

# MINIMUM REQUIREMENTS FOR ACCREDITATION AND REACCREDITATION OF FELLOWSHIP TRAINING PROGRAM IN INTERVENTIONAL RADIOLOGY

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Minimum requirements for accreditation and training in VASCULAR AND INTERVENTIONAL RADIOLOGY of the Philippine Society of Vascular and Interventional Radiology, a sub-specialty society of the Philippine College of Radiology:

## I. PRE-REQUISITES FOR APPLICATION

- All hospitals that intend to apply for accreditation of Vascular and Interventional Radiology Training Program must submit a letter of intent to the president of PSVIR Board of Directors thru PSVIR Accreditation and Training Council. The letter must be duly signed by the Head of the Hospital, Head of the Radiology Department and Section Head of the IR.
- Payment of accreditation fee (for hospital accreditation).
- All applicants for VIR Training must be a Diplomate of the Philippine College of Radiology at the commencement of training and a Fellow of the Philippine College of Radiology in good standing before completion of the training. \*Fellow status of the Philippine College of Radiology is a requisite for induction as Fellow of the Philippine Society of Vascular and Interventional Radiology.

## II. TRAINING CENTER

- A hospital applying for Vascular and Interventional Radiology Training Program must be a tertiary hospital duly recognized and accredited by the DOH.
- The facilities of Radiology Department must be accredited by the BHDT.
- The hospital must have a current residency training program in Radiology duly accredited by the Philippine College of Radiology.

## III. EQUIPMENT, FACILITIES, AND SUPPLIES

### A. Equipment/Facilities

- The hospital must have at least one (1) unit of the following:
  1. Angiography machine with DSA capability \*80% uptime during the training period
  2. X-ray machine with fluoroscopic capability \*80% uptime during the training period
  3. Ultrasound machine with Color Doppler software \*95% uptime during the training period
  4. CT scan machine \*95% uptime during the training period
  5. Protection gears and devices compliant with DOH licensing requirements.
  6. Radiation exposure monitoring devices compliant with DOH licensing requirements. Recorded radiation exposure of personnel is required for re-accreditation.

### B. Supplies

1. The Vascular and Interventional Radiology Section must have Emergency cart with medicines and supplies capable of responding to emergency cases.
2. The Vascular and Interventional Radiology Section must have basic angiographic catheters, wires, needles, drainage catheters and other supplies necessary in basic angiographic and interventional procedures.
3. The Angio suites must have retriever catheter and devices necessary for complicated cases and unpredicted circumstances like catheter fracture, foreign body removal and other unexpected complications.

#### IV. STAFF

The section/division of Vascular and Interventional Radiology should have at least two (2) actively practicing fellows of the PSVIR in good standing. The section must have a section head and dedicated training officer who are actively practicing PSVIR Fellows in good standing.

#### V. SYLLABUS

A written training syllabus is required in every institution applying for accreditation/re-accreditation for VIR training program. The syllabus must contain the following information:

1. A brief description of the hospital stating its bed capacity, radiologic equipment available, and different specialty divisions.
2. A brief description of the VIR training program including its objectives and scope of training.
3. Program competencies and learning activities
4. Duties and responsibilities of the trainees
5. List of qualified staff
6. Evaluation criteria

#### VI. WORKLOAD/ CASE REQUIREMENTS

All hospital applying for accreditation/re-accreditation of their Fellowship training program should have enough number of patients. Each fellow on training must be able to manage the following number of cases:

##### A. VASCULAR CASES

###### 1. DIAGNOSTIC & VASCULAR ACCESS

Each Fellow on Training must be able to attend a minimum of 24 assisted cases and 6 cases as primary operator (total of 30 mixed cases) of diagnostic angiogram and vascular access placement in at least two of the following:

- Cerebral Angiogram
- Bronchial / Pulmonary Angiogram
- Visceral Angiogram
- Peripheral Angiogram
- Vascular access - Peripherally Inserted Central Catheter (PICC), Dialysis Access Placement (IJ Catheter, perm cath, portacath).

###### 2. THERAPEUTIC

Each fellow in training must be able to attend a minimum of 12 assisted cases and 3 cases as primary operator (total of 15 mixed cases) of therapeutic vascular interventional procedures in at least two (2) of the following:

- Cerebral Aneurysm Management (coils, stents and etc)
- Cerebral AVM Embolization
- Bronchial Artery Embolization
- Soft Tissue Embolization (Hemangioma, AVM, etc.)
- TAE (GI Bleeding, post-op, Trauma)
- Peripheral Angioplasty

## B. NON-VASCULAR CASES

### 1. DIAGNOSTIC

Each Fellow on Training must be able to attend a minimum of 250 assisted cases and 50 cases as primary operator (total of 300 mixed cases during duration of training) of non-vascular diagnostic procedure in at least three (3) of the following:

- Lung
- Liver
- Kidney
- Pancreas
- Breast
- Thyroid

### 2. THERAPEUTIC

Each Fellow on Training must be able to attend a minimum of 250 assisted cases and 25 cases as primary operator (total of 275 mixed cases during the duration of training) of non-vascular diagnostic procedure in at least three (3) of the following:

- Thoracentesis
- Paracentesis
- Abnormal Fluid Collection Drainage (cysts, pseudocysts, hematoma, seroma and etc \*needle or catheter)
- Abscess Drainage \*needle or catheter
- Biliary Drainage \*PTBD, PTC

## C. TUMOR MANAGEMENT

Each Fellow on Training must be able to attend a minimum of 24 assisted cases and 3 cases as primary operator (total of 27 mixed cases during the duration of training) of tumor management procedure with at least two (2) of the following

- TACE
- TAE
- PEI
- RFA
- MWA
- Preoperative Embolization

All cases attended by each fellow in training must be recorded in a prescribed well organized logbook. The logbook must be submitted to the PSVIR accreditation and training council at the end of the training as part of their requirements for the Sub-specialty Board Examination in Interventional Radiology.

The number of cases in an institution must be sufficient all of its VIR fellows in training. Each training hospital must declare the number of slots available for VIR fellows in their institution and inform in writing the PSVIR accreditation and training council.

Online Database is acceptable and recommended means of recording for easier and on-time monitoring.

The PSVIR-ATC will review each accredited institution at a relatively regular interval.

## VII. DURATION OF TRAINING

Each trainee in Vascular and Interventional Radiology should have at least two (2) years of training with exposure in

the following areas:

- Diagnostic and Interventional Neuroradiology
- Interventional Chest Radiology
- Interventional Abdominal Radiology
- Diagnostic and Interventional Peripheral Radiology
- CT-guided Interventional Radiology
- Ultrasound-guided Interventional Radiology

- Fluoroscopic-guided Interventional Radiology
- Mammographic-guided Interventional Radiology

□ In any circumstances that the fellow in training is not able to meet the required number of cases, he is required to extend his training until he meets the set criteria or have a MOA with other accredited PSVIR training institutions where his/her deficiencies are in abundance. He will be given a written notification by the PSVIR accreditation and training council upon submission of the logbook of cases. The institution will be notified through the Interventional Radiology Training Officer.

## VIII. ACADEMIC ACTIVITIES

1. Each accepted trainee in all accredited training institution is required to conduct a research study during the course of his training. He must submit a written research protocol to the PSVIR accreditation and training council within the first three (3) months of training. Only approved protocols will be allowed to be pursued as a research study. A hard copy and soft copy must be submitted to the PSVIR Accreditation and Training council upon completion of the study and prior to presentation in the scientific meeting.
2. Each fellow in training is required to conduct monthly reporting/journal presentation/case presentation to be attended by the radiology residents and at least one (1) VIR consultant. It must be properly documented in a logbook indicating title of the topic as well as the names and signatures of the attendees. The logbook will be presented to the PSVIR accreditation and training council upon completion of training as part of the requirements to PSVIR sub-specialty board examination.
3. The VIR section of each accredited hospital must conduct quarterly evaluation of VIR fellows in training. Evaluation report should be submitted to the PSVIR accreditation and training council. Each fellow must be able to pass at least 50% of quarterly evaluation of the total quarterly evaluation.
4. PSVIR accreditation and training council will give annual in-service examination to all VIR fellows in training every December of the current academic year. Each VIR fellow in training is required to attain an average of 75% in the two (2) in-service examinations he is to take.
5. Each fellow is required to present at least one (1) interesting case, one (1) sub-specialty update/journals, and one (1) finished research paper presentation during the course of his training.
6. All VIR Fellows on Training are required to attend at least 4 out of 6 yearly PSVIR scientific meetings.

## IX. REFERENCE / TEXT BOOKS

□ To be recommended by the Board of Examiners.

## X. EVALUATION/ PROMOTION CRITERIA

- Promotion of fellows in training will be at the discretion of the institution where they are being trained.
- Clearance or endorsement from the PSVIR Accreditation and Training Council is a requirement prior to PSVIR Sub-specialty Board Examination. This is to ensure compliance of the fellow to the prescribed training requirements. Final approval for sub-specialty board examination will be at the discretion of the PSVIR Board of Examiners.

## XI. FOREIGN DOCTORS AND FOREIGN-TRAINED FILIPINO RADIOLOGISTS

1. In cases of foreign doctors who intend to enter fellowship training in Interventional Radiology in any of the accredited hospital in the Philippines, he must be able to present the prescribed pre-fellowship requirements of the institution he intend to train at as well as other requirements prescribed by the Philippine Law, PCR, and PSVIR prior to his training. After completion of training, he would be allowed to take sub-specialty board examination in Interventional Radiology. He will be issued a certificate upon passing the examination but the later cannot be used to practice Interventional Radiology in the Philippines.
2. Filipino doctors who had Radiology Residency and Interventional Radiology Fellowship training abroad will be allowed to take the sub-specialty board examination in Interventional Radiology only after complying the requirements

set by PSVIR accreditation and training council similar to the locally trained fellows. Likewise, he should present a certification of dedicated training in whole body Vascular and Interventional Radiology that is similar or parallel to the training program prescribed by PSVIR. Interventional training limited to single system like Abdominal Imaging and Interventions, Neuro-Imaging and Intervention, Chest Imaging and Interventions and others will not be allowed to take the examination. Final approval on other matters will be at the discretion of the PSVIR Board of Examiners.

2022 PSVIR Accreditation and Training Council

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