus, the IR/DR certificate was created. This certificate does several things, including the following:

- It recognizes that interventional radiologists have trained in the same manner as diagnostic radiologists. Both are required to take three years of core radiology residency training. Following their core training, those in a DR residency may take up to 12 months of training in a single subspecialty (for a total of 15 months during the four years of residency), while those in an IR/DR residency are required to take two years of interventional radiology training. Therefore, there is no question that diplomates with the IR/DR certificate are also qualified to practice diagnostic radiology. This means that IR/DR diplomates cannot be disadvantaged in a radiology practice or told that they can't practice diagnostic radiology.
- The IR/DR certificate allows diplomates to drop the IR portion of the certificate if they decide they are not going to practice interventional radiology. They would simply notify the ABR that they are dropping the IR part of their certificate, and assuming they are continuing to practice radiology, they would change their MOC activities to focus on their new practice pattern. (See discussion about lifetime certificates below.)

9. *I have been board certified for 20 years. If someone looks up my certifications, will the record reflect my years of board certification? Will the date of certification be the date of conversion to the IR/DR certificate?*

No. The ABR system does not show the initial date of certification for any ABR diplomate's certificates.

10. *Why is everyone getting a 2019 valid-through date? Why not valid-through dates that already exist for each current certificate?*

The new IR/DR certificate is a continuous certificate, which means that it requires MOC participation to remain valid. The same has been true for all VIR subspecialty certificates and DR specialty certificates issued since 2011. The 2019 valid-through date represents the date through which the IR/DR certificate would remain valid if MOC participation is not completed and reported. Any lifetime certificate holder who does not plan to participate in MOC should decline conversion, as participation in MOC is required to maintain the IR/DR certificate.

11. *What happens to my continuous VIR certificate (with no end date) if I choose not to convert to an IR/DR certificate?*

A continuous VIR subspecialty certificate that is not converted to an IR/DR certificate will be publicly reported as "inactive" on October 15, 2017.

12. *What happens to my time-limited VIR certificate (with an end date) if I choose not to convert to an IR/DR certificate?*

A time-limited VIR subspecialty certificate that is not converted to an IR/DR certificate will remain valid until its expiration date. However, you will no longer be able to maintain this certificate through MOC, as the ABR cannot support both the VIR subspecialty certificate and the IR/DR specialty certificate. This VIR certificate would be listed on the ABR website as valid until the end date, and not maintained.

13. *All of us should be able to get both DR and IR certificates from NBPAS with no MOC requirement. Why should I stick with my ABR certification?*

This is a personal decision. However, the ABR is the only certifying body for both diagnostic radiology and interventional radiology (the NBPAS requires previous certification by an ABMS board). We are working hard to improve the MOC process for our diplomates.

14. *If I choose not to convert my DR and VIR certificates to an IR/DR certificate by the September 22, 2017, deadline, can I choose to convert to an IR/DR certificate at a later date?*

September 22, 2017 is the date the ABR will begin calling all diplomates with a valid VIR certificate who have not confirmed their choice regarding IR/DR certificate conversion. Diplomates who have not made a choice by October 15, 2017, will have their certificates automatically converted to IR/DR certificates. VIR certificates will become inactive on October 15.

15. *Can the "conversion date" be delayed until an informed decision can be made about which option would be best for my situation?*

No. VIR will become a legacy certificate on October 15, 2017. For any diplomate who has a valid VIR certificate and is unsure of what decision to make, the best pathway is to convert to an IR/DR certificate.

Lifetime DR certificates

1. *If I convert to the IR/DR certificate, what will happen to my lifetime DR certificate?*

Your lifetime DR certificate will be removed from the public listing on the ABR and ABMS websites, but it will be stored in the ABR systems. If you decide to drop the IR portion of your IR/DR certificate in the future, your lifetime DR certificate will be re-issued.

2. *Can the ABR issue an IR/DR certificate and leave my DR certificate active as well?*

No. The ABMS does not allow any of its member boards to issue two certificates covering the same specialty. Therefore, the ABR cannot issue both a VIR subspecialty certificate and an IR/DR specialty certificate, nor can we issue both a DR certificate and an IR/DR certificate to the same individual.

3. *If I convert to the new IR/DR certificate, will I still be able to bill for DR activities?*

Yes. The ABR specifically named this certificate Interventional Radiology/Diagnostic Radiology so interventional radiologists could practice in both specialties.

4. *If someone looks up my certifications, will they see my lifetime DR certificate listed as inactive?*

No. The DR certificate will no longer be visible as a public listing on the ABR website. ABMS CertiFACTS will show a diplomate's entire certification history, so credentialers will see that both the DR and VIR certificates were "converted" on October 15, 2017.

5. *If the new certificate "does not negate the lifetime DR certificate," why will it no longer be acknowledged on the ABR's website?*

The ABR policy is to show only the current certificate(s) on its website.

6. *Will my lifetime DR certificate be converted to a time-limited certificate via the new combined certificate?*

The new IR/DR certificate will be a continuous certificate, requiring Maintenance of Certification. Your lifetime DR certificate will be removed from the public listing on the ABR and ABMS websites, but it will be stored in the ABR systems so that if you decide to drop the IR portion of your IR/DR certificate in the future, your lifetime DR certificate will be re-issued.

7. *Do I have to give up my DR certification to maintain my IR certification? Why?*

No. The new IR/DR certificate covers your current DR certification. However, the DR-only certificate cannot be left active for those holding an IR/DR certificate because the ABMS does not allow any of its member boards to issue two certificates covering the same specialty. If you decide not to practice IR, then you would simply notify the Board that you want to drop the IR portion of your certificate. Your former DR certificate – lifetime, time-limited, or continuous – then would be reissued.

8. *If I choose the IR/DR option but drop the IR portion of my practice at a later date for any reason, can I reactivate my DR certification? How will this work?*

Yes. Simply notify the ABR at (520) 790-2900 or by email at information@theabr.org, and we will make the requested change to your certification.

9. *If it is not being revoked, then why do I have to “reactivate” my “lifetime” DR certificate?*

Since ABMS does not allow any of its member boards to issue two certificates covering the same specialty, your lifetime DR certificate must be held in a “converted” state and will be covered by the IR/DR certificate. If you decide not to practice IR in the future, then the ABR will reactivate your lifetime DR certificate upon your request.

10. *Will reactivation of my lifetime DR certificate happen regardless of the reason I dropped my IR practice?*

Yes, unless any disciplinary actions negate the validity of any certificate.

11. *What happens if ABR eventually decides that lifelong DR certificates cannot be reactivated? What recourse will we have if this happens?*

When the ABR began issuing time-limited certificates in diagnostic radiology in 2002, we promised lifetime certificate holders that they would not lose their certification, even if they chose not to participate in MOC. We will continue to honor our commitment to lifetime certificate holders.

12. *If the purpose of this is not to have people give up their lifetime DR certificate, why even have an option of a combined IR/DR certificate? Why not keep the lifetime DR certificate and have the option of continuing the IR certificate?*

ABMS has approved a combined IR/DR specialty certificate, not an independent IR specialty certificate. In addition, as soon as we issue the first IR/DR specialty certificate, the VIR subspecialty certificate will become a legacy certificate so we don't have duplicative certificates in IR.

13. Will you provide a written guarantee that if I convert to the IR/DR certificate, I will be able to reactivate my lifetime DR certificate at any time for any reason?

Yes. An email and hard copy letter were sent confirming this commitment on September 1, 2017.

VIR subspecialty (CAQ)

1. If I choose to maintain only my DR certification, what happens to my VIR CAQ? Can I reactivate it at a later date?

The VIR subspecialty certificate will become a legacy certificate on October 15, 2017, as this is the date that the first IR/DR certificate will be issued. If you decide to keep only your DR certificate and subsequently determine you would like to have an IR/DR certificate, you will need to follow a re-entry process.

2. Can I opt out of the IR/DR certificate now but opt in to the combined certificate at a later date?

The VIR subspecialty certificate will become a legacy certificate on October 15, 2017, as this is the date that the first IR/DR certificate will be issued. If you opt out of the IR/DR certificate now and subsequently decide you would like to have the IR/DR certificate, you would need to follow a re-entry process.

3. If I choose not to convert to the new IR/DR certificate, will I still be able to bill for IR activities?

That would depend on the insurance company/payer requirements. If they require IR certification for billing procedures, then you would not meet their requirement.

4. If someone looks up my certifications, will they see my VIR CAQ as lapsed?

If you choose to convert to an IR/DR certificate, your VIR certificate will not show at all. Your new IR/DR certificate will be shown as "Valid" on the ABR website. If you have a continuous VIR subspecialty certificate and choose not to convert, it will show as "inactive, not maintained" on 10/15/2017. If you have a time-limited VIR subspecialty certificate with a "valid-through" date and choose not to convert, it will show as "valid, not maintained" until the expiration date, at which point it will show as "expired."

5. What happens to my continuous VIR certificate (with no end date) if I choose not to convert to an IR/DR certificate?

A continuous VIR subspecialty certificate that is not converted to an IR/DR certificate will be publicly reported as "inactive" on October 15, 2017.

6. What happens to my time-limited VIR certificate (with an end date) if I choose not to convert to an IR/DR certificate?

A time-limited VIR subspecialty certificate that is not converted to an IR/DR certificate will remain valid until its expiration date. However, you will no longer be able to maintain this certificate through MOC, as the ABR cannot support both the VIR subspecialty certificate and the IR/DR specialty certificate. This VIR certificate would be listed on the ABR website as valid until the end date, and not maintained.

7. I am MORE than 10 years out from my fellowship and never obtained my VIR CAQ. Now it appears there is no way to convert to an IR/DR certificate without it. How can I become a board-certified IR? Can I take the boards without redoing my fellowship?

Yes. The ABR has an alternate pathway to subspecialty certification in VIR (now IR/DR). Details are available [here](#).

8. I am LESS than 10 years out from my fellowship and never obtained my VIR CAQ. Now it appears there is no way to convert to an IR/DR certificate without it. How can I become a board-certified IR?

If you are less than ten years out from completing your fellowship, you are still eligible to sit for the new IR oral exam and become IR/DR certified. Please contact the ABR office at (520) 790-2900 or by email at information@theabr.org for information on the application process.

MOC process and costs

1. If I convert to an IR/DR certificate, do I have to participate in MOC?

Yes. MOC participation is required to maintain IR/DR certification. (See [IR/DR MOC](#) requirements.) However, you will ONLY need to meet MOC requirements associated with IR. You will NOT have separate MOC requirements for DR certificate. The MOC requirements will be the same as those for maintaining the VIR subspecialty certificate.

2. If I change to the new IR/DR certificate, how will my current MOC process change? Do I have to take a test?

The MOC process for IR/DR is the same as the MOC process you've participated in for your VIR subspecialty certificate. However, the ABR recently made a decision to move away from the traditional 10-year MOC exam for all ABR specialties in favor of a continuous model with more feedback. You will be able to answer practice-profiled questions from your own personal computer or smart device. Check out this [Beam article](#) for more information on Online Longitudinal Assessment (OLA).

3. What is the definition of continuous certification? What does it entail?

Continuous certification means that ongoing certification is contingent upon participating in and meeting requirements of MOC. Check out the [IR/DR MOC](#) requirements.

4. How much will the new IR/DR certificate cost to maintain? What is the cost increase of maintaining the new certificate vs. the current DR certificate and VIR CAQ?

There will be no changes in your MOC fees. The cost for maintaining an IR/DR certificate is the same as it has been for the VIR subspecialty certificate.

5. *I recently took and passed an MOC exam for DR and/or VIR. Does that exam earn me another 10 years of certification without MOC participation?*

No. Passing an MOC exam doesn't prospectively count for future MOC requirements. The 10-year examination has always been the *culmination* of the previous 10 years of certification. MOC requires continuous participation, including annual attestation. However, IR/DR diplomates will no longer have to take a traditional 10-year MOC exam if they were meeting their exam requirement by March 1, 2017. The ABR is working hard to improve the MOC process and is currently developing an Online Longitudinal Assessment (OLA) program. Questions in IR, along with immediate feedback, will be provided on your personal computer or smart device. The OLA process will be a means for continual assessment and learning. We anticipate this process to start in 2019-2020.

6. *I took and passed a VIR recertification test within the last 10 years. I was told that my certification would be good for 10 years, but now find my certification was good for less than 10 years because it is being taken away. I paid for a 10-year certification only to find out that I now have to incur an additional annual "continuous" certification fee. Will there be a reimbursement to 10-year certification holders? Or will our annual fee be remitted for the balance of our certification since we have pre-paid for the certification?*

The 10-year examination has always been the *culmination* of the previous 10 years of certification, not a guarantee of 10 more years of certification. The ABR stopped issuing 10-year time-limited certificates in 2011. All certificates issued after 2011 are continuous certificates that require participation in MOC. If you have a time-limited VIR certificate that is not converted to an IR/DR certificate, the VIR certificate will remain valid until its expiration date. You will no longer be able to maintain it through MOC as the ABR cannot support both the VIR subspecialty certificate and the IR/DR specialty certificate because of ABMS requirements. This certificate would be listed on the ABR website as inactive, valid until the end date, and not maintained. After the end date passes, it would be listed as expired.

MOC fees are not prepaid, as diplomates are billed annually, and MOC fees are the same for time-limited and continuous certificates. You will not be charged additional MOC fees to maintain an IR/DR continuous certificate.

7. *Why wouldn't the ABR phase in the conversion allowing the 10 years to pass before requiring that decision? Why do I need to decide by Sept. 22?*

The VIR subspecialty certificate will become a legacy certificate on October 15, 2017, as this is the date that the first IR/DR certificate will be issued to those who pass the IR/DR exam. The ABR cannot phase in the conversion because ABMS does not allow any of its member boards to issue two certificates covering the same specialty.

8. *I have a current lifetime certificate in DR with no need for MOC. If there is a need for MOC, is it purely for IR or is it DR as well? Will we need to take ongoing exams for DR now? At what price? At what time commitment?*

Since the IR/DR certificate is continuous, MOC participation is required in order to maintain it. Your MOC content will be exactly the same as for your current VIR subspecialty certificate. You will not be required to take additional material or perform additional tasks to maintain the DR component of the IR/DR certificate. The only change will be that we are no longer requiring a traditional MOC exam every 10 years if you passed the exam before March 1, 2017. The ABR is working hard to improve the MOC process and is currently developing an Online Longitudinal Assessment (OLA) program. Questions in IR will be provided, along with immediate feedback on your personal computer or smart device. The OLA process will be a means for continual assessment and learning. We anticipate that this process will start in 2019-2020. There will be no changes in your MOC fees, and the cost for maintaining an IR/DR certificate will be the same as it has been for maintaining the VIR subspecialty certificate. You will not be required to participate in a second MOC process for the IR portion of your certificate.

Insurance company/hospital/local certification board requirements

- 1. *What exactly is the ABR doing to educate hospitals, clinics, credentialing bodies, medical insurers, malpractice insurers, state boards, and the savvy general public about the new change so that we don't have a fiasco at initial credentialing and renewal times?***

The ABR is working with ABMS to ensure that the reporting of IR/DR certificates will be displayed correctly in their system, CertiFACTS, which is used as a primary source verification. In addition, we are working on communications to credentialers, hospitals, payers, and other stakeholders outlining the changes to IR certification and the impact on existing DR and VIR subspecialty certificates.

- 2. *My hospital/state/local certifying board requires that I report any changes to my certification and may require an in-person hearing. Allowing either or both my current DR and VIR CAQ lapse or become inactive may result in a black mark on my record due to no fault of my own. What resources will ABR provide to help me inform these boards about this change? How will ABR work to ensure this does not negatively affect my ability to practice?***

Your certificates are not lapsing; they are being converted to the IR/DR certificate. Additionally, the ABR is working with ABMS to ensure the reporting of IR/DR certificates will be displayed correctly in their system, CertiFACTS, which is used as a primary source verification. We are also working on communications to credentialers, hospitals, payers, and other stakeholders outlining the changes to IR certification and the impact on existing DR and VIR subspecialty certificates.

- 3. *What resources will you provide to help me support the case of a lapsed VIR CAQ to my local credentialing boards and/or hospital administration?***

If you choose to convert to an IR/DR certificate, your VIR certificate will not show at all. Your new IR/DR certificate will be shown as "Valid" on the ABR website. If you have a continuous VIR subspecialty certificate and choose not to convert, it will show as "inactive, not maintained" on 10/15/2017. If you have a time-limited VIR subspecialty certificate with a "valid-through" date and choose not to convert, it will show as "valid, not maintained" until the expiration date, at which point it will show as "expired."

- 4. *I received a letter from an insurance company asking me whether I plan to take the VIR CAQ recertification test. My answer could negatively affect my reimbursement rates. How do I respond to this inquiry given these process changes to ensure I am not punished?***

The continuous IR/DR specialty certificate is now the official and only ABR and ABMS certification for IR. Because the certificate requires maintenance, you can truthfully answer that you are participating in MOC, including ABR's requirements for MOC Part 3 (Assessment of Knowledge, Judgment, and Skills), which will be Online Longitudinal Assessment (OLA) in the future. If the company requires further clarification, please refer them to the ABR.

- 5. *If you don't have an IR certification, some national payers will not reimburse for any IR-related E/M codes. How will you ensure the insurance companies recognize this new certification? How will you ensure that the lapsed VIR CAQ isn't perceived as having dropped my IR practice?***

The ABR is working with ABMS to ensure that the reporting of IR/DR certificates will be displayed correctly in their system, CertiFACTS, which is used as a primary source verification. In addition, we are working on communications to credentialers, hospitals, payers, and other stakeholders outlining the changes to IR certification and the impact on existing DR and VIR subspecialty certificates. Your VIR CAQ will not be "lapsed"; it will be "converted."

- 6. *The ABR states: "October 15, 2017, will be a landmark day for interventional radiology. On this day, qualified interventional radiologists (IRs) will be issued a new board certificate that reflects their unique stature as IRs and their singular role in treating and managing patients through image-guided interventions." Can you define "unique stature and singular role" and what image-guided interventions, specifically, are you referring to? Will ABR recommend to insurance companies that only a physician with an IR/DR certificate perform image-guided procedures?***

The competencies of the IR/DR certificate include all the current competencies of the VIR subspecialty certificate and the DR specialty certificate. The change in stature of IR from subspecialty to specialty was based upon changes in training to emphasize periprocedural care and IR training. No new procedures were added. The ABR does not advocate directly with insurance companies.

AU designations

- 1. *I am an Authorized User (AU). Will the IR/DR certificate conversion affect my AU designation?***

No. The IR/DR certificate conversion will not affect your AU status from the NRC. If you have already received AU status from the NRC, this will not impact that status.

- 2. *I have the Authorized User-Eligible (AU-E) designation on my diagnostic radiology certificate, but have not yet been granted Authorized User (AU) status by the NRC. Will the IR/DR certificate conversion affect my Authorized User eligibility?***

Yes. The NRC has not yet approved the new IR/DR certificate as an Authorized User-Eligible (AU-E) certificate. Therefore, you will need to apply to the NRC for Authorized User status based on the credentials on your DR certificate before the IR/DR certificate conversion on October 15, 2017.

Dual boarding of physicians

1. ***If a general surgeon can hold a radiology certificate, why can't I hold separate IR and DR certifications?***

ABMS does not allow any of its member boards to issue two certificates covering the same specialty. An individual could hold a general surgery certificate and a diagnostic radiology certificate because they are different specialties from different boards.

2. ***General surgery and vascular surgery are one training path with two certificates; why can't we operate like them?***

The IR/DR specialty certificate is the result of an extensive collaborative process over many years. A separate IR specialty certificate was considered, but SIR members and all diagnostic radiology stakeholders overwhelmingly favored a combined specialty certificate that would support practice in both interventional radiology and diagnostic radiology.

3. ***What is ABR doing about the MOC for neuroradiology and pediatrics? Why aren't they getting a new certification process? Why aren't their lifetime certificates being inactivated?***

Neuroradiology, pediatric radiology, and nuclear radiology are still subspecialties of diagnostic radiology.

4. ***Nuclear medicine is an independent specialty, yet radiologists with additional training can be board certified. Are those radiologists being forced to give up their lifetime DR certificates?***

An individual with a DR specialty certificate can hold a nuclear radiology (NR) subspecialty certificate from the ABR because NR is a *subspecialty* of DR. An ABR diplomate can also become certified in the *specialty* of nuclear medicine by the American Board of Nuclear Medicine (ABNM) because it is a separate ABMS board. None of these individuals are required to give up their lifetime DR certificates because NR is a *subspecialty* rather than a *specialty* of the ABR.

5. ***Medicine and surgical physicians who do a fellowship hold double boards, and there are often multiple pathways to board certification in any given field. Why is this any different with the new IR certificate?***

Various ABMS member boards have developed pathways to certification over the years according to the ABMS regulations at the time of development. ABMS rules have changed intermittently, and those in place at the time of approval must be followed. The ABR was required to comply with the rules in place at the time the IR/DR certification was approved. In addition, some of the double-boarded physicians hold certification by non-ABMS boards, particularly in areas of fellowship training for which there are no ACGME-accredited training programs and no ABMS member boards.