

Specialty-Specific Program Requirements: Number of Faculty

Effective as of July 1, 2021

Common Program Requirements are in bold

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
Allergy and Immunology	<p>II.B.3.b).(2) Physician faculty members who are not specialists in allergy and immunology must be certified in their specialties by the appropriate American Board of Medical Specialties (ABMS) board or AOA certifying board, or possess qualifications acceptable to the Review Committee. <small>(Core)</small></p> <p>II.B.3.b).(3) Faculty members must be certified by the American Board of Allergy and Immunology, AOA Certification in Allergy and Immunology, or possess qualifications acceptable to the Review Committee. <small>(Detail)</small></p> <p>II.B.3.b).(4) At least one faculty member must be an allergist and immunologist who has completed an ACGME-accredited, or AOA-approved residency in pediatrics. <small>(Detail)</small></p> <p>II.B.3.b).(5) At least one faculty member must be an allergist and immunologist who has completed an ACGME-accredited, AOA-approved residency in internal medicine. <small>(Detail)</small></p>
Anesthesiology	<p>II.B.1.a) The members of the faculty must have varying interests, capabilities, and backgrounds, and include individuals who have specialized expertise in the subspecialties of anesthesiology, including critical care, obstetric anesthesia, pediatric anesthesia, neuroanesthesia, cardiothoracic anesthesia, and pain medicine, and also in research. <small>(Core)</small></p> <p>II.B.1.b) Didactic and clinical teaching should be provided by faculty members with documented interests and expertise in the subspecialty involved. <small>(Detail)</small></p> <p>II.B.1.c) The number of faculty members must be sufficient to provide each resident with adequate supervision, which shall not vary substantially with the time of day or the day of the week. <small>(Core)</small></p> <p>II.B.1.d) Designated faculty members must be readily and consistently available for consultation and teaching. <small>(Core)</small></p>
Adult Cardiothoracic Anesthesiology	<p>II.B.1.a) In addition to the program director, at least one faculty member must have certification in advanced peri-operative TEE by the NBE. <small>(Core)</small></p> <p>II.B.1.b) The faculty must include individuals with expertise in other subspecialties of</p>

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	<p>anesthesiology. ^(Core)</p> <p>II.B.4.c) The faculty must include at least one individual who is certified in critical care medicine through a member board of the ABMS or AOA and practices in an ICU that cares for adult cardiothoracic surgical patients. ^(Core)</p> <p>II.B.4.d) The faculty must include at least one physician member qualified in cardiology, and one physician qualified in cardiothoracic surgery. ^(Core)</p>
Anesthesiology Critical Care Medicine	<p>II.B.1.a) Physicians with education and certification in other specialties, including diagnostic radiology, emergency medicine, internal medicine, neurological surgery, neurology, obstetrics and gynecology, pathology, and surgery, must be available for consultations and the collaborative management of critically-ill patients, as well as the supervision of fellows. ^(Core)</p> <p>II.B.1.b) A critical care faculty member who is an anesthesiologist (program director or other) must function as the medical director or co-medical director of one or more of the critical care units in which the majority of fellows’ clinical education is required to take place. ^(Core)</p>
Obstetric Anesthesiology	<p>II.B.2.h) include physicians certified in obstetrics and gynecology, maternal-fetal medicine, and neonatology, must be available for consultations and the collaborative management of peripartum patients, as well as instruction and supervision of fellows; and, ^(Core)</p> <p>II.B.2.i) include at least one individual who is certified in critical care medicine by a member board of the ABMS or AOA and who practices in an ICU that cares for obstetric patients. ^(Core)</p>
Pediatric Anesthesiology	<p>II.B.1.a) The faculty must include at least one individual who is certified in critical care medicine by a member board of the ABMS or AOA and practices in an intensive care unit (ICU) that cares for pediatric surgical patients. ^(Core)</p> <p>II.B.1.b) Faculty members certified in critical care medicine by a member board of the ABMS or AOA must be available for consultation and collaborative management of critically-ill patients. ^(Core)</p>
Regional Anesthesiology and Acute Pain Medicine	<p>II.B.4.c) There must be at least three core faculty members, including the program director. ^(Core)</p> <p>II.B.4.c).(1) For programs with four or more fellows, a ratio of at least one faculty member to one fellow must be maintained. ^(Core)</p>
Colon and Rectal Surgery	<p>II.B.4.c) There must be a minimum of three FTE ABCRS-certified core faculty members active in the program and located at the primary clinical site, including the program director. ^(Core)</p>

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Dermatology	II.B.4.c) There should be a core faculty member-to-resident ratio of at least one-to-three. ^(Core)
Micrographic Surgery and Dermatologic Oncology	<p>II.B.1.a) In addition to the program director, there must be at least one faculty member who is actively involved in the clinical practice of cutaneous oncologic surgery. ^(Core)</p> <p>II.B.1.b) A second faculty member should be a Mohs surgeon, an otolaryngologist, an ophthalmic plastic and reconstructive surgeon, or a plastic surgeon who is actively involved in the surgical management of cutaneous oncology patients. ^(Detail)</p> <p>II.B.1.c) Other members of the faculty in related disciplines should include members from specialties with overlapping expertise, including at least two of the following: dermatology; dermatopathology; general surgery; medical oncology; ophthalmology; otolaryngology; ophthalmic plastic and reconstructive surgery (oculoplastic surgeons), plastic surgery and prosthetics, pathology, and radiation therapy. ^(Detail)</p>
Pediatric Dermatology	II.B.1.a) In addition to the program director, there must be at least one faculty member who is actively involved in the clinical practice of pediatric dermatology. ^(Core)
Diagnostic Radiology	<p>II.B.1.a) There must be a minimum of one physician faculty member for every resident in the program. ^(Core)</p> <p>II.B.1.b) In addition to the practice domains, there should be designated physician faculty members with expertise in and responsibility for developing didactic content in the following educational content areas:</p> <p>II.B.1.b).(1) CT; ^(Core)</p> <p>II.B.1.b).(2) MRI; ^(Core)</p> <p>II.B.1.b).(3) radiography/fluoroscopy; and, ^(Core)</p> <p>II.B.1.b).(4) ultrasonography; ^(Core)</p> <p>II.B.1.c) There should be physician faculty, non-physician faculty, or other staff members available to the program, within the institution, with expertise in quality, safety, and informatics. ^(Core)</p> <p>II.B.4.c).(1) These faculty or staff members should develop didactic content related to their area of expertise. ^(Core)</p>
Abdominal Radiology	II.B.1.a) To ensure adequate teaching, supervision, and evaluation of the fellows’ academic progress, there must be a ratio of at least one full-time faculty member for every fellow in the program.

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	<p>(Core)</p> <p>II.B.4.c) The abdominal radiology faculty must have a minimum of two FTE core faculty members, which must include the program director and at least one other full-time radiologist specializing in abdominal radiology. (Core)</p>
Musculoskeletal Radiology	<p>II.B.1.a) To ensure adequate teaching, supervision, and evaluation of the fellows’ academic progress, there must be a ratio of at least one full-time faculty member for every two fellows in the program.</p> <p>II.B.4.c) The musculoskeletal radiology faculty must have a minimum of two FTE core faculty members, which must include the program director and at least one other full-time radiologist specializing in musculoskeletal radiology. (Core)</p>
Neuroradiology	<p>II.B.1.a) The neuroradiology faculty must include:</p> <p>II.B.1.a).(1) a minimum of at least two neuroradiologists, including the program director. (Core)</p> <p>II.B.1.a).(1).(a) These faculty members should spend at least 80 percent of their time in the practice of neuroradiology. (Core)</p> <p>II.B.1.a).(2) There must be a minimum of at least one neuroradiologist for every two fellows. (Core)</p>
Nuclear Radiology	<p>II.B.1.a) To ensure adequate supervision and evaluation of fellows’ academic progress, there must be at least one FTE faculty member for each fellow. (Core)</p>
Pediatric Radiology	<p>II.B.1.a) To ensure adequate teaching, supervision, and evaluation of the fellows’ academic progress, there must be a ratio of at least one full-time pediatric radiologist for every fellow in the program. (Core)</p> <p>II.B.1.b) There should be full-time faculty members in pediatrics who are available to the program. (Core)</p> <p>II.B.1.c) There should be one or more pediatric surgeons, one or more pediatric pathologists, and a broad range of pediatric medical and surgical subspecialists available to the program. (Core)</p>
Emergency Medicine	<p>II.B.4.c) There must be a minimum of one core physician faculty member for every three residents in the program. (Core)</p>

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	<p>II.B.5. Assistant or associate program directors must be clinically active in emergency medicine. ^(Core)</p> <p>II.B.5.a) Assistant or associate program directors must be core faculty members. ^(Core)</p>
Emergency Medical Services	<p>II.B.1.a) There must be at least two subspecialty physician faculty members, in addition to the program director, who devote a minimum of five hours per week of their time to supervision of the fellows. ^(Core)</p> <p>II.B.1.b) Consultants and/or program faculty members should be available for consultation and academic lectures. ^(Detail)</p> <p>II.B.1.b).(1) Consultants and/or program faculty members should include those with special expertise in air medical services, biostatistics, cardiology, critical care, disaster and mass casualty incident management, epidemiology, forensics, hazardous materials and mass exposure to toxins, mass gatherings, neurology, pediatrics, pharmacology, psychiatry, public health, pulmonary medicine, resuscitation, toxicology, and trauma surgery. ^(Detail)</p> <p>II.B.4.c) In addition to the program director there must be at least two core physician faculty members with EMS board certification whose practice makes them available for consultation by fellows. ^(Core)</p>
Pediatric Emergency Medicine	<p>II.B.3.d).(1) Teaching and consultant faculty members in the full range of pediatric and emergency medicine subspecialties and in other related disciplines who are certified by the applicable ABMS member board or AOA certifying board must be available. ^(Core)</p> <p>II.B.3.d).(1).(a) Consultant faculty members should include radiologists, pediatric surgeons, and surgical subspecialists as appropriate to pediatric emergency medicine. ^(Detail)</p>
Family Medicine	<p>II.B.1.a) Instruction in the other specialties must be conducted by faculty members with appropriate expertise. ^(Core)</p> <p>II.B.1.b) There must be a ratio of residents-to-faculty preceptors in the FMP not to exceed 4:1. ^(Detail)</p> <p>II.B.1.b).(1) If only one resident is seeing patients in the FMP, a single faculty member must devote at least 50 percent of his or her time to teaching and supervising that resident. ^(Detail)</p> <p>II.B.1.c) All programs must have family medicine physician faculty members teaching and providing:</p> <p>II.B.1.c).(1) maternal child health care, including deliveries; ^(Core)</p>

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	II.B.1.c).(2) inpatient adult medicine care; and, ^(Core) II.B.1.c).(3) care to inpatient children. ^(Core)																						
Internal Medicine	II.B.4.c) There must be a minimum number of ABIM- or AOBIM-certified core faculty members based on the number of approved resident positions, as follows: ^(Core) <table border="1" data-bbox="953 500 1503 1029"> <thead> <tr> <th data-bbox="953 500 1234 639">Number of approved resident positions</th> <th data-bbox="1234 500 1503 639">Minimum number of ABIM- or AOBIM-certified core faculty members</th> </tr> </thead> <tbody> <tr> <td data-bbox="953 639 1234 678"><60</td> <td data-bbox="1234 639 1503 678">4</td> </tr> <tr> <td data-bbox="953 678 1234 717">60-75</td> <td data-bbox="1234 678 1503 717">5</td> </tr> <tr> <td data-bbox="953 717 1234 756">76-90</td> <td data-bbox="1234 717 1503 756">6</td> </tr> <tr> <td data-bbox="953 756 1234 795">91-105</td> <td data-bbox="1234 756 1503 795">7</td> </tr> <tr> <td data-bbox="953 795 1234 834">106-120</td> <td data-bbox="1234 795 1503 834">8</td> </tr> <tr> <td data-bbox="953 834 1234 873">121-135</td> <td data-bbox="1234 834 1503 873">9</td> </tr> <tr> <td data-bbox="953 873 1234 912">136-150</td> <td data-bbox="1234 873 1503 912">10</td> </tr> <tr> <td data-bbox="953 912 1234 951">151-165</td> <td data-bbox="1234 912 1503 951">11</td> </tr> <tr> <td data-bbox="953 951 1234 990">166-180</td> <td data-bbox="1234 951 1503 990">12</td> </tr> <tr> <td data-bbox="953 990 1234 1029">>180</td> <td data-bbox="1234 990 1503 1029">13</td> </tr> </tbody> </table>	Number of approved resident positions	Minimum number of ABIM- or AOBIM-certified core faculty members	<60	4	60-75	5	76-90	6	91-105	7	106-120	8	121-135	9	136-150	10	151-165	11	166-180	12	>180	13
Number of approved resident positions	Minimum number of ABIM- or AOBIM-certified core faculty members																						
<60	4																						
60-75	5																						
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121-135	9																						
136-150	10																						
151-165	11																						
166-180	12																						
>180	13																						
Adult Congenital Heart Disease	II.B.4.c) In addition to the program director, there must be at least one core faculty member certified in adult congenital heart disease by the ABIM. ^(Core) II.B.4.d) In programs approved for more than two fellows, there must be at least one core faculty member certified in adult congenital heart disease by the ABIM for every 1.5 fellows. ^(Core)																						
Advanced Heart Failure/Transplant Cardiology	II.B.4.c) In addition to the program director, there must be at least one core faculty member certified in advanced heart failure and transplant cardiology by the ABIM. ^(Core) II.B.4.d) In programs approved for more than two fellows, there must be at least one core faculty member certified in advanced heart failure and transplant cardiology by the ABIM for every 1.5 fellows. ^(Core)																						

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Cardiovascular Disease	<p>II.B.4.c) In addition to the program director, there must be at least three core faculty members certified in cardiovascular disease by the ABIM or the AOBIM. ^(Core)</p> <p>II.B.4.d) In programs approved for more than six fellows, there must be at least one core faculty member certified in cardiovascular disease by the ABIM or the AOBIM for every 1.5 fellows. ^(Core)</p> <p>II.B.4.e) One of the subspecialty-certified core faculty members must be appointed as associate program director to assist the program director with the administrative and clinical oversight of the program. ^(Core)</p>
Clinical Cardiac Electrophysiology	<p>II.B.4.c) In addition to the program director, there must be at least one core faculty member certified in clinical cardiac electrophysiology by the ABIM or the AOBIM. ^(Core)</p> <p>II.B.4.d) In programs approved for more than two fellows, there must be at least one core faculty member certified in clinical cardiac electrophysiology by the ABIM or the AOBIM for every 1.5 fellows. ^(Core)</p>
Critical Care Medicine	<p>II.B.4.c) In addition to the program director, there must be at least two core faculty members certified in critical care medicine by the ABIM or the AOBIM. ^(Core)</p> <p>II.B.4.d) In programs approved for more than three fellows, there must be at least one core faculty member certified in critical care medicine by the ABIM or the AOBIM for every 1.5 fellows. ^(Core)</p>
Endocrinology, Diabetes and Metabolism	<p>II.B.4.c) In addition to the program director, there must be at least one core faculty member certified in endocrinology, diabetes, and metabolism by the ABIM or the AOBIM. ^(Core)</p> <p>II.B.4.d) In programs approved for more than three fellows, there must be at least one core faculty member certified in endocrinology, diabetes, and metabolism by the ABIM or the AOBIM for every 1.5 fellows. ^(Core)</p>
Gastroenterology	<p>II.B.4.c) In addition to the program director, there must be at least three core faculty members certified in gastroenterology by the ABIM or the AOBIM. ^(Core)</p> <p>II.B.4.d) For programs approved for seven or more fellows, there must be at least one core faculty member certified in gastroenterology by the ABIM or the AOBIM for every 1.5 fellows. ^(Core)</p> <p>II.B.4.e) At least one core faculty member certified in gastroenterology by the ABIM or the AOBIM must have demonstrated expertise and a primary focus in hepatology. ^(Core)</p>

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	<p>II.B.4.f) At least one core faculty member certified in gastroenterology by the ABIM or the AOBIM must have demonstrated expertise in all aspects of endoscopy, including advanced procedures. ^(Core)</p> <p>II.B.4.g) One of the subspecialty-certified core faculty members must be appointed as associate program director to assist the program director with the administrative and clinical oversight of the program. ^(Core)</p>
Hematology	<p>II.B.4.c) In addition to the program director, there must be at least three core faculty members certified in hematology or medical oncology by the ABIM or the AOBIM. ^(Core)</p> <p>II.B.4.d) For programs approved for more than four fellows, there must be at least one core faculty member certified in hematology by the ABIM or the AOBIM for every 1.5 fellows. ^(Core)</p>
Hematology and Medical Oncology	<p>II.B.4.c) In addition to the program director, there must be at least three core faculty members certified in hematology or medical oncology by the ABIM or the AOBIM. ^(Core)</p> <p>II.B.4.d) There must be at least one core faculty member certified in hematology and/or medical oncology by the ABIM or the AOBIM for every 1.5 fellows. ^(Core)</p> <p>II.B.4.e) Among the program director and the required number of subspecialty-certified core faculty members, at least 50 percent of the individuals must be certified in hematology by the ABIM or AOBIM, and at least 50 percent of the individuals must be certified in medical oncology by the ABIM or AOBIM. ^(Core)</p> <p>II.B.4.f) If an appointment has not been made in line with Program Requirement II.A.3.b).(2)., one of the subspecialty-certified core faculty members must be appointed Associate Program Director to assist the program director with the administrative and clinical oversight of the program. ^(Core)</p>
Infectious Disease	<p>II.B.4.c) In addition to the program director, there must be at least one core faculty member certified in infectious disease by the ABIM or the AOBIM. ^(Core)</p> <p>II.B.4.d) In programs approved for more than three fellows, there must be at least one core faculty member certified in infectious disease by the ABIM or the AOBIM for every 1.5 fellows. ^(Core)</p>
Interventional Cardiology	<p>II.B.4.c) In addition to the program director, there must be at least one core faculty member certified in interventional cardiology by the ABIM or the AOBIM. ^(Core)</p> <p>II.B.4.d) In programs approved for more than two fellows, there must be at least one core faculty member certified in interventional cardiology by the ABIM or the AOBIM for every 1.5 fellows. ^(Core)</p>

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Medical Oncology	<p>II.B.4.c) In addition to the program director, there must be at least two core faculty members certified in medical oncology by the ABIM or the AOBIM. ^(Core)</p> <p>II.B.4.d) For programs approved for more than four fellows, there must be at least one core faculty member certified in medical oncology by the ABIM or the AOBIM for every 1.5 fellows. ^(Core)</p>
Nephrology	<p>II.B.4.c) In addition to the program director, there must be at least two core faculty members certified in nephrology by the ABIM or the AOBIM. ^(Core)</p> <p>II.B.4.d) For programs approved for more than four fellows, there must be at least one core faculty member certified in nephrology by the ABIM or the AOBIM for every 1.5 fellows. ^(Core)</p>
Pulmonary Critical Care	<p>II.B.4.c) In addition to the program director, there must be at least three core faculty members certified in pulmonary disease or critical care medicine by the ABIM or the AOBIM. ^(Core)</p> <p>II.B.4.d) There must be at least one core faculty member certified in pulmonary disease and/or critical care medicine by the ABIM or the AOBIM for every 1.5 fellows. ^(Core)</p> <p>II.B.4.e) Among the program director and the required number of subspecialty-certified core faculty members, at least 50 percent of the individuals must be certified in pulmonary disease by the ABIM or AOBIM, and at least 50 percent of the individuals must be certified in critical care medicine by the ABIM or AOBIM. ^(Core)</p> <p>II.B.4.f) If an appointment has not been made in line with program requirement II.A.3.b).(2)., one of the subspecialty-certified core faculty members must be appointed Associate Program Director to assist the program director with the administrative and clinical oversight of the program. ^(Core)</p>
Pulmonary Disease	<p>II.B.4.c) In addition to the program director, there must be at least two core faculty members certified in pulmonary disease by the ABIM or the AOBIM. ^(Core)</p> <p>II.B.4.d) In programs approved for more than four fellows, there must be at least one core faculty member certified in pulmonary disease by the ABIM or the AOBIM for every 1.5 fellows. ^(Core)</p>
Rheumatology	<p>II.B.4.c) In addition to the program director, there must be at least one core faculty member certified in rheumatology by the ABIM or the AOBIM. ^(Core)</p> <p>II.B.4.d) In programs approved for more than three fellows, there must be at least one core faculty member certified in rheumatology by the ABIM or the AOBIM for every 1.5 fellows. ^(Core)</p>

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Transplant Hepatology	<p>II.B.4.c) In addition to the program director, there must be at least one core faculty member certified by the ABIM in transplant hepatology. ^(Core)</p> <p>II.B.4.d) For programs approved for more than three fellows, there must be at least one core faculty member certified by the ABIM in transplant hepatology for every 1.5 fellows. ^(Core)</p> <p>II.B.4.d).(1) This core faculty to fellow ratio must include fellows participating in the dual GI/TH pathway in addition to fellows in the transplant hepatology fellowship. ^(Core)</p>														
Interventional Radiology	<p>II.B.1.a) There must be a minimum of one physician faculty member for every resident in the program. ^(Core)</p> <p>II.B.1.b) The faculty must include, in aggregate, at least two FTE interventional radiologists, including the program director. ^(Core)</p> <p>II.B.1.b).(1) While the expertise of any one interventional radiology faculty member may be limited to a particular aspect of interventional radiology, the program must ensure that appropriately qualified faculty members are available to provide an experience that includes all aspects of interventional radiology. ^(Core)</p> <p>II.B.1.b).(2) Integrated programs with greater than four residents must maintain a ratio of no less than one interventional radiologist faculty member for every two residents in the final 24 months of residency according to the following: ^(Core)</p> <table border="1" data-bbox="846 959 1623 1305"> <thead> <tr> <th>Total Number of PGY-5-6 Integrated Residents</th> <th>Minimum Number of Interventional Radiologists</th> </tr> </thead> <tbody> <tr> <td>5 residents</td> <td>3</td> </tr> <tr> <td>6 residents</td> <td>3</td> </tr> <tr> <td>7 residents</td> <td>4</td> </tr> <tr> <td>8 residents</td> <td>4</td> </tr> <tr> <td>9 residents</td> <td>5</td> </tr> <tr> <td>10 residents</td> <td>5</td> </tr> </tbody> </table> <p>II.B.1.b).(3) Independent programs with greater than four residents must maintain a ratio of no less</p>	Total Number of PGY-5-6 Integrated Residents	Minimum Number of Interventional Radiologists	5 residents	3	6 residents	3	7 residents	4	8 residents	4	9 residents	5	10 residents	5
Total Number of PGY-5-6 Integrated Residents	Minimum Number of Interventional Radiologists														
5 residents	3														
6 residents	3														
7 residents	4														
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	<p>than one interventional radiologist for every two residents. ^(Core)</p> <p>II.B.1.c) Integrated Programs</p> <p>II.B.1.c).(1) In addition to the practice domains, there should be designated physician faculty members with expertise in and responsibility for developing didactic content in the following educational content areas:</p> <p>II.B.1.c).(1).(a) CT; ^(Core)</p> <p>II.B.1.c).(1).(b) MRI; ^(Core)</p> <p>II.B.1.c).(1).(c) radiography/fluoroscopy; and, ^(Core)</p> <p>II.B.1.c).(1).(d) ultrasonography; ^(Core)</p> <p>Specialty-Specific Background and Intent: Programs do not need to have additional faculty members to provide the didactic content for the educational content areas of CT, MRI, radiography/fluoroscopy, and ultrasonography. Any of the required eight core faculty members with additional expertise in any of the educational content areas may also provide education in these areas to fulfill this requirement and develop the didactic content for the related area.</p> <p>II.B.1.c).(2) There should be physician faculty, non-physician faculty, or other staff members available to the program, within the institution, with expertise in quality, safety, and informatics. ^(Core)</p> <p>II.B.1.c).(2).(a) These faculty or staff members should develop didactic content related to their areas of expertise. ^(Core)</p> <p>Specialty-Specific Background and Intent: The faculty or staff members who fulfill the roles for expertise in quality, safety, and informatics are not required to have formal certification in their respective area(s) of expertise. It is not the Committee's expectation that there be dedicated staff members for each area of expertise. For example, programs may have an information technology staff member or administrator with relevant expertise in informatics, and this would satisfy the requirement as long as the individual was available to the program to dedicate the time to develop the necessary didactic content related to the area of expertise. The Committee's expectation is that there be some resident education in each area.</p> <p>II.B.1.c).(3) Faculty members for all other educational experiences should be active teaching faculty members in ACGME-accredited programs. ^(Core)</p> <p>II.B.1.c).(4) An assistant or associate program director that is clinically active in diagnostic radiology</p>

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	<p>should be appointed. ^(Detail)</p> <p>II.B.3.a).(1) At least two FTE interventional radiology physician faculty members, including the program director, must have certification by the ABR or the AOBR in interventional radiology/diagnostic radiology, or in diagnostic radiology with subspecialty certification in vascular and interventional radiology. ^(Core)</p> <p>II.B.4.c) Integrated Programs</p> <p>II.B.4.c).(1) There must be at least eight core physician faculty members to represent each of the following practice domains: ^(Core)</p> <p>II.B.4.c).(1).(a) abdominal (gastrointestinal and genitourinary) radiology; ^(Core)</p> <p>II.B.4.c).(1).(b) breast radiology; ^(Core)</p> <p>II.B.4.c).(1).(c) cardiothoracic (cardiac and thoracic) radiology; ^(Core)</p> <p>II.B.4.c).(1).(d) interventional radiology; ^(Core)</p> <p>II.B.4.c).(1).(e) musculoskeletal radiology; ^(Core)</p> <p>II.B.4.c).(1).(f) neuroradiology; ^(Core)</p> <p>II.B.4.c).(1).(g) nuclear radiology and molecular imaging; and, ^(Core)</p> <p>II.B.4.c).(1).(h) pediatric radiology. ^(Core)</p> <p>Specialty-Specific Background and Intent: A pediatric radiologist may have a primary appointment at another site and still be the designated faculty member supervising pediatric radiologic education for the program.</p>
Medical Genetics and Genomics	II.B.4.c) There must be at least three core faculty members, including the program director, who are members of the medical staff of participating sites, and at least two of whom must have current ABMGG certification in clinical genetics and genomics. ^(Core)
Clinical Biochemical Genetics	II.B.4.c) The program must have at least three core faculty members. ^(Core)
Laboratory Genetics and Genomics	II.B.4.c) The program must have at least three core faculty members. ^(Core)
Medical Biochemical	II.B.4.c) There must be at least three FTE core faculty members, including the program director,

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
Genetics	with current ABMGG certification in medical biochemical genetics, clinical genetics and genomics, or clinical biochemical genetics. ^(Core)
Neurological Surgery	<p>II.B.4.c) There must be a minimum of three core ABNS- and/or AOBS-certified neurological surgeons located at the primary clinical site and predominantly engaged in clinical activity there. ^(Core)</p> <p>II.B.4.d) There must be additional core physician faculty members who are certified in neurological surgery by the ABNS and/or the AOBS and who demonstrate a commitment to the education, supervision, and evaluation of residents in clinical and other activities to ensure progressive development in all of the Milestones. ^(Core)</p>
Neurology	<p>II.B.1.a) A total faculty member to approved resident complement ratio of one to one must be maintained. The program director may be counted as one of the faculty members in determining the ratio. ^(Core)</p> <p>II.B.1.b) Faculty members or consultants with special expertise in all the disciplines related to neurology, including behavioral neurology, child neurology, clinical neurophysiology, epilepsy, headache, infectious disease, movement disorders, neurocritical care, neurogenetics, neuroimaging, neuroimmunology, neurology of aging, neuromuscular medicine, neuro-oncology, neurotology, neuro-ophthalmology, neuropathology, pain management, psychiatry, sleep disorders, and vascular neurology, should be available to neurology residents. ^(Detail)</p> <p>II.B.4.c) The core faculty must include a program director, a child neurologist, and a minimum of three full-time neurology faculty members who provide clinical service and teaching and who devote sufficient time to the program to ensure basic and clinical education for residents. ^(Core)</p>
Child Neurology	<p>II.B.4.c) There must be at least two core child neurology faculty members. ^(Core)</p> <p>II.B.4.c).(1) In programs with two or more residents, a core faculty-to-resident ratio of at least one to one must be maintained within the section of child neurology. The program director may be counted as one of the faculty members in determining the ratio. ^(Core)</p>
Clinical Neurophysiology	<p>II.B.4.c) The program must have at least two core faculty members, including the program director, who have completed education in and are board certified by the ABPN or the AOBPN in clinical neurophysiology. ^(Core)</p> <p>II.B.4.d) A core faculty-to-fellow ratio of at least 1:1 must be maintained in programs with two or more fellows. ^(Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
Epilepsy	<p>II.B.4.c) A core faculty-to-fellow ratio of at least one to one must be maintained in programs with two or more fellows. The program director may be counted as one of the faculty members in determining the ratio. ^(Core)</p> <p>II.B.4.d) The program must have at least two core faculty members, including the program director, who have completed education in and are board certified by the ABPN in epilepsy. ^(Core)</p>
Neurodevelopmental Disabilities	<p>II.B.3.d).(1) Additional faculty members must include specialists in child and adolescent psychiatry, dentistry, genetics, metabolism, neonatology, neurology, neurological surgery, ophthalmology, orthopaedic surgery, otolaryngology, pediatrics and its related subspecialties, physical medicine and rehabilitation, and psychiatry. ^(Detail)</p> <p>II.B.4.c) The program must have at least two core faculty members, including the program director, who have completed education in and are certified by the ABPN or the ABP in neurodevelopmental disabilities. ^(Core)</p> <p>II.B.4.c).(1) A core faculty to fellow ratio of at least one to one must be maintained in programs with two or more fellows. The program director may be counted as one of the faculty members in determining the ratio. ^(Core)</p>
Vascular Neurology	<p>II.B.3.d).(1) Faculty members from other disciplines, including cardiologists, neurological surgeons, neuro-rehabilitation specialists, and vascular surgeons, must be available to the program. ^(Detail)</p> <p>II.B.4.c) A core faculty-to-fellow ratio of at least one to one must be maintained in programs with two or more fellows. The program director may be counted as one of the faculty members in determining the ratio. ^(Core)</p> <p>II.B.4.d) The program must have at least two core faculty members, including the program director, who have completed education in and are certified by the ABPN in vascular neurology. ^(Core)</p>
Nuclear Medicine	<p>II.B.4.c) There must be at least one core physician faculty member in addition to the program director. ^(Core)</p> <p>II.B.4.c).(1) Programs must maintain a ratio of at least one core physician faculty member per every two residents. ^(Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
Obstetrics and Gynecology	<p>II.B.4.c) Programs with 12 or fewer residents must have a minimum of three core physician faculty members in addition to the program director. ^(Core)</p> <p>II.B.4.d) Programs with more than 12 residents must have a minimum of one core physician faculty member, in addition to the program director, for every four residents. ^(Core)</p>
Gynecologic Oncology	<p>II.B.3.d).(1) In addition to the core faculty in gynecologic oncology, a program must include faculty members, who participate in the care of patients and are involved in the training of the fellows, with special interest and expertise in the following areas: ^(Core)</p> <p>II.B.3.d).(1).(a) Radiation Therapy</p> <p>At least one radiation oncologist must be involved in an active program of radiation therapy with modern equipment for teletherapy and sources for brachytherapy. ^(Core)</p> <p>This individual must:</p> <p>II.B.3.d).(1).(a).(i) provide consultation for patient care; and, ^(Core)</p> <p>II.B.3.d).(1).(a).(ii) provide formal instruction to the fellows in the principles and techniques of all forms of radiation therapy. ^(Core)</p> <p>II.B.3.d).(1).(b) Pathology</p> <p>At least one pathologist who is skilled in the areas of cytology and gynecologic malignancies must be available to the fellows for consultation and instruction. ^(Core)</p> <p>II.B.3.d).(1).(c) Chemotherapy and Other Targeted Therapeutics</p> <p>At least one physician competent in chemotherapy and other targeted therapeutics must be available to the fellows. This individual may be a gynecologic oncologist or a subspecialist in another discipline. ^(Core)</p> <p>This individual must:</p> <p>II.B.3.d).(1).(c).(i) be readily available for consultation; and, ^(Core)</p> <p>II.B.3.d).(1).(c).(ii) provide formal instruction for the fellows in the principles, use, and complications of chemotherapy and other targeted therapeutics. ^(Core)</p> <p>II.B.3.d).(2) There must be evidence of mutually complementary active and continuing interaction</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
	<p>between these disciplines and the fellows. ^(Core)</p> <p>II.B.4.c) In addition to the program director, there must be at least one core faculty member who is certified in gynecologic oncology by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology, or who has credentials acceptable to the Review Committee. ^(Core)</p> <p>II.B.4.d) In addition to the program director, there must be at least one core faculty member who is qualified and available to serve as a research mentor to the fellows. ^(Core)</p>
Maternal-Fetal Medicine	<p>II.B.3.d).(1) In addition to the members of the core faculty, there must be faculty members, in the following specialty areas, who participate in the care of patients and are involved in the education of fellows:</p> <p>II.B.3.d).(1).(a)critical care medicine; ^(Core)</p> <p>II.B.3.d).(1).(b)genetics; ^(Core)</p> <p>II.B.3.d).(1).(c)infectious diseases; ^(Core)</p> <p>II.B.3.d).(1).(d)neonatology; ^(Core)</p> <p>II.B.3.d).(1).(e)obstetrical anesthesiology; and, ^(Core)</p> <p>II.B.3.d).(1).(f) perinatal pathology. ^(Core)</p> <p>II.B.3.d).(2) There must be evidence of mutually complementary active and continuing interaction between these disciplines and fellows. ^(Core)</p> <p>II.B.4.c) In addition to the program director, there must be at least one core faculty member who is certified in maternal-fetal medicine by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology, or has credentials acceptable to the Review Committee. ^(Core)</p> <p>II.B.4.d) In addition to the program director, there must be at least one core faculty member who is qualified and available to serve as research mentor to the fellows. ^(Core)</p>
Reproductive Endocrinology and Infertility	<p>II.B.3.d).(1) In addition to the faculty in reproductive endocrinology and infertility, there must be faculty members in the following specialty areas who participate in the care of patients, have mutually complementary and continuing interaction with the fellows, and are involved in the education of the fellows:</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
	<p>II.B.3.d).(1).(a)genetics; (Core)</p> <p>II.B.3.d).(1).(b)male infertility; (Core)</p> <p>II.B.3.d).(1).(c)medical endocrinology; and, (Core)</p> <p>II.B.3.d).(1).(d)pediatric endocrinology. (Core)</p> <p>II.B.4.c) In addition to the program director, there must be at least one core physician faculty member who is certified in reproductive endocrinology and infertility by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology, or who possesses subspecialty qualifications acceptable to the Review Committee. (Core)</p> <p>II.B.4.d) In addition to the program director, there must be at least one core faculty member who is qualified and available to serve a research mentor to the fellows. (Core)</p>
Ophthalmology	<p>II.B.1.a) Residents must have ready access to faculty members with expertise across a broad range of ophthalmic disciplines, including contact lens, cornea, glaucoma, neuro-ophthalmology, ophthalmic pathology, ophthalmic plastic and reconstructive surgery, pediatric ophthalmology and strabismus, refractive surgery, retina, and visual rehabilitation. (Core)</p> <p>II.B.4.c) In addition to the program director, there must be at least two other core faculty members. (Core)</p>
Ophthalmic Plastic and Reconstructive Surgery	<p>II.B.3.d).(1) There should be designated faculty members from the specialties of otolaryngology, procedural dermatology, craniofacial surgery, plastic surgery, neuroradiology, ocular pathology, and neurology to supervise rotations in these specialties. (Detail)</p> <p>II.B.4.c) In addition to the program director, there must be at least one ophthalmic plastic and reconstructive surgery fellowship-educated-core faculty member. (Core)</p>
Orthopaedic Surgery	<p>II.B.1.a) T There must be a minimum of three faculty members, including the program director, each of whom devotes at least 20 hours per week to the program. These faculty members must have current ABOS or AOBOS certification in the specialty. (Core)</p> <p>II.B.1.b) There must be at least one FTE physician faculty member (FTE equals 45 hours per week devoted to the program), who has current ABOS or AOBOS certification in the specialty, for every four residents in the program. (Core)</p> <p>II.B.4.c) There must be at least one certified orthopaedic surgeon core faculty member located at the primary clinical site for every four active residents in the program. (Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
	II.B.5. An associate program director, if present, must have current certification in the specialty by the ABOS or the AOBOS, or be on a path to certification. ^(Core)
Adult Reconstructive Orthopaedic Surgery	II.B.4.c) There must be at least two core physician faculty members who are orthopaedic surgeons with experience in adult reconstruction, including the program director, who have ABOS or AOBOS certification in orthopaedic surgery, have completed a fellowship in adult reconstructive orthopaedic surgery, and are actively involved in the education and supervision of fellows during the 12 months of accredited education. ^(Core)
Foot and Ankle Orthopaedic Surgery	II.B.4.c) There must be at least two core physician faculty members who are orthopaedic surgeons with experience in foot and ankle orthopaedics, including the program director, who have ABOS or AOBOS certification in orthopaedic surgery, have completed a fellowship in foot and ankle orthopaedic surgery, and are actively involved in the education and supervision of fellows during the 12 months of accredited education. ^(Core)
Musculoskeletal Oncology	II.B.4.c) There must be at least two core physician faculty members who are orthopaedic surgeons with experience in musculoskeletal oncology, including the program director, who have ABOS or AOBOS certification in orthopaedic surgery, have completed a fellowship in musculoskeletal oncology, and are actively involved in the education and supervision of fellows during the 12 months of accredited education. ^(Core)
Orthopaedic Sports Medicine	II.B.4.c) There must be at least two core physician faculty members who are orthopaedic surgeons with experience in orthopaedic sports medicine, including the program director, who have completed an ACGME-accredited fellowship in orthopaedic sports medicine and have ABOS or AOBOS certification in orthopaedic sports medicine, and are actively involved in the education and supervision of fellows during the 12 months of accredited education. ^(Core)
Orthopaedic Trauma	II.B.4.c) There must be at least two core physician faculty members who are orthopaedic surgeons with experience in orthopaedic trauma, including the program director, who have ABOS or AOBOS certification in orthopaedic surgery, have completed a fellowship in orthopaedic trauma and are actively involved in the education and supervision of fellows during the 12 months of accredited education. ^(Core)
Pediatric Orthopaedic Surgery	II.B.4.c) There must be at least two core physician faculty members who are orthopaedic surgeons with experience in pediatric orthopaedic surgery, including the program director, who have ABOS or AOBOS certification in orthopaedic surgery, have completed a fellowship in pediatric orthopaedic surgery, and are actively involved in the education and supervision of fellows during the 12

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
	months of accredited education. ^(Core)
Surgery of the Spine	II.B.4.c) There must be at least two core physician faculty members who are orthopaedic surgeons with experience in spine surgery, including the program director, who have ABOS or AOBOS certification in orthopaedic surgery, have completed a fellowship in orthopaedic spine surgery and are actively involved in the education and supervision of fellows during the 12 months of accredited education. ^(Core)
Osteopathic Neuromusculoskeletal Medicine	II.B.4.c) There must be a minimum of one AOBNMM-certified, AOBSPOMM-certified, or AOBNMM board-eligible core faculty member in addition to the program director. ^(Core) II.B.4.c).(1) Program directors of accredited osteopathic neuromusculoskeletal medicine programs must not serve as a core faculty member for another accredited osteopathic neuromusculoskeletal medicine program. ^(Core)
Otolaryngology – Head and Neck Surgery	II.B.1.a) In addition to the program director, there should be at least two other FTE faculty members with qualifications to include: ^(Detail) II.B.1.a).(1) specialty expertise and documented educational and administrative experience acceptable to the Review Committee; and, ^(Detail) II.B.1.a).(2) appropriate medical staff appointment. ^(Detail) II.B.4.c) There must be at least five core faculty members who are ABOHNS or AOBOOHNS certified in otolaryngology – head and neck surgery. ^(Core)
Neurotology	II.B.4.c) There must be at least one core physician faculty member, in addition to the program director, with ABOHNS certification in neurotology and who has completed a neurotology fellowship program. ^(Core)
Pediatric Otolaryngology	II.B.1.a) To enhance fellows’ educational experience, there must be participation from appropriately-qualified faculty members from other related pediatric disciplines, including: ^(Core) II.B.1.a).(1) anesthesiology; ^(Core) II.B.1.a).(2) audiology and speech pathology; ^(Core) II.B.1.a).(3) child and adolescent psychiatry; ^(Core) II.B.1.a).(4) gastroenterology; ^(Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
	<p>II.B.1.a).(5) medical genetics; (Core)</p> <p>II.B.1.a).(6) neonatology; (Core)</p> <p>II.B.1.a).(7) neurology; (Core)</p> <p>II.B.1.a).(8) pathology; (Core)</p> <p>II.B.1.a).(9) plastic surgery; (Core)</p> <p>II.B.1.a).(10) prenatal and fetal medicine; (Core)</p> <p>II.B.1.a).(11) pulmonology; (Core)</p> <p>II.B.1.a).(12) radiology; and, (Core)</p> <p>II.B.1.a).(13) sleep medicine. (Core)</p> <p>II.B.4.c) There must be at least three core faculty members who are ABOHNS or AOBOOHNS certified in otolaryngology – head and neck surgery and who have completed a pediatric otolaryngology fellowship program. (Core)</p>
Pathology	<p>II.B.1.a) There must be a faculty member designated as Autopsy Service Director to manage the autopsy service within the institution. The Autopsy Service Director provides and oversees resident training in the performance of an autopsy, including gathering of information prior to an autopsy, examination and evisceration of the body, interpretation of findings, composition of a report, and communication of findings to treating physicians and at conferences. In partnership with the program director, the Autopsy Service Director is responsible for assessing and ensuring the competency of residents in the performance of autopsies. (Core)</p> <p>II.B.4.c) There must be at least five core faculty members, one of whom must be the program director. (Core)</p>
Blood Banking/Transfusion Medicine	<p>II.B.1.a) In addition to the program director, the faculty must include at least one core faculty member with demonstrated expertise in blood banking and transfusion medicine with either blood banking and transfusion medicine certification by the ABPath or qualifications judged acceptable to the Review Committee. (Core)</p>
Chemical Pathology	<p>II.B.1.a) In addition to the program director, the faculty must include at least one core faculty members with demonstrated expertise in chemical pathology with either chemical pathology certification by the ABPath or possess qualifications judged acceptable to the Review Committee. (Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
	<p>II.B.4.c) There must be at least two core faculty members, one of whom must be the program director. ^(Core)</p> <p>II.B.4.c).(1) At least one core faculty member must be certified in blood banking/transfusion medicine by the ABPath. ^(Core)</p>
Cytopathology	<p>II.B.3.b).(1).(a) In addition to the program director, the faculty must include at least one core faculty member with demonstrated expertise in cytopathology with either cytopathology certification by the ABPath or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>II.B.3.b).(1).(b) Core physician faculty members who are not currently certified in cytopathology must have either completed a cytopathology fellowship or have three years of practice experience in the subspecialty. ^(Core)</p> <p>II.B.4.c) There must be at least two core faculty members, one of whom must be the program director. ^(Core)</p> <p>II.B.4.c).(1) At least one core faculty member must be certified in cytopathology by the ABPath. ^(Core)</p>
Forensic Pathology	<p>II.B.1.a) In addition to the program director, the faculty must include at least one core faculty member with demonstrated expertise in forensic pathology with either forensic pathology certification by the ABPath or AOBPath, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>II.B.1.b) Including the program director, the physician faculty must include at least two full-time forensic pathologists who are certified by the ABPath or AOBPath. ^(Core)</p> <p>II.B.1.c) Programs with two or more fellows must have at least one more faculty member than the number of approved fellowship positions. ^(Core)</p> <p>II.B.4.c) There must be at least two core faculty members certified in forensic pathology by the ABPath or AOBPath, one of whom must be the program director. ^(Core)</p>
Hematopathology	<p>II.B.1.a) In addition to the program director, the faculty must include at least one core faculty member with demonstrated expertise in hematopathology with either hematopathology certification by the ABPath or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>II.B.4.c) There must be at least two core faculty members, one of whom must be the program director. ^(Core)</p> <p>II.B.4.c).(1) At least one core faculty member must be certified in hematopathology by the ABPath.</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
	(Core)
Medical Microbiology	<p>II.B.1.a) In addition to the program director, the faculty must include at least one core faculty member with demonstrated expertise in medical microbiology with either medical microbiology certification by the ABPath or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>II.B.4.c) There must be at least two core faculty members, one of whom must be the program director. (Core)</p> <p>II.B.4.c).(1) At least one core faculty member must be certified in medical microbiology by the ABPath. (Core)</p>
Neuropathology	<p>II.B.1.a) In addition to the program director, the faculty must include at least one core faculty member with demonstrated expertise in neuropathology with either neuropathology certification by the ABPath or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>II.B.4.c) There must be at least two core faculty members, one of whom must be the program director. (Core)</p> <p>II.B.4.c).(1) At least one core faculty member must be certified in neuropathology by the ABPath. (Core)</p>
Pediatric Pathology	<p>II.B.1.a) In addition to the program director, the faculty must include at least one core faculty member with demonstrated expertise in pediatric pathology with either pediatric pathology certification by the ABPath or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>II.B.4.c) There must be at least two core faculty members, one of whom must be the program director. (Core)</p> <p>II.B.4.c).(1) At least one core faculty member must be certified in pediatric pathology by the ABPath. (Core)</p>
Selective Pathology	<p>II.B.4.c) There must be at least two core faculty members, one of whom must be the program director. (Core)</p>
Pediatrics	<p>II.B.1.b) Subspecialty Faculty</p> <p>Faculty members with subspecialty board certification must function on an ongoing basis as integral parts of the clinical and instructional components of the program in both inpatient and outpatient settings. (Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
	<p>II.B.1.b).(1) This should include a faculty member in each of the following subspecialty areas of pediatrics: ^(Core)</p> <p>II.B.1.b).(1).(a)adolescent medicine; ^(Core)</p> <p>II.B.1.b).(1).(b)developmental-behavioral pediatrics; ^(Core)</p> <p>II.B.1.b).(1).(c)neonatal-perinatal medicine; ^(Core)</p> <p>II.B.1.b).(1).(d)pediatric critical care; ^(Core)</p> <p>II.B.1.b).(1).(e)pediatric emergency medicine; and, ^(Core)</p> <p>II.B.1.b).(1).(f) subspecialists from at least five other distinct pediatric medical disciplines. ^(Core)</p> <p>II.B.1.c) Other Faculty</p> <p>At the primary clinical site, there must be at least one physician available for clinical consultation and teaching of residents who is Board-certified in each of the following areas: ^(Detail)</p> <p>II.B.1.c).(1) diagnostic radiology; ^(Detail)</p> <p>II.B.1.c).(2) pathology; and, ^(Detail)</p> <p>II.B.1.c).(3) surgery. ^(Detail)</p>
Adolescent Medicine	<p>II.B.3.d).(1) In addition to the adolescent medicine faculty members, ABP- or AOBP-certified faculty members and consultants in the following subspecialties must be available:</p> <p>II.B.3.d).(1).(a)pediatric cardiology; ^(Core)</p> <p>II.B.3.d).(1).(b)pediatric critical care medicine; ^(Core)</p> <p>II.B.3.d).(1).(c)pediatric endocrinology; ^(Core)</p> <p>II.B.3.d).(1).(d)pediatric gastroenterology; ^(Core)</p> <p>II.B.3.d).(1).(e)pediatric hematology-oncology; ^(Core)</p> <p>II.B.3.d).(1).(f) pediatric infectious diseases; ^(Core)</p> <p>II.B.3.d).(1).(g)pediatric nephrology; ^(Core)</p> <p>II.B.3.d).(1).(h)pediatric pulmonology; and, ^(Core)</p> <p>II.B.3.d).(1).(i) pediatric rheumatology. ^(Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
	<p>II.B.3.d).(2) The faculty should also include the following specialists with substantial experience with pediatric problems:</p> <p>II.B.3.d).(2).(a)allergist and immunologist(s); (Detail)</p> <p>II.B.3.d).(2).(b)anesthesiologist(s); (Detail)</p> <p>II.B.3.d).(2).(c)child and adolescent psychiatrist(s); (Core)</p> <p>II.B.3.d).(2).(d)child neurologist(s); (Detail)</p> <p>II.B.3.d).(2).(e)dermatologist(s); (Detail)</p> <p>II.B.3.d).(2).(f) diagnostic radiologist(s); (Detail)</p> <p>II.B.3.d).(2).(g)obstetrician(s) and gynecologist(s); (Core)</p> <p>II.B.3.d).(2).(h)orthopaedic surgeon(s); (Detail)</p> <p>II.B.3.d).(2).(i) pathologist(s); (Detail)</p> <p>II.B.3.d).(2).(j) pediatric surgeon(s); (Detail)</p> <p>II.B.3.d).(2).(k)sports medicine physician(s); and, (Core)</p> <p>II.B.3.d).(2).(l) urologist(s). (Detail)</p> <p>II.B.4.c) To ensure the quality of the educational and scholarly activity of the program, and to provide adequate supervision of fellows, there must be at least two core faculty members, inclusive of the program director, who are certified in adolescent medicine by the ABP or AOBP, or who have other qualifications acceptable to the Review Committee. (Core)</p>
Child Abuse	<p>II.B.3.d).(1) In addition to the child abuse pediatrics faculty members, ABP- or AOBP-certified faculty members and consultants in the following subspecialties must be available:</p> <p>II.B.3.d).(1).(a)pediatric critical care medicine; (Core)</p> <p>II.B.3.d).(1).(b)pediatric emergency medicine; (Core)</p> <p>II.B.3.d).(1).(c)pediatric endocrinology; and, (Core)</p> <p>II.B.3.d).(1).(d)pediatric hematology-oncology. (Core)</p> <p>II.B.3.d).(2) The faculty should also include the following specialists with substantial experience with pediatric problems:</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
	<p>II.B.3.d).(2).(a)child and adolescent psychiatrist(s)^(Core)</p> <p>II.B.3.d).(2).(b)child neurologist(s);^(Detail)</p> <p>II.B.3.d).(2).(c)forensic pathologist(s) ^(Detail)</p> <p>II.B.3.d).(2).(d)medical geneticist(s); ^(Core)</p> <p>II.B.3.d).(2).(e)neurological surgeon(s); ^(Detail)</p> <p>II.B.3.d).(2).(f) neuroradiologist(s); ^(Detail)</p> <p>II.B.3.d).(2).(g)ophthalmologist(s);^(Core)</p> <p>II.B.3.d).(2).(h)orthopaedic surgeon(s);^(Detail)</p> <p>II.B.3.d).(2).(i) pathologist(s); ^(Core)</p> <p>II.B.3.d).(2).(j) pediatric gastroenterologist(s); ^(Detail)</p> <p>II.B.3.d).(2).(k)pediatric surgeon(s); ^(Core)</p> <p>II.B.3.d).(2).(l) pediatric radiologist(s); and, ^(Core)</p> <p>II.B.3.d).(2).(m) trauma surgeon(s). ^(Core)</p> <p>II.B.4.c) To ensure the quality of the educational and scholarly activity of the program, and to provide adequate supervision of fellows, there must be at least two core faculty members, inclusive of the program director, who are certified in child abuse pediatrics by the ABP or, or who have other qualifications acceptable to the Review Committee. ^(Core)</p>
Developmental-Behavioral Pediatrics	<p>II.B.3.d).(1) In addition to the developmental-behavioral pediatrics faculty members, ABP- or AOBP-certified faculty members and consultants in the following subspecialties must be available:</p> <p>II.B.3.d).(1).(a)adolescent medicine; ^(Core)</p> <p>II.B.3.d).(1).(b)child neurology; ^(Core)</p> <p>II.B.3.d).(1).(c)child and adolescent psychiatry; and, ^(Core)</p> <p>II.B.3.d).(1).(d)medical genetics. ^(Core)</p> <p>II.B.3.d).(2) The faculty should also include the following specialists with substantial experience with pediatric problems:</p> <p>II.B.3.d).(2).(a)allergist and immunologist(s); ^(Detail)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
	<p>II.B.3.d).(2).(b)child abuse pediatrics specialist(s); (Detail)</p> <p>II.B.3.d).(2).(c)dermatologist(s); (Detail)</p> <p>II.B.3.d).(2).(d)neonatologist(s); (Detail)</p> <p>II.B.3.d).(2).(e)neurological surgeon(s); (Detail)</p> <p>II.B.3.d).(2).(f) ophthalmologist(s); (Detail)</p> <p>II.B.3.d).(2).(g)orthopaedic surgeon(s); (Detail)</p> <p>II.B.3.d).(2).(h)otolaryngologist(s); (Detail)</p> <p>II.B.3.d).(2).(i) pediatric cardiologist(s); (Detail)</p> <p>II.B.3.d).(2).(j) pediatric endocrinologist(s); (Detail)</p> <p>II.B.3.d).(2).(k)pediatric gastroenterologist(s); (Detail)</p> <p>II.B.3.d).(2).(l) pediatric hematologist-oncologist(s); (Detail)</p> <p>II.B.3.d).(2).(m) pediatric infectious diseases specialist(s); (Detail)</p> <p>II.B.3.d).(2).(n)pediatric rheumatologist(s); (Detail)</p> <p>II.B.3.d).(2).(o)pediatric surgeon(s); (Detail)</p> <p>II.B.3.d).(2).(p)physiatrist(s); (Core)</p> <p>II.B.3.d).(2).(q)radiologist(s); and, (Detail)</p> <p>II.B.3.d).(2).(r) urologist(s). (Detail)</p> <p>II.B.4.c) To ensure the quality of the educational and scholarly activity of the program, and to provide adequate supervision of fellows, there must be at least two core faculty members, inclusive of the program director, who are certified in developmental-behavioral pediatrics by the ABP, or who have other qualifications acceptable to the Review Committee. (Core)</p>
Pediatric Cardiology	<p>II.B.3.d).(1) In addition to the pediatric cardiology faculty members, ABP- or AOBP-certified faculty members and consultants in the following subspecialties must be available:</p> <p>II.B.3.d).(1).(a)neonatal-perinatal medicine; (Core)</p> <p>II.B.3.d).(1).(b)pediatric critical care medicine; (Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
	<p>II.B.3.d).(1).(c)pediatric gastroenterology; ^(Core)</p> <p>II.B.3.d).(1).(d)pediatric hematology-oncology; ^(Core)</p> <p>II.B.3.d).(1).(e)pediatric infectious diseases; ^(Core)</p> <p>II.B.3.d).(1).(f) pediatric nephrology; and, ^(Core)</p> <p>II.B.3.d).(1).(g)pediatric pulmonology. ^(Core)</p> <p>II.B.3.d).(2) The faculty should also include the following specialists with substantial experience with pediatric problems:</p> <p>II.B.3.d).(2).(a)anesthesiologist(s); ^(Detail)</p> <p>II.B.3.d).(2).(b)child and adolescent psychiatrist(s); ^(Detail)</p> <p>II.B.3.d).(2).(c)child neurologist(s); ^(Detail)</p> <p>II.B.3.d).(2).(d)congenital cardiothoracic surgeon(s); ^(Core)</p> <p>II.B.3.d).(2).(e)medical geneticist(s); ^(Core)</p> <p>II.B.3.d).(2).(f) pathologist(s); ^(Detail)</p> <p>II.B.3.d).(2).(g)pediatric surgeon(s); ^(Detail)</p> <p>II.B.3.d).(2).(h)physiatrist(s); and, ^(Detail)</p> <p>II.B.3.d).(2).(i) radiologist(s). ^(Core)</p> <p>II.B.4.c) To ensure the quality of the educational and scholarly activity of the program, and to provide adequate supervision of fellows, there must be at least four core faculty members, inclusive of the program director, who are certified in pediatric cardiology by the ABP, or who have other qualifications acceptable to the Review Committee. ^(Core)</p>
Pediatric Critical Care	<p>II.B.3.d).(1) In addition to the pediatric critical care medicine faculty members, ABP- or AOBP-certified faculty members and consultants in the following subspecialties must be available:</p> <p>II.B.3.d).(1).(a)neonatal-perinatal medicine; ^(Core)</p> <p>II.B.3.d).(1).(b)pediatric cardiology; ^(Core)</p> <p>II.B.3.d).(1).(c)pediatric endocrinology; ^(Core)</p> <p>II.B.3.d).(1).(d)pediatric emergency medicine; ^(Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
	<p>II.B.3.d).(1).(e)pediatric gastroenterology; (Core)</p> <p>II.B.3.d).(1).(f) pediatric hematology-oncology; (Core)</p> <p>II.B.3.d).(1).(g)pediatric infectious diseases; and, (Core)</p> <p>II.B.3.d).(1).(h)pediatric nephrology. (Core)</p> <p>II.B.3.d).(2) The faculty should also include the following specialists with substantial experience with pediatric problems:</p> <p>II.B.3.d).(2).(a)allergist and immunologist(s); (Core)</p> <p>II.B.3.d).(2).(b)anesthesiologist(s); (Core)</p> <p>II.B.3.d).(2).(c)child abuse pediatrician(s); (Core)</p> <p>II.B.3.d).(2).(d)child and adolescent psychiatrist(s); (Core)</p> <p>II.B.3.d).(2).(e)child neurologist(s); (Core)</p> <p>II.B.3.d).(2).(f) congenital cardiac surgeon(s); (Detail)</p> <p>II.B.3.d).(2).(g)medical geneticist(s); (Detail)</p> <p>II.B.3.d).(2).(h)neurological surgeon(s); (Core)</p> <p>II.B.3.d).(2).(i) neuroradiologist(s); (Detail)</p> <p>II.B.3.d).(2).(j) orthopaedic surgeon(s); (Detail)</p> <p>II.B.3.d).(2).(k)otolaryngologist(s); (Core)</p> <p>II.B.3.d).(2).(l) pathologist(s); (Detail)</p> <p>II.B.3.d).(2).(m) pediatric surgeon(s); (Core)</p> <p>II.B.3.d).(2).(n)physiatrist(s); (Detail)</p> <p>II.B.3.d).(2).(o)radiologist(s); and, (Core)</p> <p>II.B.3.d).(2).(p)trauma surgeon(s). (Detail)</p> <p>II.B.4.b).(1) To ensure the quality of the educational and scholarly activity of the program, and to provide adequate supervision of fellows, there must be at least four core faculty members, inclusive of the program director, who are certified in pediatric critical care medicine by the ABP, or who have other</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
	qualifications acceptable to the Review Committee. (Core)
Pediatric Endocrinology	<p>II.B.3.d).(1) In addition to the pediatric endocrinology faculty members, ABP- or AOBP-certified faculty members and consultants in the following subspecialties must be available:</p> <p>II.B.3.d).(1).(a)adolescent medicine; (Core)</p> <p>II.B.3.d).(1).(b)neonatal-perinatal medicine; (Core)</p> <p>II.B.3.d).(1).(c)pediatric critical care medicine; (Core)</p> <p>II.B.3.d).(1).(d)pediatric emergency medicine; (Core)</p> <p>II.B.3.d).(1).(e)pediatric gastroenterology; and, (Core)</p> <p>II.B.3.d).(1).(f) pediatric hematology-oncology. (Core)</p> <p>II.B.3.d).(2) The faculty should also include the following specialists with substantial experience with pediatric problems:</p> <p>II.B.3.d).(2).(a)anesthesiologist(s); (Detail)</p> <p>II.B.3.d).(2).(b)child and adolescent psychiatrist(s); (Core)</p> <p>II.B.3.d).(2).(c)child neurologist(s); (Detail)</p> <p>II.B.3.d).(2).(d)medical geneticist(s); (Detail)</p> <p>II.B.3.d).(2).(e)neurological surgeon(s); (Detail)</p> <p>II.B.3.d).(2).(f) neuroradiologist(s); (Detail)</p> <p>II.B.3.d).(2).(g)nuclear medicine physician(s); (Detail)</p> <p>II.B.3.d).(2).(h)obstetrician(s) and gynecologist(s)(Detail)</p> <p>II.B.3.d).(2).(i) ophthalmologist(s); (Detail)</p> <p>II.B.3.d).(2).(j) pathologist(s); (Detail)</p> <p>II.B.3.d).(2).(k)pediatric surgeon(s); (Core)</p> <p>II.B.3.d).(2).(l) interventional radiologist(s); and, (Core)</p> <p>II.B.3.d).(2).(m) urologist(s). (Core)</p> <p>II.B.4.c) To ensure the quality of the educational and scholarly activity of the program, and to</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
	provide adequate supervision of fellows, there must be at least two core faculty members, inclusive of the program director, who are certified in pediatric endocrinology by the ABP or AOBP, or have qualifications acceptable to the Review Committee. ^(Core)
Pediatric Emergency Medicine	II.B.4.c) To ensure the quality of the educational and scholarly activity of the program, and to provide adequate supervision of fellows, there must be at least three members of the core faculty, including the program director, who are ABEM-, AOBEM-, ABP- or AOBP-certified in pediatric emergency medicine. ^(Core)
Pediatric Gastroenterology	<p>II.B.3.d).(1) In addition to the pediatric gastroenterology faculty members, ABP- or AOBP-certified faculty members and consultants in the following subspecialties must be available:</p> <p>II.B.3.d).(1).(a) neonatal-perinatal medicine; ^(Core)</p> <p>II.B.3.d).(1).(b) pediatric cardiology; ^(Core)</p> <p>II.B.3.d).(1).(c) pediatric critical care; ^(Core)</p> <p>II.B.3.d).(1).(d) pediatric endocrinology; ^(Core)</p> <p>II.B.3.d).(1).(e) pediatric hematology-oncology; ^(Core)</p> <p>II.B.3.d).(1).(f) pediatric infectious diseases; ^(Core)</p> <p>II.B.3.d).(1).(g) pediatric nephrology; and, ^(Core)</p> <p>II.B.3.d).(1).(h) pediatric pulmonology. ^(Core)</p> <p>II.B.3.d).(2) The faculty should also include the following specialists with substantial experience with pediatric problems:</p> <p>II.B.3.d).(2).(a) allergist and immunologist(s); ^(Core)</p> <p>II.B.3.d).(2).(b) anesthesiologist(s); ^(Core)</p> <p>II.B.3.d).(2).(c) child and adolescent psychiatrist(s); ^(Core)</p> <p>II.B.3.d).(2).(d) child neurologist(s); ^(Core)</p> <p>II.B.3.d).(2).(e) dermatologist(s); ^(Core)</p> <p>II.B.3.d).(2).(f) medical geneticist(s); ^(Core)</p> <p>II.B.3.d).(2).(g) pathologist(s); ^(Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
	<p>II.B.3.d).(2).(h)pediatric radiologist(s); and, (Core)</p> <p>II.B.3.d).(2).(i) pediatric surgeon(s). (Core)</p> <p>II.B.4.c) To ensure the quality of the educational and scholarly activity of the program, and to provide adequate supervision of fellows, there must be at least three core faculty members, inclusive of the program director, who are certified in pediatric gastroenterology by the ABP, or who have other qualifications acceptable to the Review Committee. (Core)</p>
<p>Pediatric Hematology Oncology</p>	<p>II.B.3.d).(1) In addition to the pediatric hematology-oncology faculty members, ABP- or AOBP-certified faculty members and consultants in the following specialties/subspecialties must be available:</p> <p>II.B.3.d).(1).(a)neonatal-perinatal medicine; (Core)</p> <p>II.B.3.d).(1).(b)pediatric cardiology; (Core)</p> <p>II.B.3.d).(1).(c)pediatric critical care medicine; (Core)</p> <p>II.B.3.d).(1).(d)pediatric emergency medicine; (Core)</p> <p>II.B.3.d).(1).(e)pediatric endocrinology; (Core)</p> <p>II.B.3.d).(1).(f) pediatric gastroenterology; (Core)</p> <p>II.B.3.d).(1).(g)pediatric infectious diseases; (Core)</p> <p>II.B.3.d).(1).(h)pediatric nephrology; and, (Core)</p> <p>II.B.3.d).(1).(i) pediatric pulmonology. (Core)</p> <p>II.B.3.d).(2) The faculty should also include the following specialists with substantial experience with pediatric problems:</p> <p>II.B.3.d).(2).(a)allergist and immunologist(s); (Core)</p> <p>II.B.3.d).(2).(b)anesthesiologist(s); (Detail)</p> <p>II.B.3.d).(2).(c)child abuse pediatrician(s); (Detail)</p> <p>II.B.3.d).(2).(d)child and adolescent psychiatrist(s); (Detail)</p> <p>II.B.3.d).(2).(e)child neurologist(s) (Detail)</p> <p>II.B.3.d).(2).(f) hospice and palliative medicine specialist(s); (Core)</p> <p>II.B.3.d).(2).(g)pathologist(s); (Detail)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
	<p>II.B.3.d).(2).(h)medical geneticist(s); (Detail)</p> <p>II.B.3.d).(2).(i) neurological surgeon(s); (Core)</p> <p>II.B.3.d).(2).(j) neuroradiologist(s); (Detail)</p> <p>II.B.3.d).(2).(k)orthopaedic surgeon(s); (Core)</p> <p>II.B.3.d).(2).(l) obstetrician(s) and gynecologist(s) (Detail)</p> <p>II.B.3.d).(2).(m) ophthalmologist(s); (Detail)</p> <p>II.B.3.d).(2).(n)pain medicine specialist(s); (Core)</p> <p>II.B.3.d).(2).(o)pediatric surgeon(s); (Core)</p> <p>II.B.3.d).(2).(p)radiation oncologist(s); (Detail)</p> <p>II.B.3.d).(2).(q)radiologist(s); and, (Detail)</p> <p>II.B.3.d).(2).(r) urologist(s). (Detail)</p> <p>II.B.4.c) To ensure the quality of the educational and scholarly activity of the program, and to provide adequate supervision of fellows, there must be at least four core faculty members, inclusive of the program director, who are certified in pediatric hematology-oncology by the ABP, or who have other qualifications acceptable to the Review Committee. (Core)</p>
Pediatric Infectious Diseases	<p>II.B.3.d).(1) In addition to the pediatric infectious diseases faculty members, ABP- or AOBP-certified faculty members and consultants in the following subspecialties must be available:</p> <p>II.B.3.d).(1).(a)adolescent medicine; (Core)</p> <p>II.B.3.d).(1).(b)neonatal-perinatal medicine; (Core)</p> <p>II.B.3.d).(1).(c)pediatric cardiology; (Core)</p> <p>II.B.3.d).(1).(d)pediatric critical care medicine; (Core)</p> <p>II.B.3.d).(1).(e)pediatric emergency medicine; (Core)</p> <p>II.B.3.d).(1).(f) pediatric gastroenterology; (Core)</p> <p>II.B.3.d).(1).(g)pediatric hematology-oncology; (Core)</p> <p>II.B.3.d).(1).(h)pediatric nephrology; and, (Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
	<p>II.B.3.d).(1).(i) pediatric pulmonology. ^(Core)</p> <p>II.B.3.d).(1).(j) pediatric rheumatology; ^(Core)</p> <p>II.B.3.d).(2) The faculty should also include the following specialists with substantial experience with pediatric problems:</p> <p>II.B.3.d).(2).(a) allergist and immunologist(s); ^(Core)</p> <p>II.B.3.d).(2).(b) anesthesiologist(s); ^(Detail)</p> <p>II.B.3.d).(2).(c) cardiac surgeon(s); ^(Detail)</p> <p>II.B.3.d).(2).(d) child and adolescent psychiatrist(s); ^(Detail)</p> <p>II.B.3.d).(2).(e) child neurologist(s); ^(Detail)</p> <p>II.B.3.d).(2).(f) dermatologist(s); ^(Detail)</p> <p>II.B.3.d).(2).(g) medical geneticist(s); ^(Detail)</p> <p>II.B.3.d).(2).(h) microbiologist(s); ^(Core)</p> <p>II.B.3.d).(2).(i) neurological surgeon(s); ^(Detail)</p> <p>II.B.3.d).(2).(j) neuroradiologist(s); ^(Detail)</p> <p>II.B.3.d).(2).(k) ophthalmologist(s); ^(Detail)</p> <p>II.B.3.d).(2).(l) orthopaedic surgeon(s); ^(Detail)</p> <p>II.B.3.d).(2).(m) otolaryngologist(s); ^(Detail)</p> <p>II.B.3.d).(2).(n) pathologist(s); ^(Core)</p> <p>II.B.3.d).(2).(o) pediatric surgeon(s); ^(Core)</p> <p>II.B.3.d).(2).(p) plastic surgeon(s); ^(Detail)</p> <p>II.B.3.d).(2).(q) radiologist(s); and, ^(Detail)</p> <p>II.B.3.d).(2).(r) urologist(s). ^(Detail)</p> <p>II.B.4.b).(1) To ensure the quality of the educational and scholarly activity of the program, and to provide adequate supervision of fellows, there must be at least two core faculty members, inclusive of the program director, who are certified in pediatric infectious diseases by the ABP, or who have other</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
	qualifications acceptable to the Review Committee. ^(Core)
Pediatric Neonatal-Perinatal	<p>II.B.3.d).(1) In addition to the neonatal-perinatal medicine faculty members, ABP- or AOBP-certified faculty members and consultants in the following subspecialties must be available:</p> <p>II.B.3.d).(1).(a)pediatric cardiology; ^(Core)</p> <p>II.B.3.d).(1).(b)pediatric critical care medicine; ^(Core)</p> <p>II.B.3.d).(1).(c)pediatric endocrinology; ^(Core)</p> <p>II.B.3.d).(1).(d)pediatric gastroenterology; ^(Core)</p> <p>II.B.3.d).(1).(e)pediatric hematology-oncology; ^(Core)</p> <p>II.B.3.d).(1).(f) pediatric infectious diseases; ^(Core)</p> <p>II.B.3.d).(1).(g)pediatric nephrology; and, ^(Core)</p> <p>II.B.3.d).(1).(h)pediatric pulmonology. ^(Core)</p> <p>II.B.3.d).(2) The faculty should also include the following specialists with substantial experience with pediatric problems:</p> <p>II.B.3.d).(2).(a)anesthesiologist(s); ^(Detail)</p> <p>II.B.3.d).(2).(b)pathologist(s); ^(Detail)</p> <p>II.B.3.d).(2).(c)radiologist(s); ^(Core)</p> <p>II.B.3.d).(2).(d)cardiothoracic surgeon(s); ^(Detail)</p> <p>II.B.3.d).(2).(e)child neurologist(s); ^(Detail)</p> <p>II.B.3.d).(2).(f) medical geneticist(s); ^(Detail)</p> <p>II.B.3.d).(2).(g) neurodevelopmentalist(s); ^(Detail)</p> <p>II.B.3.d).(2).(h) neurological surgeon(s); ^(Detail)</p> <p>II.B.3.d).(2).(i) neuroradiologist(s); ^(Detail)</p> <p>II.B.3.d).(2).(j) obstetrician(s) and gynecologist(s); ^(Core)</p> <p>II.B.3.d).(2).(k)ophthalmologist(s); ^(Core)</p> <p>II.B.3.d).(2).(l) orthopaedic surgeon(s); ^(Detail)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
	<p>II.B.3.d).(2).(m) otolaryngologist(s); (Detail)</p> <p>II.B.3.d).(2).(n)pediatric surgeon(s); and, (Core)</p> <p>II.B.3.d).(2).(o)urologist(s). (Detail)</p> <p>II.B.4.b).(1) To ensure the quality of the educational and scholarly activity of the program, and to provide adequate supervision of fellows, there must be at least four core faculty members, inclusive of the program director, who are certified in neonatal-perinatal medicine by the ABP or AOBP, or who have other qualifications acceptable to the Review Committee. (Core)</p>
Pediatric Nephrology	<p>II.B.3.d).(1) In addition to the pediatric nephrology faculty members, ABP- or AOBP-certified faculty members and consultants in the following subspecialties must be available:</p> <p>II.B.3.d).(1).(a)adolescent medicine; (Core)</p> <p>II.B.3.d).(1).(b)developmental-behavioral pediatrics; (Core)</p> <p>II.B.3.d).(1).(c)neonatal-perinatal medicine; (Core)</p> <p>II.B.3.d).(1).(d)pediatric cardiology; (Core)</p> <p>II.B.3.d).(1).(e)pediatric critical care medicine; (Core)</p> <p>II.B.3.d).(1).(f) pediatric emergency medicine; (Core)</p> <p>II.B.3.d).(1).(g)pediatric endocrinology; (Core)</p> <p>II.B.3.d).(1).(h)pediatric gastroenterology; (Core)</p> <p>II.B.3.d).(1).(i) pediatric hematology-oncology; (Core)</p> <p>II.B.3.d).(1).(j) pediatric infectious diseases; (Core)</p> <p>II.B.3.d).(1).(k)pediatric pulmonology; and, (Core)</p> <p>II.B.3.d).(1).(l) pediatric rheumatology. (Core)</p> <p>II.B.3.d).(2) The faculty should also include the following specialists with substantial experience with pediatric problems:</p> <p>II.B.3.d).(2).(a)anesthesiologist(s); (Detail)</p> <p>II.B.3.d).(2).(b)child and adolescent psychiatrist(s); (Detail)</p> <p>II.B.3.d).(2).(c)child neurologist(s); (Detail)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
	<p>II.B.3.d).(2).(d)medical geneticist(s); (Detail)</p> <p>II.B.3.d).(2).(e)pathologist(s); (Detail)</p> <p>II.B.3.d).(2).(f) pediatric surgeon(s); (Detail)</p> <p>II.B.3.d).(2).(g)pediatric urologist(s); (Detail)</p> <p>II.B.3.d).(2).(h)radiologist(s); and, (Detail)</p> <p>II.B.3.d).(2).(i) transplant surgeon(s). (Core)</p> <p>II.B.4.b).(1) To ensure the quality of the educational and scholarly activity of the program, and to provide adequate supervision of fellows, there must be at least two core faculty members, inclusive of the program director, who are certified in pediatric nephrology by the ABP, or who have other qualifications acceptable to the Review Committee. (Core)</p>
Pediatric Pulmonology	<p>II.B.3.d).(1) In addition to the pediatric pulmonology faculty members, ABP- or AOBP-certified faculty members and consultants in the following subspecialties must be available:</p> <p>II.B.3.d).(1).(a)neonatal-perinatal medicine; (Core)</p> <p>II.B.3.d).(1).(b)pediatric cardiology; (Core)</p> <p>II.B.3.d).(1).(c)pediatric critical care medicine; (Core)</p> <p>II.B.3.d).(1).(d)pediatric emergency medicine; (Core)</p> <p>II.B.3.d).(1).(e)pediatric endocrinology; (Core)</p> <p>II.B.3.d).(1).(f) pediatric gastroenterology; and, (Core)</p> <p>II.B.3.d).(1).(g)pediatric infectious diseases. (Core)</p> <p>II.B.3.d).(2) The faculty should also include the following specialists with substantial experience with pediatric problems:</p> <p>II.B.3.d).(2).(a)allergist and immunologist(s); (Detail)</p> <p>II.B.3.d).(2).(b)anesthesiologist(s); (Core)</p> <p>II.B.3.d).(2).(c)cardiothoracic surgeon(s); (Detail)</p> <p>II.B.3.d).(2).(d)child and adolescent psychiatrist(s); (Detail)</p> <p>II.B.3.d).(2).(e)child neurologist(s); (Detail)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
	<p>II.B.3.d).(2).(f) medical geneticist(s); ^(Detail)</p> <p>II.B.3.d).(2).(g) otolaryngologist(s); ^(Core)</p> <p>II.B.3.d).(2).(h) pathologist(s); and, ^(Core)</p> <p>II.B.3.d).(2).(i) pediatric surgeon(s). ^(Detail)</p> <p>II.B.4.b).(1) To ensure the quality of the educational and scholarly activity of the program, and to provide adequate supervision of fellows, there must be at least two core faculty members, inclusive of the program director, who are certified in pediatric pulmonology by the ABP or AOBP, or who have other qualifications acceptable to the Review Committee. ^(Core)</p> <p>II.B.4.b).(2) There must be one or more faculty members with expertise in cardio-respiratory sleep disorders and sleep studies who may be either pediatric pulmonologist(s) or sleep medicine specialist(s). ^(Core)</p>
Pediatric Rheumatology	<p>II.B.3.d).(1) In addition to the pediatric rheumatology faculty members, faculty members and consultants in the following subspecialties must be available:</p> <p>II.B.3.d).(1).(a) child and adolescent psychiatrist(s); ^(Core)</p> <p>II.B.3.d).(1).(b) child neurologist(s); ^(Core)</p> <p>II.B.3.d).(1).(c) pediatric cardiology; ^(Core)</p> <p>II.B.3.d).(1).(d) pediatric critical care medicine; ^(Core)</p> <p>II.B.3.d).(1).(e) pediatric gastroenterology; ^(Core)</p> <p>II.B.3.d).(1).(f) pediatric hematology-oncology; ^(Core)</p> <p>II.B.3.d).(1).(g) pediatric infectious diseases; and, ^(Core)</p> <p>II.B.3.d).(1).(h) pediatric nephrology. ^(Core)</p> <p>II.B.3.d).(2) The faculty should also include the following specialists with substantial experience with pediatric problems:</p> <p>II.B.3.d).(2).(a) allergist and immunologist(s); ^(Core)</p> <p>II.B.3.d).(2).(b) anesthesiologist(s); ^(Detail)</p> <p>II.B.3.d).(2).(c) dermatologist(s); ^(Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
	<p>II.B.3.d).(2).(d)medical geneticist(s); (Detail)</p> <p>II.B.3.d).(2).(e)neuroradiologist(s); (Detail)</p> <p>II.B.3.d).(2).(f) ophthalmologist(s); (Detail)</p> <p>II.B.3.d).(2).(g)orthopaedic surgeon(s); (Detail)</p> <p>II.B.3.d).(2).(h)pathologist(s); (Detail)</p> <p>II.B.3.d).(2).(i) pediatric surgeon(s); (Detail)</p> <p>II.B.3.d).(2).(j) physiatrist(s); and, (Detail)</p> <p>II.B.3.d).(2).(k)radiologist(s). (Detail)</p> <p>II.B.4.b).(1) To ensure the quality of the educational and scholarly activity of the program, and to provide adequate supervision of fellows, there must be at least two core faculty members, inclusive of the program director, who are certified in pediatric rheumatology by the ABP, or who have other qualifications acceptable to the Review Committee. (Core)</p>
Pediatric Transplant Hepatology	<p>II.B.3.d).(1) In addition to the pediatric transplant hepatology faculty members, ABP- or AOBP-certified faculty members and consultants in the following subspecialties must be available:</p> <p>II.B.3.d).(1).(a)neonatal-perinatal medicine; (Core)</p> <p>II.B.3.d).(1).(b)pediatric cardiology; (Core)</p> <p>II.B.3.d).(1).(c)pediatric critical care medicine; (Core)</p> <p>II.B.3.d).(1).(d)pediatric endocrinology; (Core)</p> <p>II.B.3.d).(1).(e)pediatric gastroenterology; (Core)</p> <p>II.B.3.d).(1).(f) pediatric hematology-oncology; (Core)</p> <p>II.B.3.d).(1).(g)pediatric infectious diseases; (Core)</p> <p>II.B.3.d).(1).(h)pediatric nephrology; and, (Core)</p> <p>II.B.3.d).(1).(i) pediatric pulmonology. (Core)</p> <p>II.B.3.d).(2) The faculty should also include the following specialists with substantial experience with pediatric problems:</p> <p>II.B.3.d).(2).(a)allergist-immunologist(s); (Detail)</p>

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	<p>II.B.3.d).(2).(b)anesthesiologist(s); (Detail)</p> <p>II.B.3.d).(2).(c)child and adolescent psychiatrist(s) (Core)</p> <p>II.B.3.d).(2).(d)child neurologist(s); (Detail)</p> <p>II.B.3.d).(2).(e)medical geneticist(s); (Core)</p> <p>II.B.3.d).(2).(f) pathologist(s); (Core)</p> <p>II.B.3.d).(2).(g)pediatric radiologist(s); and, (Core)</p> <p>II.B.3.d).(2).(h)pediatric transplant surgeon(s). (Core)</p> <p>II.B.4.c) To ensure the quality of the educational and scholarly activity of the program, and to provide adequate supervision of fellows, there must be at least two full-time core faculty members who are certified in pediatric transplant hepatology by the ABP, or who have other qualifications acceptable to the Review Committee. (Core)</p>
Physical Medicine and Rehabilitation	II.B.4.c) There must be one core faculty member for every three residents in the program. (Core)
Pediatric Rehabilitation Medicine	II.B.4.c) To ensure the quality of the educational and scholarly activity of the program, and to provide adequate supervision of fellows, there must be at least two core faculty members, inclusive of the program director, who are certified in pediatric rehabilitation medicine by the ABPMR, or have qualifications acceptable to the Review Committee. (Core)
Spinal Cord Injury Medicine	II.B.4.c) To ensure the quality of the educational and scholarly activity of the program, and to provide adequate supervision of fellows, there must be at least two core faculty members, inclusive of the program director, who are certified in spinal cord injury medicine by the ABPMR, or have qualifications acceptable to the Review Committee. (Core)
Plastic Surgery	<p>II.B.4.c) For Independent Programs, in addition to the program director, there must be a minimum of one plastic surgeon certified by the American Board of Plastic Surgery or American Osteopathic Board of Surgery - Plastic and Reconstructive Surgery designated as core faculty members. (Core)</p> <p>II.B.4.d) For Integrated Programs, in addition to the program director, there must be a minimum of two plastic surgeons certified by the American Board of Plastic Surgery or American Osteopathic Board of Surgery – Plastic and Reconstructive Surgery designated as core faculty members. (Core)</p>

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Craniofacial Surgery	II.B.4.c) The core faculty-to-fellow ratio must be 1:1. ^(Core)
Preventive Medicine	II.B.4.c) Not including the program director, programs with up to eight residents must have a minimum of two core faculty members, and programs with more than eight residents must have a core faculty member-to-resident ratio of at least one-to-four. ^(Core)
Psychiatry	II.B.4.c) There must be at least five core faculty members within the program. ^(Core)
Addiction Psychiatry	II.B.4.c) In addition to the program director, there must be at least one core faculty member certified in the subspecialty by the ABPN. ^(Core)
Child and Adolescent Psychiatry	II.B.4.c) In addition to the program director, there must be two core faculty members with current ABPN certification in child and adolescent psychiatry. ^(Core)
Forensic Psychiatry	II.B.3.c).(1) In addition to the faculty psychiatrists, the faculty must include a lawyer and a forensic psychologist. ^(Core) II.B.4.c) The core faculty must include at least one certified child and adolescent psychiatrist. ^(Core) II.B.4.d) In addition to the program director, there must be at least one core faculty member certified by the ABPN in the subspecialty. ^(Core)
Geriatric Psychiatry	II.B.4.c) In addition to the program director, there must be at least one core faculty member certified by the ABPN or AOBPN in the subspecialty. ^(Core)
Consultation-Liaison Psychiatry	II.B.4.c) In addition to the program director, there must be at least one core faculty member certified by the ABPN in the subspecialty. ^(Core)
Radiation Oncology	II.B.1.a) In addition to the program director, the faculty must include a minimum of four FTE radiation oncologists, located at the primary clinical site, who devote the majority of their professional time to the education of residents. ^(Core) II.B.1.b) The primary clinical site must have a cancer or radiation biologist who is either a member of the department or a member of the cancer center of the Sponsoring Institution, and whose job description includes responsibility for resident education in radiation oncology. ^(Core) II.B.1.b).(1) This must be a faculty member who is responsible for oversight and organization of an on-site didactic educational program core curriculum. ^(Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
	<p>II.B.1.b).(2) This individual must be based at the primary clinical site or at a participating site. (Core)</p> <p>II.B.1.c) To provide a scholarly environment of research and to participate in the teaching of radiation physics, the faculty must include at least one full-time medical physicist (PhD level or equivalent). (Core)</p> <p>II.B.1.c).(1) This individual must be based at the primary clinical site or at a participating site. (Core)</p> <p>II.B.4.b).(1) The core faculty-to-resident ratio must be at least 0.67 core faculty members for every resident in the program. (Detail)</p>
Surgery	<p>II.B.4.c) For each approved chief resident position there must be at least one core faculty member in addition to the program director (i.e., if there are three approved chief residents, there must be at least four core faculty). (Core)</p>
Complex General Surgical Oncology	<p>II.B.1.a) In addition to the program director, the faculty must include:</p> <p>II.B.1.a).(1) at least one full-time physician faculty member for each approved fellowship position whose major function is to support the fellowship program; and, (Core)</p> <p>II.B.1.a).(2) at least one faculty member who is ABMS-certified, AOA-certified, or who possesses qualifications acceptable to the Review Committee in each of the following areas: breast oncology, hepatobiliary/pancreatic, non-hepatobiliary – GI, endocrine, melanoma/soft tissue, medical oncology, interventional radiology; and radiation oncology; or possess qualifications acceptable to the Review Committee. (Core)</p> <p>II.B.4.c) There must be at least one core faculty member in each of the defined areas for surgery, medical oncology, and radiation oncology, as outlined in II.B.1.a).(2). (Core)</p>
Pediatric Surgery	<p>II.B.1.a) In addition to the program director, there must be, for each approved fellowship position, at least one full-time faculty member whose major function is to support the program. (Core)</p> <p>II.B.1.a).(1) The term of appointment for such faculty members must be of a sufficient length to ensure continuity in the supervision and education of the fellows. (Core)</p> <p>II.B.1.b) To contribute to fellow education in the care of critically-ill children, the faculty must include at least: (Core)</p> <p>II.B.1.b).(1) one individual who is board certified or board eligible in neonatal-perinatal medicine; and either, (Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
	<p>II.B.1.b).(2) one individual who is board certified or board eligible in pediatric critical care; or, ^(Core)</p> <p>II.B.1.b).(3) one individual who is board certified or board eligible in pediatric surgery and board certified or board eligible in critical care. ^(Core)</p> <p>II.B.4.d) In addition to the program director, there must be one more core faculty member(s) than enrolled fellow(s) in the program. ^(Core)</p>
Surgical Critical Care	<p>II.B.1.a) In addition to the program director, at least one surgeon certified in surgical critical care must be appointed to the faculty for every critical care fellow enrolled in the program. ^(Core)</p> <p>II.B.4.c) In addition to the program director, there must be at least one core faculty member certified in surgical critical care by the American Board of Surgery or the American Osteopathic Board of Surgery for each critical care fellow enrolled in the program. ^(Core)</p>
Vascular Surgery - Integrated	<p>II.B.1.a) The members of the physician faculty must reflect sufficient diversity of interest and capability to represent the many facets of vascular surgery. ^(Detail)</p> <p>II.B.4.c) In addition to the program director, there must be a minimum of four board-certified vascular surgeons and one board-certified general surgeon designated as core faculty members. ^(Core)</p> <p>II.B.4.d) For programs with 10 or more approved residency positions, there must be, in addition to the program director, a minimum of one core faculty member for each approved position. ^(Core)</p> <p>II.B.4.d).(1) The majority of those core faculty members must be board-certified vascular surgeons. ^(Core)</p> <p>II.B.4.d).(2) There must be a minimum of one board-certified general surgeon designated as a core faculty member. ^(Core)</p>
Vascular Surgery - Independent	<p>II.B.1.a) The members of the physician faculty must reflect sufficient diversity of interest and capability to represent the many facets of vascular surgery. ^(Detail)</p> <p>II.B.4.c) In addition to the program director, there must be at least one board-certified vascular surgery core faculty member for each approved fellowship position. ^(Core)</p>
Thoracic Surgery - Integrated	<p>II.B.1.a) The faculty must include one designated cardiothoracic faculty member responsible for coordinating multidisciplinary clinical conferences and organizing instruction and research in general thoracic surgery. ^(Core)</p> <p>II.B.1.b) The faculty must include qualified cardiothoracic surgeons and other faculty members in</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
	related disciplines who direct conferences. (Core)
Thoracic Surgery - Independent	<p>II.B.1.a) The faculty must include one designated cardiothoracic faculty member responsible for coordinating multidisciplinary clinical conferences and organizing instruction and research in general thoracic surgery; and, (Core)</p> <p>II.B.1.b) The faculty must include qualified cardiothoracic surgeons and other faculty members in related disciplines who direct conferences. (Core)</p>
Congenital Cardiac Surgery	II.B.4.c) In addition to the program director, there must be at least one core faculty member for each approved fellowship position. (Core)
Urology	<p>II.B.1.a) To provide a well-rounded educational experience, some faculty members should have subspecialty education and/or concentrate their practice in one or more subspecialized urological domains (e.g., voiding dysfunction; female urology; reconstruction oncology; calculus disease; pediatrics; sexual dysfunction; and infertility). (Core)</p> <p>II.B.1.b) The faculty should include individuals with experience with the following urologic techniques: endo-urology; minimally-invasive intra-abdominal and pelvic surgical techniques (such as laparoscopy and robotic surgery); major flank and pelvic surgery; urologic imaging; and microsurgery. (Detail)†</p> <p>II.B.4.c) In addition to the program director, there must be a minimum of two core clinical urology faculty members who devote sufficient time to supervise and teach the residents, and who are committed fully to the educational objectives of the program. (Core)</p> <p>II.B.4.d) There must be a core faculty-to-resident ratio of at least 1:2. (Core)</p>
Pediatric Urology	II.B.4.c) In addition to the program director, there must be a minimum of one core pediatric urology faculty member, for each pediatric urology fellow. (Core)
Transitional Year	<p>II.B.4.c) There must be a minimum of three core faculty members, including at least one member from each sponsoring program. (Core)</p> <p>II.B.4.d) There must be at least one additional core faculty member for every four residents over 12 residents. (Core)</p>
Multidisciplinary Specialties/Subspecialties	
Addiction Medicine	II.B.1.a) In addition to the program director, there must be at least one faculty member certified

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
(subspecialty of Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Preventive Medicine, or Psychiatry)	<p>in addiction medicine by the ABPM, AOBFP, AOBIM, or AOBNP, or with subspecialty qualifications that are acceptable to the Review Committee. ^(Core)</p> <p>II.B.3.d).(1) At least one physician certified in psychiatry by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry must have a continuous and meaningful role in the fellowship. ^(Core)</p> <p>II.B.3.d).(2) At least one American Board of Medical Specialties (ABMS)- or American Osteopathic Association (AOA)-certified non-psychiatrist physician with specialty expertise from at least one of the following disciplines must have a continuous and meaningful role in the fellowship: anesthesiology, emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, preventive medicine, or surgery. ^(Core)</p>
Brain Injury Medicine (subspecialty of Child Neurology, Neurology, Physical Medicine and Rehabilitation, or Psychiatry)	II.B.4.c) To ensure the quality of the educational and scholarly activity of the program, and to provide adequate supervision of fellows, in addition to the program director, there must be at least one other core FTE faculty member with expertise in brain injury medicine. ^(Core)
Clinical Informatics (subspecialty of Anesthesiology, Radiology, Emergency Medicine, Family Medicine, Internal Medicine, Medical Genetics, Pathology, Pediatrics, or Preventive Medicine)	<p>II.B.1.a) In addition to the program director, there must be at least two faculty members. ^(Core)</p> <p>II.B.1.a).(1) The faculty members and program director should equal at least two FTE. ^(Detail)</p> <p>II.B.4.c) In addition to the program director, there must be at least two core faculty members. ^(Core)</p>
Dermatopathology (subspecialty of Dermatology or Pathology)	II.B.4.c) The program must maintain a ratio of at least one core faculty member to each fellow appointed to the program. ^(Core)

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
<p>Endovascular Surgical Neuroradiology (subspecialty of Child Neurology, Neurological Surgery, Neurology, or Radiology)</p>	<p>II.B.1.a) In addition to the program director, the physician faculty must include at least one full-time member with expertise in endovascular surgical neuroradiology techniques. ^(Core)</p> <p>II.B.4.c) The faculty-to-fellow ratio must be at least one faculty person for every fellow enrolled in the program. ^(Core)</p>
<p>Female Pelvic Medicine and Reconstructive Surgery (subspecialty of Obstetrics and Gynecology or Urology)</p>	<p>II.B.3.d).(1) There must be physician faculty members with special interest and expertise in anorectal disorders (fecal incontinence, functional anorectal pain, and functional defecation disorders) and rectovaginal and anovaginal fistulae. ^(Core)</p> <p>II.B.3.d).(1).(a) These faculty members may include a colorectal surgeon, gastroenterologist, and/or female pelvic medicine and reconstructive surgery subspecialist. A female pelvic medicine and reconstructive surgery subspecialist must have qualifications acceptable to the Review Committee. ^(Core)</p> <p>II.B.4.c) In addition to the program director, there must be at least one core program faculty member who is certified in female pelvic medicine and reconstructive surgery by the American Board of Obstetrics and Gynecology, the American Board of Urology, or the American Osteopathic Board of Obstetrics and Gynecology. ^(Core)</p> <p>II.B.4.d) For fellowship programs functioning as part of an ACGME-accredited obstetrics and gynecology residency, there should be one core faculty member who is a urologist certified by the American Board of Urology in female pelvic medicine and reconstructive surgery, or who possesses other qualifications acceptable to the Review Committee. ^(Core)</p> <p>II.B.4.e) For programs functioning as part of an ACGME-accredited urology residency, there should be one core faculty member who is an obstetrician-gynecologist certified by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology in female pelvic medicine and reconstructive surgery, or who possesses other qualifications acceptable to the Review Committee. ^(Core)</p>
<p>Geriatric Medicine (subspecialty of Family Medicine or Internal Medicine)</p>	<p>II.B.1.a) There must be appropriate and timely consultations from other specialties. ^(Core)</p> <p>II.B.4.c) In addition to the program director, there must be at least one core faculty member certified in geriatric medicine by the ABIM, ABFM, AOBIM, or AOBFP. ^(Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
	II.B.4.d) For programs with more two fellows, there must be at least one core faculty member certified in geriatric medicine by the ABIM, ABFM, AOBIM, or AOBFP for every 1.5 fellows. ^(Core)
Hand Surgery (subspecialty of Orthopaedic Surgery, Plastic Surgery, or Surgery)	II.B.4.c) There should be at least two physician faculty members with hand surgery experience who are actively involved in the instruction and supervision of fellows during the 12 months of accredited education. ^(Core)
Hospice and Palliative Medicine (subspecialty of Anesthesiology, Family Medicine, Internal Medicine, Pediatrics, Psychiatry, or Radiation Oncology)	<p>II.B.1.a) In addition to the program director, there must be at least one other physician faculty member who devotes at least 10 hours per week on average to the program. ^(Core)</p> <p>II.B.1.b) At least one faculty member must have expertise administering a hospice and palliative medicine program. ^(Core)</p> <p>II.B.1.c) Because of the nature of hospice and palliative medicine, the physician faculty should include representatives from appropriate medical subspecialties such as cardiology, critical care medicine, geriatric medicine, and oncology, and from other specialties, such as anesthesiology, emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, physical medicine and rehabilitation, psychiatry, radiation oncology, and surgery. ^(Detail)</p> <p>II.B.4.c) In addition to the program director, there must be at least one core faculty member certified in hospice and palliative medicine by the American Board of Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Physical Medicine and Rehabilitation, Psychiatry and Neurology, Radiology, or Surgery or the American Osteopathic Board of Emergency Medicine, Family Physicians, Internal Medicine, Neurology and Psychiatry, or Physical Medicine and Rehabilitation. ^(Core)</p> <p>II.B.4.d) In programs approved for more than three fellows, there must be at least one core faculty member certified in hospice and palliative medicine by the American Board of Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Physical Medicine and Rehabilitation, Psychiatry and Neurology, Radiology, or Surgery or the American Osteopathic Board of Emergency Medicine, Family Physicians, Internal Medicine, Neurology and Psychiatry, or Physical Medicine and Rehabilitation for every 1.5 fellows. ^(Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
<p>Internal Medicine-Pediatrics (Combined program for Internal Medicine and Pediatrics)</p>	<p>II.B.1.a) Pediatric Subspecialty Faculty</p> <p>There must be faculty members with pediatric subspecialty board certification who function on an ongoing basis as integral parts of the clinical and instructional components of the program in both inpatient and outpatient settings. ^(Core)</p> <p>II.B.4.c) In addition to the program director, there must be at least one core faculty member certified in internal medicine by the ABIM or AOBIM and/or certified in pediatrics by the ABP or AOBP for every eight residents in the program. ^(Core)</p> <p>II.B.4.d) Among the program director and the required number of medicine-pediatrics core faculty members, at least 50 percent of the individuals must be currently certified in internal medicine by the ABIM or AOBIM and at least 50 percent of the individuals must be currently certified in pediatrics by the ABP or AOBP. ^(Core)</p>
<p>Medical Toxicology (subspecialty of Emergency Medicine or Preventive Medicine)</p>	<p>II.B.1.a) There must be a minimum of two medical toxicology physician faculty members based at the primary clinical site, including the program director, who together devote a minimum of 10 hours per week of direct instruction to the fellows, and who are readily available to the fellows for consultations on cases. ^(Core)</p> <p>II.B.1.b) Consultants from appropriate medical specialties must be available for consultation and didactic sessions. ^(Core)</p> <p>II.B.1.b).(1) Medical consultants should include, but not limited to, individuals with special expertise in the following areas: cardiology, dermatology, gastroenterology, hyperbaric medicine, immunology, nephrology, ophthalmology, pathology, pulmonary medicine, and surgical subspecialties. ^(Detail)</p> <p>II.B.4.c) There must be a minimum of two medical toxicology core physician faculty members based at the primary clinical site, including the program director. ^(Core)</p>
<p>Molecular Genetic Pathology (subspecialty of Medical Genetics and Genomics or Pathology)</p>	<p>II.B.4.c) In addition to the program director, the faculty must include at least one core faculty member with demonstrated expertise in molecular genetic pathology with either molecular genetic pathology certification by the American Board of Medical Genetics and Genomics or the American Board of Pathology or qualifications and experience acceptable to the Review Committee. ^(Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
<p>Neuromuscular Medicine (subspecialty of Child Neurology, Neurology, or Physical Medicine and Rehabilitation)</p>	<p>II.B.1.a) A faculty-to-fellow ratio of at least 1:1 must be maintained in programs with two or more fellows. The program director may be counted as one of the faculty members in determining the ratio. (Core)</p> <p>II.B.1.b) Faculty members with expertise to instruct the fellows in the performance and interpretation of electromyography (EMG) and nerve conduction studies, and for teaching the principles, including indications, techniques, limitations, and complications, of nerve and muscle biopsy and clinical molecular genetics, must be available. (Detail)</p> <p>II.B.4.c) The program must have at least two core faculty members, including the program director, who are board-certified in neuromuscular medicine. (Core)</p> <p>II.B.4.c).(1) At least one of these faculty members must be a neurologist. (Core)</p>
<p>Pain Medicine (subspecialty of Anesthesiology, Child Neurology, Neurology, or Physical Medicine and Rehabilitation)</p>	<p>II.B.1.a) At least three faculty members with expertise in pain medicine, including the program director, must be involved in pain medicine subspecialty education, and these must equal at least two FTEs. (Core)</p> <p>II.B.1.b) The faculty must include psychiatrists or clinical psychologists who have documented experience in the evaluation and treatment of patients with chronic pain. (Core)</p> <p>II.B.4.c) There must be a ratio of at least one FTE core faculty member (salaried or non-salaried) to two fellows. (Core)</p>
<p>Sleep Medicine (subspecialty of Child Neurology, Internal Medicine, Neurology, Pediatrics, or Psychiatry)</p>	<p>II.B.4.c) In addition to the program director, there must be at least one core faculty member certified in sleep medicine by the American Board of Family Medicine, Internal Medicine, Psychiatry and Neurology, Otolaryngology – Head and Neck Surgery, Pediatrics, or Psychiatry or the American Osteopathic Board of Family Physicians, Internal Medicine, Neurology and Psychiatry, or Ophthalmology and Otolaryngology – Head and Neck Surgery. (Core)</p> <p>II.B.4.d) For programs with more than two fellows, there must be at least one core faculty member certified in sleep medicine by the American Board of Family Medicine, Internal Medicine, Psychiatry and Neurology, Otolaryngology – Head and Neck Surgery, Pediatrics, or Psychiatry or the American Osteopathic Board of Family Physicians, Internal Medicine, Neurology and Psychiatry, or Ophthalmology and Otolaryngology – Head and Neck Surgery for every 1.5 fellows. (Core)</p>

Specialty/Subspecialty Name	Specialty-Specific Requirements Referencing “Number of Faculty”
Sports Medicine (subspecialty of Emergency Medicine, Family Medicine, Pediatrics, or Physical Medicine and Rehabilitation)	<p>II.B.1.a) In addition to the sports medicine program director, there must be at least one sports medicine faculty member with current subspecialty certification in sports medicine by the American Board of Emergency Medicine, Family Medicine, Internal Medicine, Pediatrics, or Physical Medicine and Rehabilitation, or the American Osteopathic Board of Emergency Medicine, Family Physicians, Internal Medicine, Neuromusculoskeletal Medicine, Pediatrics, or Physical Medicine and Rehabilitation. <small>(Core)</small></p> <p>II.B.1.b) The faculty must include at least one Board-certified orthopaedic surgeon who is engaged in the operative management of sports injuries and other conditions and who is readily available to teach and provide consultation to the fellows. <small>(Detail)</small></p>
Undersea and Hyperbaric Medicine (subspecialty of Emergency Medicine or Preventive Medicine)	<p>II.B.4.c) There must be a minimum of two undersea and hyperbaric core physician faculty members based at the primary clinical site, including the program director. <small>(Core)</small></p>