

Specialty-Specific Program Requirements: Core Faculty Dedicated Time

Effective as of July 1, 2022

While the effective date for all requirements below is July 1, 2022, some Review Committees have decided not to issue citations on new core faculty dedicated time Program Requirements until July 1, 2023. Those specialties for which implementation is delayed are indicated in the table below.

Common Program Requirements are in bold

Specialty/Subspecialty Name	Program Requirement Language
Allergy and Immunology	-
Anesthesiology	-
Adult Cardiothoracic Anesthesiology Anesthesiology Critical Care Medicine Obstetric Anesthesiology Pediatric Anesthesiology Pediatric Cardiac Anesthesiology Regional Anesthesiology and Acute Pain Medicine	-
Colon and Rectal Surgery	-
Dermatology	-
Micrographic Surgery and Dermatologic Oncology Pediatric Dermatology	-
Diagnostic Radiology	-
Interventional Radiology	-
Abdominal Radiology	-

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Musculoskeletal Radiology Neuroradiology Nuclear Radiology Pediatric Radiology																									
Emergency Medicine <i>Will not issue citations until July 1, 2023</i>	II.B.4.d) At a minimum, each required core faculty member, excluding program leadership, must be provided with support equal to a dedicated minimum of 10 percent FTE for educational and administrative responsibilities that do not involve direct patient care. ^(Core)																								
Emergency Medical Services	-																								
Internal Medicine <i>Will not issue citations until July 1, 2023</i>	<p>II.B.4.c) In addition to the program director and associate program director(s), programs must have the minimum number of ABIM- or AOBIM-certified core faculty members based on the number of approved resident positions, as follows. ^(Core)</p> <p>II.B.4.d) At a minimum, the required core faculty members, in aggregate and excluding program leadership, must be provided with support equal to an average dedicated minimum of .1 FTE for educational and administrative responsibilities that do not involve direct patient care. ^(Core)</p> <table border="1" data-bbox="1136 906 1818 1409"> <thead> <tr> <th data-bbox="1136 906 1446 1019">Number of Approved Resident Positions</th> <th data-bbox="1446 906 1818 1019">Minimum number of ABIM- or AOBIM-certified Core Faculty Members</th> </tr> </thead> <tbody> <tr><td data-bbox="1136 1019 1446 1057"><30</td><td data-bbox="1446 1019 1818 1057">3</td></tr> <tr><td data-bbox="1136 1057 1446 1094">30-39</td><td data-bbox="1446 1057 1818 1094">4</td></tr> <tr><td data-bbox="1136 1094 1446 1131">40-49</td><td data-bbox="1446 1094 1818 1131">5</td></tr> <tr><td data-bbox="1136 1131 1446 1169">50-59</td><td data-bbox="1446 1131 1818 1169">6</td></tr> <tr><td data-bbox="1136 1169 1446 1206">60-69</td><td data-bbox="1446 1169 1818 1206">7</td></tr> <tr><td data-bbox="1136 1206 1446 1243">70-79</td><td data-bbox="1446 1206 1818 1243">8</td></tr> <tr><td data-bbox="1136 1243 1446 1281">80-89</td><td data-bbox="1446 1243 1818 1281">9</td></tr> <tr><td data-bbox="1136 1281 1446 1318">90-99</td><td data-bbox="1446 1281 1818 1318">10</td></tr> <tr><td data-bbox="1136 1318 1446 1356">100-109</td><td data-bbox="1446 1318 1818 1356">11</td></tr> <tr><td data-bbox="1136 1356 1446 1393">110-119</td><td data-bbox="1446 1356 1818 1393">12</td></tr> <tr><td data-bbox="1136 1393 1446 1409">120-129</td><td data-bbox="1446 1393 1818 1409">13</td></tr> </tbody> </table>	Number of Approved Resident Positions	Minimum number of ABIM- or AOBIM-certified Core Faculty Members	<30	3	30-39	4	40-49	5	50-59	6	60-69	7	70-79	8	80-89	9	90-99	10	100-109	11	110-119	12	120-129	13
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	<ul style="list-style-type: none"> • Participation in the annual program review as Chair or member of the Program Evaluation Committee • Implementation and analysis of the outcome of action plans developed by the Program Evaluation Committee • Significant participation in recruitment and selection, including efforts related to the program's commitment to diversity • Advising, mentoring, and coaching residents (co-creating, implementing, and monitoring individualized learning plans) • Designing and overseeing remediation plans • Supporting/overseeing residents in the development/assessment of quality improvement/patient safety projects • Supporting/overseeing residents in the conduct of their scholarly work, including the dissemination of such work through presentations, posters/abstracts, and peer-reviewed publications • Significant participation in educational activities (didactics, lab, or simulation) • Overseeing faculty development for the program's faculty members • Designing and implementing simulation and/or standardized patients for teaching and assessment • Developing, implementing, and assessing one or more of the major components of the curriculum, such as patient safety, quality, health disparities, or core didactics • Designing and implementing the program's assessment strategies, making certain there are robust methods used to assess each competency, and ensuring they provide meaningful information by which the Clinical Competency Committee can judge resident performance on the Milestones • Leading the program's efforts related to resident and faculty member well-being <p>Each core faculty member does not need to participate in every listed educational responsibility.</p>

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<p>Adult Congenital Heart Disease <i>Will not issue citations until July 1, 2023</i></p>	<p>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. <small>(Core)</small></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 adult congenital heart disease by the ABIM for every 1.5 fellows. <small>(Core)</small></p> <p>II.B.4.e) At a minimum, the required core faculty members, in aggregate and excluding members of the program leadership, must be provided with support equal to an average dedicated minimum of .1 FTE for educational and administrative responsibilities that do not involve direct patient care. <small>(Core)</small></p> <p>Subspecialty-Specific Background and Intent: The Review Committee specified the minimum required number of ABIM- or AOBIM-subspecialty-certified core faculty, but did not specify how the aggregate FTE support should be distributed to allow programs, in partnership with their sponsoring institution, to allocate the support as they see fit.</p> <p>Because an associate program director is also a core faculty member, the minimum dedicated time requirements for associate program directors are inclusive of core faculty activities. An additional 10 percent FTE for the core faculty position is not required. For example, if one core faculty member is named the associate program director for a 12-fellow program, the required minimum support for that position is 14 percent FTE.</p>
<p>Advanced Heart Failure/Transplant Cardiology <i>Will not issue citations until July 1, 2023</i></p>	<p>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. <small>(Core)</small></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 advanced heart failure and transplant cardiology by the ABIM for every 1.5 fellows. <small>(Core)</small></p> <p>II.B.4.e) At a minimum, the required core faculty members, in aggregate and excluding members of the program leadership, must be provided with support equal to an average dedicated minimum of .1 FTE for educational and administrative responsibilities that do not involve direct patient care. <small>(Core)</small></p>

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<p>Cardiovascular Disease <i>Will not issue citations until July 1, 2023</i></p>	<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. <small>(Core)</small></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. <small>(Core)</small></p> <p>II.B.4.e) At a minimum, the required core faculty members, in aggregate and excluding members of the program leadership, must be provided with support equal to an average dedicated minimum of .1 FTE for educational and administrative responsibilities that do not involve direct patient care. <small>(Core)</small></p> <p>Subspecialty-Specific Background and Intent: The Review Committee specified the minimum required number of ABIM- or AOBIM-subspecialty-certified core faculty, but did not specify how the aggregate FTE support should be distributed to allow programs, in partnership with their sponsoring institution, to allocate the support as they see fit.</p> <p>Because an associate program director is also a core faculty member, the minimum dedicated time requirements for associate program directors are inclusive of core faculty activities. An additional 10 percent FTE for the core faculty position is not required. For example, if one core</p>

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	<p>faculty member is named the associate program director for a 12-fellow program, the required minimum support for that position is 14 percent FTE.</p>
<p>Clinical Cardiac Electrophysiology <i>Will not issue citations until July 1, 2023</i></p>	<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. <small>(Core)</small></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. <small>(Core)</small></p> <p>II.B.4.e) At a minimum, the required core faculty members, in aggregate and excluding members of the program leadership, must be provided with support equal to an average dedicated minimum of .1 FTE for educational and administrative responsibilities that do not involve direct patient care. <small>(Core)</small></p> <p>Subspecialty-Specific Background and Intent: The Review Committee specified the minimum required number of ABIM- or AOBIM-subspecialty-certified core faculty, but did not specify how the aggregate FTE support should be distributed to allow programs, in partnership with their sponsoring institution, to allocate the support as they see fit.</p> <p>Because an associate program director is also a core faculty member, the minimum dedicated time requirements for associate program directors are inclusive of core faculty activities. An additional 10 percent FTE for the core faculty position is not required. For example, if one core faculty member is named the associate program director for a 12-fellow program, the required minimum support for that position is 14 percent FTE.</p>
<p>Critical Care Medicine <i>Will not issue citations until July 1, 2023</i></p>	<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. <small>(Core)</small></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. <small>(Core)</small></p> <p>II.B.4.e) At a minimum, the required core faculty members, in aggregate and excluding members of the program leadership, must be provided with support equal to an average</p>

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	<p>dedicated minimum of .1 FTE for educational and administrative responsibilities that do not involve direct patient care. ^(Core)</p> <p>Subspecialty-Specific Background and Intent: The Review Committee specified the minimum required number of ABIM- or AOBIM-subspecialty-certified core faculty, but did not specify how the aggregate FTE support should be distributed to allow programs, in partnership with their sponsoring institution, to allocate the support as they see fit.</p> <p>Because an associate program director is also a core faculty member, the minimum dedicated time requirements for associate program directors are inclusive of core faculty activities. An additional 10 percent FTE for the core faculty position is not required. For example, if one core faculty member is named the associate program director for a 12-fellow program, the required minimum support for that position is 14 percent FTE.</p>
<p>Endocrinology, Diabetes and Metabolism</p> <p><i>Will not issue citations until July 1, 2023</i></p>	<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> <p>II.B.4.e) At a minimum, the required core faculty members, in aggregate and excluding members of the program leadership, must be provided with support equal to an average dedicated minimum of .1 FTE for educational and administrative responsibilities that do not involve direct patient care. ^(Core)</p> <p>Subspecialty-Specific Background and Intent: The Review Committee specified the minimum required number of ABIM- or AOBIM-subspecialty-certified core faculty, but did not specify how the aggregate FTE support should be distributed to allow programs, in partnership with their sponsoring institution, to allocate the support as they see fit.</p> <p>Because an associate program director is also a core faculty member, the minimum dedicated time requirements for associate program directors are inclusive of core faculty activities. An</p>

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<p>Gastroenterology <i>Will not issue citations until July 1, 2023</i></p>	<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> <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) At a minimum, the required core faculty members, in aggregate and excluding members of the program leadership, must be provided with support equal to an average dedicated minimum of .1 FTE for educational and administrative responsibilities that do not involve direct patient care. ^(Core)</p> <p>Subspecialty-Specific Background and Intent: The Review Committee specified the minimum required number of ABIM- or AOBIM-subspecialty-certified core faculty, but did not specify how the aggregate FTE support should be distributed to allow programs, in partnership with their sponsoring institution, to allocate the support as they see fit.</p> <p>Because an associate program director is also a core faculty member, the minimum dedicated time requirements for associate program directors are inclusive of core faculty activities. An additional 10 percent FTE for the core faculty position is not required. For example, if one core faculty member is named the associate program director for a 12-fellow program, the required minimum support for that position is 14 percent FTE.</p>
<p>Hematology <i>Will not issue citations until July 1, 2023</i></p>	<p>II.B.4.c) In addition to the program director, there must be at least two core faculty members certified in hematology by the ABIM or the AOBIM. ^(Core)</p>

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	<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> <p>II.B.4.e) At a minimum, the required core faculty members, in aggregate and excluding members of the program leadership, must be provided with support equal to an average dedicated minimum of .1 FTE for educational and administrative responsibilities that do not involve direct patient care. ^(Core)</p> <p>Subspecialty-Specific Background and Intent: The Review Committee specified the minimum required number of ABIM- or AOBIM-subspecialty-certified core faculty, but did not specify how the aggregate FTE support should be distributed to allow programs, in partnership with their sponsoring institution, to allocate the support as they see fit.</p> <p>Because an associate program director is also a core faculty member, the minimum dedicated time requirements for associate program directors are inclusive of core faculty activities. An additional 10 percent FTE for the core faculty position is not required. For example, if one core faculty member is named the associate program director for a 12-fellow program, the required minimum support for that position is 14 percent FTE.</p>
<p>Hematology and Medical Oncology <i>Will not issue citations until July 1, 2023</i></p>	<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) At a minimum, the required core faculty members, in aggregate and excluding members of the program leadership, must be provided with support equal to an average</p>

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	<p>dedicated minimum of .1 FTE for educational and administrative responsibilities that do not involve direct patient care. ^(Core)</p> <p>Subspecialty-Specific Background and Intent: The Review Committee specified the minimum required number of ABIM- or AOBIM-subspecialty-certified core faculty, but did not specify how the aggregate FTE support should be distributed to allow programs, in partnership with their sponsoring institution, to allocate the support as they see fit.</p> <p>Because an associate program director is also a core faculty member, the minimum dedicated time requirements for associate program directors are inclusive of core faculty activities. An additional 10 percent FTE for the core faculty position is not required. For example, if one core faculty member is named the associate program director for a 12-fellow program, the required minimum support for that position is 14 percent FTE.</p>
<p>Infectious Disease <i>Will not issue citations until July 1, 2023</i></p>	<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> <p>II.B.4.e) At a minimum, the required core faculty members, in aggregate and excluding members of the program leadership, must be provided with support equal to an average dedicated minimum of .1 FTE for educational and administrative responsibilities that do not involve direct patient care. ^(Core)</p> <p>Subspecialty-Specific Background and Intent: The Review Committee specified the minimum required number of ABIM- or AOBIM-subspecialty-certified core faculty, but did not specify how the aggregate FTE support should be distributed to allow programs, in partnership with their sponsoring institution, to allocate the support as they see fit.</p> <p>Because an associate program director is also a core faculty member, the minimum dedicated time requirements for associate program directors are inclusive of core faculty activities. An</p>

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<p>Interventional Cardiology <i>Will not issue citations until July 1, 2023</i></p>	<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> <p>II.B.4.e) At a minimum, the required core faculty members, in aggregate and excluding members of the program leadership, must be provided with support equal to an average dedicated minimum of .1 FTE for educational and administrative responsibilities that do not involve direct patient care. ^(Core)</p> <p>Subspecialty-Specific Background and Intent: The Review Committee specified the minimum required number of ABIM- or AOBIM-subspecialty-certified core faculty, but did not specify how the aggregate FTE support should be distributed to allow programs, in partnership with their sponsoring institution, to allocate the support as they see fit.</p> <p>Because an associate program director is also a core faculty member, the minimum dedicated time requirements for associate program directors are inclusive of core faculty activities. An additional 10 percent FTE for the core faculty position is not required. For example, if one core faculty member is named the associate program director for a 12-fellow program, the required minimum support for that position is 14 percent FTE.</p>
<p>Medical Oncology <i>Will not issue citations until July 1, 2023</i></p>	<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>

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<p>Nephrology <i>Will not issue citations until July 1, 2023</i></p>	<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> <p>II.B.4.e) At a minimum, the required core faculty members, in aggregate and excluding members of the program leadership, must be provided with support equal to an average dedicated minimum of .1 FTE for educational and administrative responsibilities that do not involve direct patient care. ^(Core)</p> <p>Subspecialty-Specific Background and Intent: The Review Committee specified the minimum required number of ABIM- or AOBIM-subspecialty-certified core faculty, but did not specify how the aggregate FTE support should be distributed to allow programs, in partnership with their sponsoring institution, to allocate the support as they see fit.</p>

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<p>Pulmonary Disease and Critical Care Medicine</p> <p><i>Will not issue citations until July 1, 2023</i></p>	<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) At a minimum, the required core faculty members, in aggregate and excluding members of the program leadership, must be provided with support equal to an average dedicated minimum of .1 FTE for educational and administrative responsibilities that do not involve direct patient care. ^(Core)</p> <p>Subspecialty-Specific Background and Intent: The Review Committee specified the minimum required number of ABIM- or AOBIM-subspecialty-certified core faculty, but did not specify how the aggregate FTE support should be distributed to allow programs, in partnership with their sponsoring institution, to allocate the support as they see fit.</p> <p>Because an associate program director is also a core faculty member, the minimum dedicated time requirements for associate program directors are inclusive of core faculty activities. An additional 10 percent FTE for the core faculty position is not required. For example, if one core faculty member is named the associate program director for a 12-fellow program, the required minimum support for that position is 14 percent FTE.</p>
<p>Pulmonary Disease</p> <p><i>Will not issue citations until July 1, 2023</i></p>	<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>

Specialty/Subspecialty Name	Program Requirement Language
	<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> <p>II.B.4.e) At a minimum, the required core faculty members, in aggregate and excluding members of the program leadership, must be provided with support equal to an average dedicated minimum of .1 FTE for educational and administrative responsibilities that do not involve direct patient care. ^(Core)</p> <p>Subspecialty-Specific Background and Intent: The Review Committee specified the minimum required number of ABIM- or AOBIM-subspecialty-certified core faculty, but did not specify how the aggregate FTE support should be distributed to allow programs, in partnership with their sponsoring institution, to allocate the support as they see fit.</p> <p>Because an associate program director is also a core faculty member, the minimum dedicated time requirements for associate program directors are inclusive of core faculty activities. An additional 10 percent FTE for the core faculty position is not required. For example, if one core faculty member is named the associate program director for a 12-fellow program, the required minimum support for that position is 14 percent FTE.</p>
<p>Rheumatology</p> <p><i>Will not issue citations until July 1, 2023</i></p>	<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> <p>II.B.4.e) At a minimum, the required core faculty members, in aggregate and excluding members of the program leadership, must be provided with support equal to an average dedicated minimum of .1 FTE for educational and administrative responsibilities that do not involve direct patient care. ^(Core)</p> <p>Subspecialty-Specific Background and Intent: The Review Committee specified the minimum required number of ABIM- or AOBIM-subspecialty-certified core faculty, but did not specify</p>

Specialty/Subspecialty Name	Program Requirement Language
	<p>how the aggregate FTE support should be distributed to allow programs, in partnership with their sponsoring institution, to allocate the support as they see fit.</p> <p>Because an associate program director is also a core faculty member, the minimum dedicated time requirements for associate program directors are inclusive of core faculty activities. An additional 10 percent FTE for the core faculty position is not required. For example, if one core faculty member is named the associate program director for a 12-fellow program, the required minimum support for that position is 14 percent FTE.</p>
<p>Transplant Hepatology <i>Will not issue citations until July 1, 2023</i></p>	<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> <p>II.B.4.e) At a minimum, the required core faculty members, in aggregate and excluding members of the program leadership, must be provided with support equal to an average dedicated minimum of .1 FTE for educational and administrative responsibilities that do not involve direct patient care. ^(Core)</p> <p>Subspecialty-Specific Background and Intent: The Review Committee specified the minimum required number of ABIM- or AOBIM-subspecialty-certified core faculty, but did not specify how the aggregate FTE support should be distributed to allow programs, in partnership with their sponsoring institution, to allocate the support as they see fit.</p> <p>Because an associate program director is also a core faculty member, the minimum dedicated time requirements for associate program directors are inclusive of core faculty activities. An additional 10 percent FTE for the core faculty position is not required. For example, if one core faculty member is named the associate program director for a 12-fellow program, the required minimum support for that position is 14 percent FTE.</p>
<p>Medical Genetics and Genomics</p>	<p>-</p>

Specialty/Subspecialty Name	Program Requirement Language
Clinical Biochemical Genetics Laboratory Genetics and Genomics Medical Biochemical Genetics	-
Neurological Surgery <i>Will not issue citations until July 1, 2023. Areas for Improvement may be issued in the interim.</i>	II.B.4.e) At a minimum, each required core faculty member, excluding program leadership, must be provided with support equal to a dedicated minimum of 5 percent FTE for educational and administrative responsibilities that do not involve direct patient care. (Core)
Neurology Child Neurology	-
Clinical Neurophysiology Epilepsy Neurodevelopmental Disabilities Vascular Neurology	-
Nuclear Medicine	-
Obstetrics and Gynecology	-
Complex Family Planning Gynecologic Oncology Maternal-Fetal Medicine Reproductive Endocrinology and Infertility	-
Ophthalmology	-
Ophthalmic Plastic and Reconstructive Surgery	-
Orthopaedic Surgery	-
Adult Reconstructive Orthopaedic Surgery	-

Specialty/Subspecialty Name	Program Requirement Language
Foot and Ankle Orthopaedic Surgery Musculoskeletal Oncology Orthopaedic Sports Medicine Orthopaedic Surgery of the Spine Orthopaedic Trauma Pediatric Orthopaedic Surgery	
Osteopathic Neuromusculoskeletal Medicine	-
Otolaryngology – Head and Neck Surgery	-
Neurotology Pediatric Otolaryngology	-
Pathology	-
Blood Banking/Transfusion Medicine Chemical Pathology Cytopathology Forensic Pathology Hematopathology Medical Microbiology Neuropathology Pediatric Pathology Selective Pathology	-
Pediatrics	-

Specialty/Subspecialty Name	Program Requirement Language
Adolescent Medicine Child Abuse Pediatrics Developmental-Behavioral Pediatrics Pediatric Cardiology Pediatric Critical Care Pediatric Endocrinology Pediatric Gastroenterology Pediatric Hematology Oncology Pediatric Infectious Diseases Pediatric Neonatal-Perinatal Pediatric Nephrology Pediatric Pulmonology Pediatric Rheumatology Pediatric Transplant Hepatology	-
Physical Medicine and Rehabilitation <i>Will not issue citations until July 1, 2023</i>	II.B.4.d) At a minimum, the required core faculty members, in aggregate and excluding program leadership, must be provided with support equal to an average dedicated minimum of 0.1 FTE for educational and administrative responsibilities that do not involve direct patient care. (Core)
Pediatric Rehabilitation Medicine Spinal Cord Injury Medicine	-
Plastic Surgery	-
Craniofacial Plastic Surgery	-
Aerospace Medicine Occupational and Environmental Medicine	-

Specialty/Subspecialty Name	Program Requirement Language
Public Health and General Preventive Medicine	
Psychiatry	-
Addiction Psychiatry Child and Adolescent Psychiatry Forensic Psychiatry Geriatric Psychiatry Consultation-Liaison Psychiatry	-
Radiation Oncology	-
Surgery	-
Complex General Surgical Oncology Pediatric Surgery Surgical Critical Care	-
Vascular Surgery - Integrated	-
Vascular Surgery - Independent	-
Thoracic Surgery - Integrated	-
Thoracic Surgery – Independent Congenital Cardiac Surgery	-
Urology	-
Pediatric Urology	-
Transitional Year	-
Multidisciplinary Specialties/Subspecialties	
Addiction Medicine (subspecialty of Family Medicine, Internal	II.B.4.d) At a minimum, each required core faculty member, excluding members of the program's leadership, must be provided with support equal to a dedicated minimum of 0.1

Specialty/Subspecialty Name	Program Requirement Language
<p>Medicine, or Psychiatry) <i>Will not issue citations until July 1, 2023</i></p>	<p>FTE for educational and administrative responsibilities that do not involve direct patient care. (Core)</p>
<p>Brain Injury Medicine (subspecialty of Child Neurology, Neurology, Physical Medicine and Rehabilitation, or Psychiatry)</p>	<p>-</p>
<p>Clinical Informatics (Subspecialty of Anesthesiology, Family Medicine, Internal Medicine, Pathology, or Pediatrics) <i>Will not issue citations until July 1, 2023</i></p>	<p>II.B.4.d) At a minimum, the required core faculty members, in aggregate and excluding program leadership, must be provided with support equal to an average dedicated minimum of .1 FTE for educational and administrative responsibilities that do not involve direct patient care. (Core)</p> <p>Subspecialty-Specific Background and Intent: The Review Committee specified the minimum required number of core faculty members, but did not specify how the aggregate FTE support should be distributed to allow programs, in partnership with their sponsoring institution, to allocate the support as they see fit.</p> <p>Because an associate program director is also a core faculty member, the minimum dedicated time requirements for associate program directors are inclusive of core faculty activities. An additional 10 percent FTE for the core faculty position is not required. For example, if one core faculty member is named the associate program director for a 12-fellow program, the required minimum support for that position is 14 percent FTE.</p>
<p>Dermatopathology (subspecialty of Dermatology or Pathology)</p>	<p>-</p>
<p>Neuroendovascular Intervention (subspecialty of Child Neurology, Neurological Surgery, Neurology, or Radiology)</p>	<p>-</p>
<p>Female Pelvic Medicine and</p>	<p>-</p>

Specialty/Subspecialty Name	Program Requirement Language
<p style="text-align: center;">Reconstructive Surgery (subspecialty of Obstetrics and Gynecology or Urology)</p>	
<p style="text-align: center;">Geriatric Medicine (subspecialty of Family Medicine or Internal Medicine)</p> <p><i>Will not issue citations until July 1, 2023</i></p>	<p>II.B.4.d) At a minimum, the required core faculty members, in aggregate and excluding program leadership, must be provided with support equal to an average dedicated minimum of .1 FTE for educational and administrative responsibilities that do not involve direct patient care. ^(Core)</p> <p>Subspecialty-Specific Background and Intent: The Review Committee specified the minimum required number of subspecialty-certified core faculty members, but did not specify how the aggregate FTE support should be distributed to allow programs, in partnership with their sponsoring institution, to allocate the support as they see fit.</p> <p>Because an associate program director is also a core faculty member, the minimum dedicated time requirements for associate program directors are inclusive of core faculty activities. An additional 10 percent FTE for the core faculty position is not required. For example, if one core faculty member is named the associate program director for a 12-fellow program, the required minimum support for that position is 14 percent FTE.</p>
<p style="text-align: center;">Hand Surgery (subspecialty of Orthopaedic Surgery, Plastic Surgery, or Surgery)</p>	-
<p style="text-align: center;">Hospice and Palliative Medicine (subspecialty of Anesthesiology, Family Medicine, Internal Medicine, Pediatrics, Psychiatry, or Radiation Oncology)</p> <p><i>Will not issue citations until July 1, 2023</i></p>	<p>II.B.4.d) At a minimum, the required core faculty members, in aggregate and excluding program leadership, must be provided with support equal to an average dedicated minimum of .1 FTE for educational and administrative responsibilities that do not involve direct patient care. ^(Core)</p> <p>Subspecialty-Specific Background and Intent: The Review Committee specified the minimum required number of subspecialty-certified core faculty members, but did not specify how the aggregate FTE support should be distributed to allow programs, in partnership with their sponsoring institution, to allocate the support as they see fit.</p> <p>Because an associate program director is also a core faculty member, the minimum dedicated</p>

Specialty/Subspecialty Name	Program Requirement Language
	time requirements for associate program directors are inclusive of core faculty activities. An additional 10 percent FTE for the core faculty position is not required. For example, if one core faculty member is named the associate program director for a 12-fellow program, the required minimum support for that position is 14 percent FTE.
Internal Medicine-Pediatrics (Combined program for Internal Medicine and Pediatrics)	-
Medical Toxicology (subspecialty of Emergency Medicine or Preventive Medicine)	-
Molecular Genetic Pathology (subspecialty of Medical Genetics and Genomics or Pathology)	-
Neurocritical Care (Subspecialty of Neurology and Neurological Surgery)	-
Neuromuscular Medicine (subspecialty of Child Neurology, Neurology, or Physical Medicine and Rehabilitation)	-
Pain Medicine (subspecialty of Anesthesiology, Child Neurology, Neurology, or Physical Medicine and Rehabilitation)	-
Pediatric Emergency Medicine (subspecialty of Emergency Medicine and Pediatrics)	-

Specialty/Subspecialty Name	Program Requirement Language
<p style="text-align: center;">Sleep Medicine (subspecialty of Child Neurology, Internal Medicine, Neurology, Pediatrics, or Psychiatry)</p> <p><i>Will not issue citations until July 1, 2023</i></p>	<p>II.B.4.d) At a minimum, the required core faculty members, in aggregate and excluding program leadership, must be provided with support equal to an average dedicated minimum of .1 FTE for educational and administrative responsibilities that do not involve direct patient care. <small>(Core)</small></p> <p>Subspecialty-Specific Background and Intent: The Review Committee specified the minimum required number of subspecialty-certified core faculty members, but did not specify how the aggregate FTE support should be distributed to allow programs, in partnership with their sponsoring institution, to allocate the support as they see fit.</p> <p>Because an associate program director is also a core faculty member, the minimum dedicated time requirements for associate program directors are inclusive of core faculty activities. An additional 10 percent FTE for the core faculty position is not required. For example, if one core faculty member is named the associate program director for a 12-fellow program, the required minimum support for that position is 14 percent FTE.</p>
<p style="text-align: center;">Sports Medicine (subspecialty of Emergency Medicine, Family Medicine, Pediatrics, or Physical Medicine and Rehabilitation)</p> <p><i>Will not issue citations until July 1, 2023</i></p>	<p>II.B.4.d) At a minimum, each required core faculty member, excluding program leadership, must be provided with support equal to a dedicated minimum of 10 percent FTE for educational and administrative responsibilities that do not involve direct patient care. <small>(Core)</small></p>
<p style="text-align: center;">Undersea and Hyperbaric Medicine (subspecialty of Emergency Medicine or Preventive Medicine)</p>	<p style="text-align: center;">-</p>

Sponsoring Institution-Based Fellowships	
Fellowship Name	Program Requirement Language
<p style="text-align: center;">Health Care Administration, Leadership, and Management</p>	<p style="text-align: center;">-</p>