

Specialty-specific References for DIOs: Number of Faculty Members

ACGME

Common Program Requirements are in bold

Specialty Name	Specialty-Specific Requirements Referencing “Number of Faculty Members”
Allergy and Immunology	II.B.1.c) The faculty must include at least two core faculty members. ^(Detail)
Anesthesiology	II.B.7. 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. ^(Core)
Adult Cardiothoracic Anesthesiology	II.B.5. There must be at least three program faculty members, equal to or greater than two FTE, including the program director. ^(Core) II.B.5.a) For programs with two or more fellows, a ratio of at least one FTE faculty member to one fellow must be maintained. ^(Core)
Anesthesiology Critical Care Medicine	II.B.5. The physician faculty must include at least two FTE anesthesiologists with certification in critical care medicine or equivalent credentials. ^(Core) II.B.5.a) For programs with four or more fellows, there must be at least one FTE faculty member for every two fellows. ^(Core)
Obstetric Anesthesiology	<i>None</i>
Pediatric Anesthesiology	II.B.1.a) There must be at least three program faculty members, equal to or greater than two FTE, including the program director. ^(Core)
Regional Anesthesiology and Acute Pain Medicine	II.B.3.a) There must be at least four faculty members, including the program director, with expertise in regional anesthesiology and acute pain medicine. ^(Core) II.B.3.b) At each participating site there must be a ratio of at least one FTE faculty member to one fellow. ^(Core)
Colon and Rectal Surgery	II.B.6. There must be a minimum of three FTE ABCRS-certified faculty members active in the program, including the program director. ^(Core)
Dermatology	II.B.6. There should be a faculty member-to-resident ratio of at least one-to-three, with at least 75 percent of faculty members identified in achieving that ratio serving in a full-time capacity. ^(Core)

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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.b).(1) Programs with only one Mohs surgeon must have a written agreement with another Mohs surgeon who is qualified and willing to fill in as the program director in the event that the program’s Mohs surgeon is absent for longer than six consecutive weeks. ^(Core)</p>
Diagnostic Radiology	II.B.2.b) There must be at least one FTE physician faculty in each of the nine subspecialty areas. The nine subspecialty areas are neuroradiology, musculoskeletal radiology, vascular and interventional radiology, cardiothoracic radiology, breast radiology, abdominal radiology, pediatric radiology, ultrasonography, and nuclear radiology. ^(Core)
Abdominal Radiology	II.B.3.a) In addition to the program director, the faculty should include at least one other full-time radiologist specializing in abdominal radiology. At a minimum, the program faculty must have two FTE faculty members dedicated to the program. ^(Core)
Musculoskeletal Radiology	<p>II.B.5. In addition to the program director, the program must include at least one person experienced in musculoskeletal radiology who has a substantial commitment to the fellowship program. ^(Core)</p> <p>II.B.6. To ensure adequate supervision of the fellows, there must be at least one full-time faculty person available for every two fellows in the program. ^(Core)</p>
Neuroradiology	<p>II.B.1.a) The neuroradiology faculty or staff must include, in addition to the program director, one or more neuroradiologists. ^(Core)</p> <p>II.B.1.b) To ensure adequate supervision and evaluation of a fellow’s academic progress, the faculty/fellow ratio must be at least one full-time faculty person for each fellow. ^(Core)</p>
Nuclear Radiology	<p>II.B.1.a) In addition to the program director, the program must include at least one other FTE faculty member experienced in nuclear radiology. ^(Core)</p> <p>II.B.1.b) 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	II.B.3.a) The pediatric radiology faculty must include, in addition to the program director, a

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	<p>minimum of one full-time pediatric radiologist. ^(Core)</p> <p>II.B.3.a) A ratio of at least one pediatric radiologist for every subspecialty fellow is essential to provide adequate opportunity for teaching and supervision. Pediatric radiology faculty members should supervise special imaging, such as ultrasound, cardiac, interventional radiology, nuclear radiology, computed tomography, and magnetic resonance. ^(Core)</p>								
Vascular Interventional Radiology	<p>II.B.1.b) To ensure an adequate educational experience, as well as adequate supervision and evaluation of a fellow’s academic progress the faculty-to-fellow, ratio must not be less than one full-time faculty person for every fellow. ^(Core)</p> <p>II.B.1.c) The faculty should comprise at least two full-time vascular and interventional radiologists, including the program director. ^(Core)</p>								
Emergency Medicine	II.B.6. There must be a minimum of one core physician faculty member for every three residents in the program. ^(Core)								
Emergency Medical Services	II.B.1.a) In addition to the program director there must be at least two core physician faculty members with EMS experience whose practice makes them available for consultation by fellows. ^(Detail)								
Pediatric Emergency Medicine	<p>II.B.5.d) There must be at least four members of the teaching staff who have experience and knowledge of the care of acute pediatric illness and injuries so as to: ^(Core)</p> <p>II.B.5.d).(1) provide adequate supervision of fellows, and, ^(Detail)</p> <p>II.B.5.d).(2) ensure the educational and research quality of the program. ^(Detail)</p>								
Family Medicine	II.B.6. There must be at least one core family medicine physician faculty member, in addition to the program director, for every six residents in the program. ^(Core)								
Internal Medicine	<p>I.A.2.d) The sponsoring institution and participating sites must provide support for core faculty based on program size, according to the following faculty to resident ratio: ^(Core)</p> <table border="1" data-bbox="785 1187 1331 1385"> <thead> <tr> <th data-bbox="785 1187 1062 1235">Residents</th> <th data-bbox="1062 1187 1331 1235">Core Faculty</th> </tr> </thead> <tbody> <tr> <td data-bbox="785 1235 1062 1284"><60</td> <td data-bbox="1062 1235 1331 1284">4</td> </tr> <tr> <td data-bbox="785 1284 1062 1333">60-75</td> <td data-bbox="1062 1284 1331 1333">5</td> </tr> <tr> <td data-bbox="785 1333 1062 1385">76-90</td> <td data-bbox="1062 1333 1331 1385">6</td> </tr> </tbody> </table>	Residents	Core Faculty	<60	4	60-75	5	76-90	6
Residents	Core Faculty								
<60	4								
60-75	5								
76-90	6								

Specialty Name	Specialty-Specific Requirements Referencing “Number of Faculty Members”		
		91-105	7
		106-120	8
		121-135	9
		136-150	10
		151-165	11
		166-180	12
		>180	13
Adult Congenital Heart Disease	<p>II.B.8.a) In addition to the program director, each program must have at least one Key Clinical Faculty (KCF). ^(Core)</p> <p>II.B.8.b) For programs with more than two fellows, there must be at least one KCF for every 1.5 fellows. ^(Core)</p>		
Advanced Heart Failure/Transplant Cardiology	<p>II.B.8.a) In addition to the program director, each program must have at least one Key Clinical Faculty (KCF). ^(Core)</p> <p>II.B.8.b) For programs with more than two fellows, there must be at least one KCF for every 1.5 fellows. ^(Core)</p>		
Cardiovascular Disease Gastroenterology	<p>II.B.7.a) In addition to the program director, each program must have at least three Key Clinical Faculty (KCF). ^{Core)}</p> <p>II.B.7.c) For programs with more than six fellows, there must be at least one KCF for every 1.5 fellows. ^(Core)</p>		
Clinical Cardiac Electrophysiology	<p>II.B.8.a) In addition to the program director, each program must have at least one Key Clinical Faculty (KCF). ^(Core)</p> <p>II.B.8.b) For programs with more than two fellows, there must be at least one KCF for every 1.5 fellows. ^(Core)</p>		
Critical Care Medicine	<p>II.B.7.a) In addition to the program director, each program must have at least two Key Clinical Faculty (KCF) members. ^(Core)</p> <p>II.B.7.c) For programs with more than three fellows, there must be at least one KCF for every</p>		

Specialty Name	Specialty-Specific Requirements Referencing “Number of Faculty Members”
	fellow. ^(Core)
Endocrinology, Diabetes, and Metabolism	<p>II.B.7.a) In addition to the program director, each program must have at least one Key Clinical Faculty (KCF). ^(Core)</p> <p>II.B.7.c) For programs with more than three fellows, there must be at least one KCF for every 1.5 fellows. ^(Core)</p>
Hematology	<p>II.B.7.a) In addition to the program director, each program must have at least two Key Clinical Faculty (KCF). ^(Core)</p> <p>II.B.7.c) For programs with more than four fellows, there must be at least one KCF for every 1.5 fellows. ^(Core)</p>
Hematology and Medical Oncology	<p>II.B.7.a) In addition to the program director, each program must have at least five Key Clinical Faculty (KCF). ^(Core)</p> <p>II.B.7.c) For programs with more than nine fellows, there must be at least one KCF for every 1.5 fellows. ^(Core)</p>
Infectious Disease	<p>II.B.7.a) In addition to the program director, each program must have at least one Key Clinical Faculty (KCF). ^(Core)</p> <p>II.B.7.c) For programs with more than three fellows, there must be at least one KCF for every 1.5 fellows. ^(Core)</p>
Interventional Cardiology	<p>II.B.8.a) In addition to the program director, each program must have at least one Key Clinical Faculty (KCF). ^(Core)</p> <p>II.B.8.b) For programs with more than two fellows, there must be at least one KCF for every 1.5 fellows. ^(Core)</p>
Medical Oncology	<p>II.B.7.a) In addition to the program director, each program must have at least two Key Clinical Faculty (KCF). ^(Core)</p> <p>II.B.7.c) For programs with more than four fellows, there must be at least one KCF for every 1.5 fellows. ^(Core)</p>
Nephrology	<p>II.B.7.a) In addition to the program director, each program must have at least two Key Clinical Faculty (KCF). ^(Core)</p> <p>II.B.7.c) For programs with more than four fellows, there must be at least one KCF for every</p>

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	1.5 fellows. ^(Core)
Pulmonary Critical Care	<p>II.B.7.a) In addition to the program director, each program must have at least five Key Clinical Faculty (KCF). ^(Core)</p> <p>II.B.7.c) For programs with more than nine fellows, there must be at least one KCF for every 1.5 fellows. ^(Core)</p>
Pulmonary Disease	<p>II.B.7.a) In addition to the program director, each program must have at least two Key Clinical Faculty (KCF). ^(Core)</p> <p>II.B.7.c) For programs with more than four fellows, there must be at least one KCF for every 1.5 fellows. ^(Core)</p>
Rheumatology	<p>II.B.7.a) In addition to the program director, each program must have at least one Key Clinical Faculty (KCF). ^(Core)</p> <p>II.B.7.c) For programs with more than three fellows, there must be at least one KCF for every 1.5 fellows. ^(Core)</p>
Transplant Hepatology	<p>II.B.7.a) In addition to the program director, each program must have at least one Key Clinical Faculty (KCF). ^(Core)</p> <p>II.B.7.c) For programs with more than three fellows, there must be at least one KCF for every 1.5 fellows. ^(Core)</p>
Interventional Radiology	<p>II.B.6. The faculty should include, in aggregate, at least two FTE interventional radiologists, including the program director. ^(Detail)</p> <p>II.B.6.a) 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.6.b) Integrated programs with greater than four residents must maintain a ratio of no less than one interventional radiologist for every two residents in the final 24 months of residency. ^(Core)</p> <p>II.B.6.c) Independent programs with greater than four residents must maintain a ratio of no less than one interventional radiologist for every two residents. ^(Core)</p> <p>II.B.14.a) There must be at least one FTE physician faculty member in each of the non-</p>

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	<p>interventional subspecialty areas of neuroradiology, musculoskeletal radiology, cardiothoracic radiology, breast radiology, abdominal radiology, pediatric radiology, ultrasonography, and nuclear radiology. ^(Core)</p> <p>II.B.14.b) The program must designate one physician faculty member to be responsible for the educational content of each of the non-interventional subspecialty areas. ^(Core)</p> <p>II.B.14.b).(1) This individual must spend at least 50 percent of his or her practice time in the subspecialty area, and must demonstrate a commitment to the subspecialty. ^(Core)</p>
Medical Genetics and Genomics	II.B.6. There must be at least three FTE faculty members, including the program director, who are members of the medical staff of participating sites. At least two of these individuals must have current ABMGG certification in clinical genetics. ^(Core)
Medical Biochemical Genetics	<i>None</i>
Neurological Surgery	<i>None</i>
Neurology	<p>II.B.1.c) The faculty must include a program director, a child neurologist, and a minimum of four full-time neurology faculty who provide clinical service and teaching and who devote sufficient time to the program to ensure basic and clinical education for residents. ^(Core)</p> <p>II.B.1.c).(1) A faculty to resident ratio of 1:1 must be maintained. The program director may be counted as one of the faculty in determining the ratio. ^(Detail)</p>
Child Neurology	<p>II.B.2.a) There must be at least two child neurology faculty members. ^(Core)</p> <p>II.B.2.a).(1) In programs with two or more residents, a faculty-to-resident ratio of at least 1:1 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.1.a) The program must have at least two faculty neurologists, including the program director, who have completed education in the subspecialty. ^(Core)</p> <p>II.B.1.b) A faculty-to-fellow ratio of at least 1:1 must be maintained in programs with two or more fellows. ^(Core)</p>
Epilepsy	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)
Neurodevelopmental	II.B.7. Including the program director, the faculty must include at least two full-time individuals

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Disabilities	who have appropriate educational qualifications in neurodevelopmental disabilities as determined by the Review Committee. ^(Core)
Vascular Neurology	<p>II.B.1.a) The program must have at least two faculty neurologists, including the program director, who have completed education in vascular neurology. ^(Core)</p> <p>II.B.1.b) A faculty-to-fellow ratio of at least 1:1 must be maintained in programs with two or more fellows. ^(Core)</p>
Nuclear Medicine	<p>II.B.6. There must be at least one FTE physician faculty member in addition to the program director. ^(Core)</p> <p>II.B.6.a) Programs must maintain a ratio of at least one core FTE physician faculty member per every two residents. ^(Core)</p>
Obstetrics and Gynecology	<i>None</i>
Gynecologic Oncology	<p>II.B.5.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> <p>II.B.6. In addition to the program director, there must be at least one full-time faculty member who is certified in gynecologic oncology by the American Board of Obstetrics and Gynecology or who has credentials acceptable to the Review Committee. ^(Core)</p> <p>II.B.7. 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.7.a) Radiation Therapy: 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>II.B.7.b) Pathology: 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.7.c) Chemotherapy and Other Targeted Therapeutics: 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>
Maternal-Fetal Medicine	II.B.5.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)

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	II.B.6. In addition to the program director, there must be at least one full-time faculty member who is certified in maternal-fetal medicine by the American Board of Obstetrics and Gynecology or has credentials acceptable to the Review Committee. ^(Core)
Reproductive Endocrinology and Infertility	II.B.5.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) II.B.6. In addition to the program director, there must be at least one full-time faculty member who is certified in reproductive endocrinology and infertility by the American Board of Obstetrics and Gynecology, or who possesses subspecialty qualifications acceptable to the Review Committee. ^(Core)
Ophthalmology	<i>None</i>
Ophthalmic Plastic and Reconstructive Surgery	II.B.2.b) There must be at least one FTE ophthalmic plastic and reconstructive surgery fellowship trained faculty member. ^(Core)
Orthopaedic Surgery	II.B.2.a) 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 certification in the specialty. ^(Core)
Adult Reconstructive Orthopaedic Surgery	II.B.1.a) There must be at least two physician faculty members with experience in adult reconstruction who are actively involved in the instruction and supervision of fellows during the 12 months of accredited education. ^(Core)
Foot and Ankle Orthopaedic Surgery	II.B.1.a) There must be at least two physician faculty members with experience in foot and ankle orthopaedics who are actively involved in the instruction and supervision of fellows during the 12 months of accredited education. ^(Core)
Musculoskeletal Oncology	II.B.1.a) There must be at least two physician faculty members with experience in musculoskeletal oncology who are actively involved in the instruction and supervision of fellows during the 12 months of accredited education. ^(Core)
Orthopaedic Sports Medicine	II.B.1.a) There must be at least two physician faculty members with experience in sports medicine who are actively involved in the instruction and supervision of fellows during the 12 months of accredited education. ^(Core)
Orthopaedic Trauma	II.B.1.a) There must be at least two physician faculty members with experience in orthopaedic trauma who are actively involved in the instruction and supervision of fellows during the 12

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	months of accredited education. ^(Core)
Pediatric Orthopaedic Surgery	II.B.1.a) There must be at least two physician faculty members with experience in pediatric orthopaedics who are actively involved in the instruction and supervision of fellows during the 12 months of accredited education. ^(Core)
Surgery of the Spine	II.B.1.a) All programs must have at least two physicians with experience in spine surgery on the teaching staff who have significant responsibility for the supervision and instruction of all fellows during the 12 months of accredited education. ^(Core)
Osteopathic Neuromusculoskeletal Medicine	II.B.6. There must be a minimum of two AOBNMM-certified, AOBSPOMM-certified, or board-eligible faculty members, including the program director. ^(Core)
Otolaryngology	II.B.2.a) In addition to the program director, there should be at least two other FTE faculty members with qualifications to include: ^(Detail) II.B.2.a).(1) specialty expertise and documented educational and administrative experience acceptable to the Review Committee; and, ^(Detail) II.B.2.a).(2) appropriate medical staff appointment. ^(Detail)
Neurotology	II.B.6. There must be at least one FTE core physician faculty member, in addition to the program director. ^(Core)
Pediatric Otolaryngology	<i>None</i>
Pathology	<i>None</i>
Blood Banking/Transfusion Medicine	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 ABP or possess qualifications judged acceptable to the Review Committee. ^(Core) II.B.1.a).(1) The program director or at least one core faculty member must be certified in blood banking/transfusion medicine by the American Board of Pathology. ^(Core)
Chemical Pathology	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 ABP or possess qualifications judged acceptable to the Review Committee. ^(Core)

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	II.B.1.a).(1) The program director or at least one core faculty member must be certified in chemical pathology by the American Board of Pathology. ^(Core)
Cytopathology	<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 cytopathology with either cytopathology certification by the ABP or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>II.B.1.a).(1) The program director or at least one core faculty member must be certified in cytopathology by the American Board of Pathology. ^(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 ABP or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>II.B.1.a).(1) The program director or at least one core faculty member must be certified in forensic pathology by the American Board of Pathology. ^(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 ABP. ^(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>
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 ABP or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>II.B.1.a).(1) The program director or at least one core faculty member must be certified in hematopathology by the American Board of Pathology. ^(Core)</p>
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 ABP or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>II.B.1.a).(1) The program director or at least one core faculty member must be certified in medical microbiology by the American Board of Pathology. ^(Core)</p>

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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 ABP or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>II.B.1.a).(1) The program director or at least one core faculty member must be certified in neuropathology by the American Board of Pathology. (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 ABP or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>II.B.1.a).(1) The program director or at least one core faculty member must be certified in pediatric pathology by the American Board of Pathology. (Core)</p>
Selective Pathology	<p>The faculty must include at least one core faculty member with demonstrated expertise in the identified area of selective pathology or possess qualifications judged acceptable to the Review Committee. (Core)</p>
Pediatrics	<p>I.A.1.b).(1).(a) For programs with 12-30 residents, there must be a minimum of 0.75 combined FTE program director and associate program director, 1.0 FTE liaison, and 1.0 FTE residency coordinator. (Detail)</p> <p>I.A.1.b).(1).(b) For programs with 31-60 residents, there must be a minimum of 1.0 combined FTE program director and associate program director, 2.0 FTE liaisons, and 1.5 FTE residency coordinators. (Detail)</p> <p>I.A.1.b).(1).(c) For programs with 61-90 residents, there must be a minimum of 1.25 combined FTE program director and associate program director, 2.0 FTE liaisons, and 2.0 FTE residency coordinators. (Detail)</p> <p>I.A.1.b).(1).(d) For programs with 91-120 residents, there must be a minimum of 1.5 combined FTE program director and associate program director, 3.0 FTE liaisons, and 3.0 FTE residency coordinators. (Detail)</p> <p>I.A.1.b).(1).(e) For programs with more than 120 residents, there must be a minimum of 1.75 combined FTE program directors and associate program directors, 3.0 FTE liaisons, and 3.5 FTE residency coordinators. (Detail)</p>

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Adolescent Medicine	<p>II.B.1.a.(1) In addition to the subspecialty program director, there must be at least one other member of the faculty who is qualified in the subspecialty. (Specific details are included in the related subspecialty-specific section of the Requirements.)^(Core)</p> <p>VII.A.1. At least two adolescent medicine specialists must provide sufficient time to the program to ensure its educational and research quality, and to provide adequate supervision of fellows.^(Core)</p>
Child Abuse	<p>II.B.1.a.(1) In addition to the subspecialty program director, there must be at least one other member of the faculty who is qualified in the subspecialty. (Specific details are included in the related subspecialty-specific section of the Requirements.)^(Core)</p> <p>VIII.A.1. There must be at least two core faculty members who are Board certified in child abuse pediatrics (to include the program director) and who devote sufficient time to the educational program for ongoing teaching and supervision of fellows.^(Core)</p>
Developmental-Behavioral Pediatric	<p>II.B.1.a.(1) In addition to the subspecialty program director, there must be at least one other member of the faculty who is qualified in the subspecialty. (Specific details are included in the related subspecialty-specific section of the Requirements.)^(Core)</p> <p>VII.A.1. Developmental-Behavioral Medicine Specialists</p> <p>VII.A.1.a) In addition to the program director, there must be at least one other faculty member in Developmental-Behavioral Medicine.^(Core)</p> <p>VII.A.1.b) Depending on the number of fellows appointed to the program, additional subspecialty faculty should actively contribute to the education of the fellows.^(Detail)</p>
Pediatric Cardiology	<p>II.B.1.a.(1) In addition to the subspecialty program director, there must be at least one other member of the faculty who is qualified in the subspecialty. (Specific details are included in the related subspecialty-specific section of the Requirements.)^(Core)</p> <p>VIII.A.1 Pediatric Cardiologists: There must be at least four pediatric cardiologists who provide sufficient time to the program to ensure its educational and research quality, and to provide adequate supervision of cardiology fellows.^(Core)</p>
Pediatric Critical Care	<p>II.B.1.a.(1) In addition to the subspecialty program director, there must be at least one other member of the faculty who is qualified in the subspecialty. (Specific details are included in the related subspecialty-specific section of the Requirements.)^(Core)</p> <p>VIII.A.1 Pediatric Critical Care Medicine Specialists: To ensure the educational and research</p>

Specialty Name	Specialty-Specific Requirements Referencing “Number of Faculty Members”
	quality of the program, and to provide adequate supervision of fellows, there must be at least four members of the teaching staff who have knowledge of and experience in the care of acute pediatric illness and injuries. ^(Core)
Pediatric Endocrinology	<p>II.B.1.a.(1) In addition to the subspecialty program director, there must be at least one other member of the faculty who is qualified in the subspecialty. (Specific details are included in the related subspecialty-specific section of the Requirements.) ^(Core)</p> <p>VII.A.1. Pediatric Endocrinology Specialists: A program must have at least two qualified pediatric endocrinologists, inclusive of the program director. ^(Core)</p>
Pediatric Emergency Medicine	<p>VIII.B.1. There must be at least four members of the teaching staff who have experience and knowledge of the care of acute pediatric illness and injuries so as to: ^(Core)</p> <p>VIII.B.1.a) provide adequate supervision of fellows, and ^(Detail)</p> <p>VIII.B.1.b) ensure the educational and research quality of the program. ^(Detail)</p>
Pediatric Gastroenterology	<p>II.B.1.a.(1) In addition to the subspecialty program director, there must be at least one other member of the faculty who is qualified in the subspecialty. (Specific details are included in the related subspecialty-specific section of the Requirements.) ^(Core)</p> <p>VII.A.1. Pediatric Gastroenterology Specialists: There must be at least three pediatric gastroenterologists on the teaching staff. ^(Core)</p>
Pediatric Hematology Oncology	<p>II.B.1.a.(1) In addition to the subspecialty program director, there must be at least one other member of the faculty who is qualified in the subspecialty. (Specific details are included in the related subspecialty-specific section of the Requirements.) ^(Core)</p> <p>VII.A.1. Pediatric Hematology-Oncology Specialists: At least four pediatric hematologists/oncologists must be based at the primary teaching site, and must devote sufficient time to the program both to ensure adequate teaching and to provide critical evaluation of the progress and competence of the fellows. ^(Core)</p>
Pediatric Infectious Diseases	<p>II.B.1.a.(1) In addition to the subspecialty program director, there must be at least one other member of the faculty who is qualified in the subspecialty. (Specific details are included in the related subspecialty-specific section of the Requirements.) ^(Core)</p> <p>VII.A.1. There must be at least two pediatric infectious diseases teaching staff to ensure adequate time for administrative, clinical, and research activities involved in the education of</p>

Specialty Name	Specialty-Specific Requirements Referencing “Number of Faculty Members”
	fellows. ^(Core)
Pediatric Neonatal-Perinatal	<p>II.B.1.a.(1) In addition to the subspecialty program director, there must be at least one other member of the faculty who is qualified in the subspecialty. (Specific details are included in the related subspecialty-specific section of the Requirements.) ^(Core)</p> <p>VIII.A.1. An accredited program must have at least four full-time neonatologists actively contributing sufficient time and effort to the educational program to fulfill the supervisory, teaching, and mentoring requirements of the program. ^(Core)</p>
Pediatric Nephrology	<p>II.B.1.a.(1) In addition to the subspecialty program director, there must be at least one other member of the faculty who is qualified in the subspecialty. (Specific details are included in the related subspecialty-specific section of the Requirements.) ^(Core)</p> <p>VII.A.1. Pediatric Nephrology Specialists: There must be at least two pediatric nephrologists. ^(Core)</p>
Pediatric Pulmonology	<p>II.B.1.a.(1) In addition to the subspecialty program director, there must be at least one other member of the faculty who is qualified in the subspecialty. (Specific details are included in the related subspecialty-specific section of the Requirements.) ^(Core)</p> <p>VII.A.1.a) There must be at least two pediatric pulmonologists. ^(Core)</p>
Pediatric Rheumatology	<p>II.B.1.a.(1) In addition to the subspecialty program director, there must be at least one other member of the faculty who is qualified in the subspecialty. (Specific details are included in the related subspecialty-specific section of the Requirements.) ^(Core)</p> <p>VII.A.1. Pediatric Rheumatologists: There must be at least two pediatric rheumatologists who devote sufficient time to the program to ensure adequate time for the administrative, clinical, and research activities involved in educating the fellows. ^(Core)</p>
Pediatric Transplant Hepatology	II.B.1.a) The program must have at least two full-time faculty members certified in Pediatric Transplant Hepatology or possess qualifications judged to be appropriate by the RRC. ^(Core)
Physical Medicine and Rehabilitation	<i>None</i>
Pediatric Rehabilitation Medicine	<i>None</i>
Spinal Cord Injury Medicine	II.B.1.a) In addition to the program director, there must be at least one other FTE faculty

Specialty Name	Specialty-Specific Requirements Referencing “Number of Faculty Members”
	member with expertise in spinal cord injury medicine. ^(Detail)
Plastic Surgery	<i>None</i>
Craniofacial Surgery	II.B.1.a) The faculty-to-fellow ratio must be 1:1. ^(Core)
Preventive Medicine	<i>None</i>
Psychiatry	<i>None</i>
Addiction Psychiatry	II.B.1.a) In addition to the program director, there must be at least one faculty member certified by the ABPN in the subspecialty. ^(Core)
Child and Adolescent Psychiatry	II.B.6. In addition to the program director, there must be two FTE core faculty members with current ABPN certification in child and adolescent psychiatry. ^(Core)
Forensic Psychiatry	II.B.1.a) The faculty must include at least one certified child and adolescent psychiatrist. ^(Core) II.B.1.b) In addition to the program director, there must be at least one faculty member certified by the ABPN in the subspecialty. ^(Core)
Geriatric Psychiatry	II.B.1.a) In addition to the program director, there must be at least one faculty member certified by the ABPN in the subspecialty. ^(Core)
Consultation-Liaison Psychiatry	II.B.1.a) In addition to the program director, there must be at least one faculty member certified by the ABPN in the subspecialty. ^(Core)
Radiation Oncology	II.B.7. The faculty must include a minimum of four FTE radiation oncologists at the primary clinical site who devote the majority of their professional time to the education of residents. ^(Core) II.B.8. The faculty must include at least one full-time radiation biologist or cancer biologist (PhD level or equivalent) who devotes the majority of his or her professional time to laboratory-based cancer research and is at the primary clinical site or at an integrated site to provide a scholarly environment of research, and to participate in the teaching of radiation and cancer biology. ^(Core) II.B.9. The radiation oncology faculty must include at least one full-time faculty medical physicist (PhD level or equivalent), who is at the primary clinical site or an integrated site to provide a scholarly environment of research, and to participate in the teaching of radiation physics. ^(Core)

Specialty Name	Specialty-Specific Requirements Referencing “Number of Faculty Members”
	II.B.10. The faculty-to-resident ratio must be at least 0.67 FTE faculty members for every resident in the program. ^(Detail)
Surgery	II.B.1.c) The faculty must, for each approved chief resident position, consist of at least one full-time faculty member in addition to the program director (i.e., if there are three approved chief residents, there must be at least four fulltime faculty). The major function of these faculty is to support the program. These faculty must be appointed for a period sufficient to ensure continuity in the educational activities of the residency program. ^(Core)
Complex General Surgical Oncology	<p>II.B.5. In addition to the program director, the faculty must include:</p> <p>II.B.5.a) 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.5.b) at least one faculty member who is ABMS-certified or who possesses qualifications acceptable to the Review Committee in each of the following areas: medical oncology, interventional radiology; and radiation oncology; or possess qualifications acceptable to the Review Committee. ^(Core)</p>
Pediatric Surgery	<p>II.B.6. 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.7. To contribute to fellow education in the care of critically-ill children, the faculty must include at least: ^(Core)</p> <p>II.B.7.a) one individual who is board certified or board eligible in neonatal-perinatal medicine; and either, ^(Core)</p> <p>II.B.7.a).(1) one individual who is board certified or board eligible in pediatric critical care; or, ^(Core)</p> <p>II.B.7.a).(2) one individual who is board certified or board eligible in pediatric surgery and board certified or board eligible in critical care. ^(Core)</p>
Surgical Critical Care	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)
Vascular Surgery	II.B.6. In addition to the program director, there must be, for each approved residency position, at least one full-time faculty member whose major function is teaching and supervising

Specialty Name	Specialty-Specific Requirements Referencing “Number of Faculty Members”
	residents in the program. ^(Core)
Thoracic Surgery	<p>II.B.1.c) 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.d) 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.a) In addition to the program director, there must be at least one full-time faculty member for each approved fellowship position. ^(Core)
Urology	<p>II.B.2.d) In addition to the program director, there must be at least two 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 residency program. ^(Core)</p> <p>II.B.2.e) There must be a faculty-to-resident ratio of at least 1:2 in the total program. ^(Core)</p> <p>II.B.2.e).(1) The program director must be counted as one of the faculty members in determining this ratio. ^(Core)</p> <p>II.B.2.e).(2) The program director must notify the Review Committee if the number of clinical urology faculty members drops below three, or if the ratio falls below 1:2 and remains below that level longer than one year. ^(Core)</p>
Pediatric Urology	II.B.2.a) There should be a minimum of one pediatric urology faculty member, in addition to the program director, for each pediatric urology resident, i.e., there should be two faculty members to one pediatric urology resident. ^(Core)
Transitional Year	<i>None</i>
Multidisciplinary Subspecialty	
Addiction Medicine (subspecialty of Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Preventive Medicine, or Psychiatry)	II.B.1.a) In addition to the program director, there must be at least one faculty member certified by the ABPM in the subspecialty. ^(Core)

Specialty Name	Specialty-Specific Requirements Referencing “Number of Faculty Members”
Brain Injury Medicine (subspecialty of Child Neurology, Neurology, Physical Medicine and Rehabilitation, or Psychiatry)	II.B.1.a) In addition to the program director, there must be at least one other FTE faculty member with expertise in brain injury medicine. ^(Detail)
Clinical Informatics (subspecialty of Anesthesiology, Radiology, Emergency Medicine, Family Medicine, Internal Medicine, Medical Genetics, Pathology, Pediatrics, or Preventive Medicine)	II.B.6. In addition to the program director, there must be at least two faculty members. ^(Core) II.B.6.a) The faculty members and program director should equal at least two FTE. ^(Detail)
Dermatopathology (subspecialty of Dermatology or Pathology)	<i>None</i>
Endovascular Surgical Neuroradiology (subspecialty of Child Neurology, Neurological Surgery, Neurology, or Radiology)	II.B.2.a) The faculty-to-fellow ratio must be at least one full-time equivalent faculty person for every fellow enrolled in the program. ^(Core)
Female Pelvic Medicine and Reconstructive Surgery (subspecialty of Obstetrics and Gynecology or Urology)	II.B.7. In addition to the program director, there must be at least one other full-time program faculty member who is certified in female pelvic medicine and reconstructive surgery by either the American Board of Obstetrics and Gynecology or the American Board of Urology. ^(Core)
Geriatric Medicine (subspecialty of Family Medicine or Internal Medicine)	II.B.7. Key Clinical Faculty: In addition to the program director, each program must have at least one Key Clinical Faculty (KCF). ^(Core) II.B.7.b) For programs with three fellows or more, there must be at least one KCF for every 1.5 fellows. ^(Core)
Hand Surgery (subspecialty of Orthopaedic)	II.B.1.a) 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

Specialty Name	Specialty-Specific Requirements Referencing “Number of Faculty Members”
Surgery, Plastic Surgery, or Surgery)	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) For programs with more than two fellows, there must be at least three faculty members. ^(Core)</p> <p>II.B.1.c) For larger programs, the fellow to faculty ratio must be at least 4:3. ^(Core)</p>
Internal Medicine-Pediatrics (Combined program for Internal Medicine and Pediatrics)	<i>None</i>
Medical Toxicology (subspecialty of Emergency Medicine or Preventive Medicine)	II.B.2.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)
Molecular Genetic Pathology (subspecialty of Medical Genetics and Genomics or Pathology)	<i>None</i>
Neuromuscular Medicine (subspecialty of Child Neurology, Neurology, or Physical Medicine and Rehabilitation)	<p>II.B.1.a) The program must have at least two faculty members, including the program director, who are board-certified in neuromuscular medicine. ^(Core)</p> <p>II.B.1.a).(2) 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>
Pain Medicine (subspecialty of Anesthesiology, Child Neurology, Neurology, or Physical Medicine and Rehabilitation)	<p>II.B.2.a) At least three faculty members with expertise in pain medicine must be involved in pain medicine subspecialty education, and these must equal at least two FTEs. These numbers include the program director. ^(Core)</p> <p>II.B.2.b) There must be a ratio of at least one FTE faculty member (salaried or non-salaried) to two fellows. ^(Core)</p>
Sleep Medicine	II.B.8.a) In addition to the program director, each program must have at least one Key Clinical

Specialty Name	Specialty-Specific Requirements Referencing “Number of Faculty Members”
(subspecialty of Child Neurology, Internal Medicine, Neurology, Pediatrics, or Psychiatry)	Faculty (KCF) member. ^(Core) II.B.8.c) For programs with more than four fellows, there must be at least one KCF for every two fellows. ^(Core)
Sports Medicine (subspecialty of Emergency Medicine, Family Medicine, Pediatrics, or Physical Medicine and Rehabilitation)	II.B.6. 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 ^(Core) II.B.7. 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. ^(Detail)
Undersea and Hyperbaric Medicine (subspecialty of Emergency Medicine or Preventive Medicine)	II.B.1.a) This must include a minimum of two undersea and hyperbaric physicians based at the primary clinical site, including the program director. ^(Core)