

Specialty/Subspecialty-Specific Modifications Effective July 1, 2026

The ACGME Board of Directors approved an interim revision of the Common Program Requirements at its September 2025 meeting. To align the specialty-/subspecialty-specific Program Requirements with this revision, the following modifications were approved to the faculty certification and resident/fellow transfer requirements listed below.

FACULTY CERTIFICATION	
Specialty/Subspecialty	Program Requirement Change
Adult cardiothoracic anesthesiology	<p>2.6.b. The faculty must include at least one individual who is certified in critical care medicine physician through a member board of the American Board of Medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA) and who practices in an ICU that cares for adult cardiothoracic surgical patients. (Core)</p> <p>2.6.c. The faculty must include at least one physician member certified in cardiology cardiologist through the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine. (Core)</p> <p>2.6.d. The faculty must include at least one physician member certified in cardiothoracic surgeon surgery through the American Board of Surgery or the American Osteopathic Board of Surgery. (Core)</p>
Anesthesiology critical care medicine	<p>2.6.a. Physicians with education and certification through a member board of the American Board of Medical Specialties (ABMS) or certifying board of the American Osteopathic Association (AOA) 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>2.9.b. Other qualifications that are acceptable to the Review Committee include certification in critical care medicine or its affiliated subspecialties by a member board of the American Board of Medical Specialties (ABMS) or a certifying board of the American Osteopathic Association (AOA). (Core)</p>
Obstetric anesthesiology	<p>2.7.f. The faculty must include physicians certified through a member board of the ABMS or certifying board of the AOA in obstetrics and gynecology, maternal-fetal medicine, and</p>

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	<p>neonatology, who are must be available for consultations and the collaborative management of peripartum patients, as well as instruction and supervision of fellows. (Core)</p> <p>2.7.g. The faculty must include at least one <u>critical care medicine physician 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.</u> (Core)</p>
Pediatric anesthesiology	<p>2.6.a. The faculty must include at least one <u>critical care medicine physician individual who is certified in critical care medicine by a member board of the American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA and who practices in an intensive care unit (ICU) that cares for pediatric surgical patients.</u> (Core)</p> <p>2.6.b. <u>Critical care medicine physician</u> Faculty members certified in critical care medicine by a member board of the ABMS or a certifying board of the AOA must be available for consultation and collaborative management of critically ill patients. (Core)</p>
Pediatric cardiac anesthesiology	<p>2.6.b. The faculty must include at least one individual who is certified in critical care medicine physician through a member board of the ABMS or AOA and who practices in an ICU that cares for pediatric cardiac surgical patients. (Core)</p>
Regional anesthesiology and acute pain medicine	<p>2.6.a. <u>Critical care medicine P</u>physicians certified in critical care through a member board of the ABMS or AOA must be available for consultation and collaborative management of critically-ill patients who require care from the regional anesthesia and acute pain medicine team. (Core)</p>
Colon and rectal surgery	<p>Future Effective 7/1/2026: <u>2.10.a. Any other specialty or subspecialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee.</u> (Core)</p> <p>2.11.b. There must be a minimum of three FTE ABCRS-certified core faculty members, including the program director. (Core)</p> <p>2.11.c. The associate (or assistant) program director must have current certification in the</p>

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	<p>specialty by the American Board of Colon and Rectal Surgery. ^(Core)</p>
Dermatology	<p><u>2.10.a. Any other specialty or subspecialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee.</u> ^(Core)</p> <p>2.10.a. (2.10.b.) Physician faculty members directing resident education in dermatopathology should have advanced fellowship education in dermatopathology subspecialty certification in dermatopathology by the American Board of Dermatology, or the American Osteopathic Board of Dermatology. ^(Core)</p>
Diagnostic radiology	<p><u>2.10.a. Any other specialty or subspecialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee.</u> ^(Core)</p> <p>2.10.a. (2.10.b.) Other faculty qualifications acceptable to the Review Committee include, certification by other American Board of Medical Specialties (ABMS) member boards, or other American Osteopathic Association (AOA) certifying boards. ^(Core)</p>
Interventional radiology	<p>2.9.a. There must be 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><u>2.10.a. Any other specialty or subspecialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee.</u> ^(Core)</p>

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	2.10.a. (2.10.b.) Other faculty qualifications acceptable to the Review Committee include certification by other American Board of Medical Specialties (ABMS) member boards, or other American Osteopathic Association (AOA) certifying boards. (Core)
Neuroradiology	2.9.a.1. At least 50 percent of the physician faculty must be neuroradiologists have subspecialty certification in neuroradiology from the American Board of Radiology or the American Osteopathic Board of Radiology. (Core)
Nuclear Radiology	2.9.b. Subspecialty physician faculty members must be certified by the American Board of Radiology or American Osteopathic Board of Radiology in diagnostic radiology, by the American Board of Radiology in nuclear radiology, or by the American Board of Nuclear Medicine or American Osteopathic Board of Nuclear Medicine in nuclear medicine, or possess qualifications acceptable to the Review Committee. (Core) 2.10.b. The nuclear radiology faculty must have a minimum of two FTE core faculty members, which must include the program director, and at least one other FTE <u>nuclear radiologist or nuclear medicine physician</u> faculty member who is ABR-certified in nuclear radiology or ABNM-/AOBNM-certified in nuclear medicine. (Core)
Pediatric Radiology	2.10.b. The pediatric 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, ABR- or AOBR-certified pediatric radiologist. (Core)
Emergency Medicine	2.8.f. Faculty members supervising emergency medicine residents in an adult emergency department must either be ABEM/AOBEM board-eligible or have current ABEM and/or AOBEM certification in emergency medicine <u>physicians.</u> (Core) 2.9.a. Faculty members supervising emergency medicine residents on pediatric emergency medicine rotations where pediatric emergency medicine fellows are also present must be certified in <u>pediatricians</u> , emergency medicine <u>physicians</u> , or pediatric emergency medicine <u>physicians</u> by the ABEM, American Board of Pediatrics, AOBEM, or American Osteopathic Board of Pediatrics. (Core) 2.9.a.1. Faculty members board-certified solely in pediatrics may not supervise emergency medicine residents in the emergency department in all other settings. (Core)

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	<p><u>2.10.a. Any other specialty or subspecialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee.</u> (Core)</p> <p>2.10.a. (2.10.b.) In lieu of the qualifications in 2.10., physician faculty members must have certification by a subspecialty board sponsored or co-sponsored by either the ABEM or the AOBEM. (Core)</p>
Emergency medical services	<p>2.10.b. In addition to the program director there must be at least two core <u>emergency medical services</u> physician faculty members with EMS board certification whose practice makes them available for consultation by fellows. (Core)</p>
Family medicine	<p><u>2.10.a. Any other specialty or subspecialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee.</u> (Core)</p> <p>2.10.a. (2.10.b) Family medicine physician faculty members who are not certified by the American Board of Family Medicine (ABFM), or American Osteopathic Board of Family Physicians (AOBFP) must demonstrate ongoing learning activities equivalent to the ABFM or AOBFP Maintenance of Certification process, including demonstration of professionalism, cognitive expertise, self-assessment and life-long learning, and assessment of performance in practice. (Core)</p> <p>2.10.b. (2.10.c.) Physician faculty members from other specialties must have current certification in their specialties by a member board of the American Board of Medical Specialties, or an American Osteopathic Association certifying board, or possess qualifications acceptable to the Review Committee. (Core)</p>
Internal medicine	<p>2.7.b. There must be <u>internal medicine</u> physicians with certification in internal medicine by the</p>

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	<p>ABIM or AOBIM to teach and supervise internal medicine residents while they are on internal medicine inpatient and outpatient rotations. (Core)</p> <p>2.7.c. Relevant internal medicine subspecialty Pphysicians certified by the ABIM or the AOBIM in the relevant subspecialty must be available to teach and supervise internal medicine residents while they are on internal medicine subspecialty rotations. (Core)</p> <p>2.7.d. Relevant subspecialty Pphysicians certified by an ABMS or AOA board in the relevant subspecialty should be available to teach and supervise internal medicine residents while they are on multidisciplinary subspecialty rotations. (Core)</p> <p>2.7.e. Relevant specialty Pphysicians certified by an ABMS or AOA board in the relevant specialty should be available to teach and supervise internal medicine residents while they are having non-internal medicine experiences. (Core)</p> <p>2.8.f.2 Each SEC must be certified in the relevant subspecialty by the ABIM or the AOBIM, except that the geriatric medicine SEC must be certified in the subspecialty by the relevant ABMS member board or AOA certifying board. (Core)</p> <p>2.11.b. 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> <table border="1" data-bbox="579 1110 1902 1198"> <thead> <tr> <th data-bbox="579 1110 1073 1198">Number of Approved Resident Positions</th> <th data-bbox="1073 1110 1902 1198">Minimum Number of ABIM or AOBIM certified Core Faculty Members</th> </tr> </thead> <tbody> <tr> <td data-bbox="579 1198 1073 1247"></td> <td data-bbox="1073 1198 1902 1247"></td> </tr> </tbody> </table> <p>2.11.e.1. [Associate program directors must:] have current certification from the ABIM or AOBIM in either internal medicine or a subspecialty of internal medicine; (Core)</p>	Number of Approved Resident Positions	Minimum Number of ABIM or AOBIM certified Core Faculty Members		
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Adult congenital heart disease	<p>2.3.b. Programs must appoint at least one of the subspecialty-certified core faculty members <u>in adult congenital heart disease</u> to be associate program director(s). ^(Core)</p> <p>2.10.b. In addition to the program director, programs must have the minimum number of core faculty members who are certified in adult congenital heart-disease by the ABIM based on the number of approved fellow positions, as follows: ^(Core)</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px; text-align: center;">Number of Approved Positions</td> <td style="padding: 5px; text-align: center;">Minimum Number of ABIM-Certified Core Faculty</td> </tr> </table> <p>4.14.b. At least 50 percent of the core faculty members who are ABIM-certified in adult congenital heart disease by the ABIM (see Program Requirements 2.10.b.-c.) must annually engage in a variety of scholarly activities from among the following: faculty participation in grand rounds; posters; workshops; quality improvement presentations; podium presentations; grant leadership; non-peer-reviewed print/electronic resources; articles or publications; book chapters; textbooks; webinars; service on professional committees; or serving as a journal reviewer, journal editorial board member, or editor. ^(Core)</p>	Number of Approved Positions	Minimum Number of ABIM-Certified Core Faculty
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Advanced heart failure/transplant cardiology	<p>2.3.b. Programs must appoint at least one of the subspecialty-certified core faculty <u>in advanced heart failure/transplant cardiology</u> to be associate program director(s). ^(Core)</p> <p>2.10.b. In addition to the program director, programs must have the minimum number of core faculty members who are certified in advanced heart failure and transplant cardiology by the ABIM or AOBIM based on the number of approved fellow positions, as follows: ^(Core)</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px; text-align: center;">Number of Approved Fellow Positions</td> <td style="padding: 5px; text-align: center;">Minimum Number of ABIM or AOBIM Certified Core Faculty</td> </tr> </table> <p>4.14.b. At least 50 percent of the core faculty members who are certified in advanced heart failure and transplant cardiology by the ABIM or AOBIM (see Program Requirements 2.10.b.-</p>	Number of Approved Fellow Positions	Minimum Number of ABIM or AOBIM Certified Core Faculty
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	<p>c.) must annually engage in a variety of scholarly activities from among the following: faculty participation in grand round; posters; workshops; quality improvement presentations; podium presentations; grant leadership; non-peer-reviewed print/electronic resources; articles or publications; book chapters; textbooks; webinars; service on professional committees; or serving as a journal reviewer, journal editorial board member, or editor. (Core)</p>		
Cardiovascular disease	<p>2.3.b. Programs must appoint at least one of the subspecialty-certified core faculty members in <u>cardiovascular disease</u> to be associate program director(s). (Core)</p> <p>2.10.b. In addition to the program director, programs must have the minimum number of core faculty members who are certified in cardiovascular disease by the ABIM or the AOBIM based on the number of approved fellow positions, as follows: (Core)</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Number of Approved Positions</td> <td style="text-align: center;">Minimum Number of ABIM or AOBIM Certified Core Faculty</td> </tr> </table> <p>4.14.a.1.a. At least 50 percent of the core faculty members who are certified in cardiovascular disease by the ABIM or AOBIM (see Program Requirements 2.10.b.-c.) must annually engage in a variety of scholarly activities, as listed in Program Requirement 4.14.a.1. (Core)</p>	Number of Approved Positions	Minimum Number of ABIM or AOBIM Certified Core Faculty
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Clinical cardiac electrophysiology	<p>2.3.b. Programs must appoint at least one of the subspecialty-certified core faculty members in <u>clinical cardiac electrophysiology</u> to be associate program director(s). (Core)</p> <p>2.10.b. In addition to the program director, programs must have the minimum number of core faculty members who are certified in clinical cardiac electrophysiology by the ABIM or the AOBIM based on the number of approved fellow positions, as follows: (Core)</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Number of Approved Positions</td> <td style="text-align: center;">Minimum Number of ABIM or AOBIM Certified Core Faculty</td> </tr> </table>	Number of Approved Positions	Minimum Number of ABIM or AOBIM Certified Core Faculty
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	<p>4.14.b. At least 50 percent of the core faculty members who are certified in clinical cardiac electrophysiology by the ABIM or the AOBIM (see Program Requirements 2.10.b. - c.) must annually engage in a variety of scholarly activities from among the following: faculty participation in grand rounds; posters; workshops; quality improvement presentations; podium presentations; grant leadership; non-peer-reviewed print/electronic resources; articles or publications; book chapters; textbooks; webinars; service on professional committees; or serving as a journal reviewer, journal editorial board member, or editor. (Core)</p>				
Critical care medicine	<p>2.3.b. Programs must appoint at least one of the subspecialty-certified core faculty members <u>in critical care medicine</u> to be associate program director(s). (Core)</p> <p>2.9.a.1. ABIM or AOBIM-certified Clinical faculty in cardiology, gastroenterology, hematology, infectious disease, nephrology, oncology, and pulmonary disease, must participate in the program. (Core)</p> <p>2.10.b. In addition to the program director, programs must have the minimum number of core faculty members who are certified in critical care medicine by the ABIM or the AOBIM based on the number of approved fellow positions, as follows: (Core)</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Number of Approved Positions</th> <th style="text-align: center;">Minimum Number of ABIM or AOBIM Certified Core Faculty</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> </tbody> </table> <p>4.14.a.1.a. At least 50 percent of the core faculty members who are certified in critical care medicine by the ABIM or AOBIM (see Program Requirements 2.10.b.-c.) must annually engage in a variety of scholarly activities, as listed in Program Requirement 4.14.a.1. (Core)</p>	Number of Approved Positions	Minimum Number of ABIM or AOBIM Certified Core Faculty		
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Endocrinology, diabetes, and metabolism	<p>2.3.b. Programs must appoint at least one of the subspecialty-certified core faculty members <u>in endocrinology, diabetes, and metabolism</u> to be associate program director(s). (Core)</p>				

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	<p>2.10.b. In addition to the program director, programs must have the minimum number of core faculty members who are certified in endocrinology, diabetes and metabolism by the ABIM or the AOBIM based on the number of approved fellow positions, as follows. ^(Core)</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Number of Approved Fellow Positions</td> <td style="text-align: center;">Minimum Number of ABIM or AOBIM Subspecialty Certified Core Faculty</td> </tr> </table> <p>4.14.a.1.a. At least 50 percent of the core faculty members who are certified in endocrinology, diabetes, and metabolism by the ABIM or AOBIM (see Program Requirements 2.10.b.-c.) must annually engage in a variety of scholarly activities, as listed in Program Requirement 4.14.a.1. ^(Core)</p>	Number of Approved Fellow Positions	Minimum Number of ABIM or AOBIM Subspecialty Certified Core Faculty
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Gastroenterology	<p>2.3.b. Programs must appoint at least one of the subspecialty-certified core faculty members <u>in gastroenterology</u> to be associate program director(s). ^(Core)</p> <p>2.10.b. In addition to the program director, programs must have the minimum number of core faculty members who are certified in gastroenterology by the ABIM or the AOBIM based on the number of approved fellow positions, as follows: ^(Core)</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Number of Approved Fellow Positions</td> <td style="text-align: center;">Minimum Number of ABIM or AOBIM Subspecialty Certified Core Faculty</td> </tr> </table> <p>2.10.c. At least one core faculty member certified by the ABIM or the AOBIM in gastroenterology must have demonstrated expertise and a primary focus in hepatology. ^(Core)</p>	Number of Approved Fellow Positions	Minimum Number of ABIM or AOBIM Subspecialty Certified Core Faculty
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	<p>2.10.d. At least one core faculty member certified by the ABIM or the AOBIM in gastroenterology must have demonstrated expertise in all aspects of endoscopy, including advanced procedures. (Core)</p> <p>4.14.a.1.a. At least 50 percent of the core faculty members who are certified in gastroenterology by the ABIM or AOBIM (see Program Requirements 2.10.c-d.) must annually engage in a variety of scholarly activities, as listed in Program Requirement 4.14.a.1. (Core)</p>		
Hematology	<p>2.3.b. Programs must appoint at least one of the subspecialty-certified core faculty members <u>in hematology</u> to be associate program director(s). (Core)</p> <p>2.9.a.1. <u>Subspecialty physician f</u>Faculty members who are ABIM or AOBIM-certified in cardiovascular disease, endocrinology, diabetes, and metabolism, gastroenterology, hospice and palliative medicine, infectious disease, medical oncology, and pulmonary disease should be available to participate in the education of fellows. (Core)</p> <p>2.10.b. In addition to the program director, programs must have the minimum number of core faculty members who are certified in hematology by the ABIM or the AOBIM based on the number of approved fellow positions, as follows: (Core)</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Number of Approved Positions</td> <td style="text-align: center;">Minimum Number of ABIM or AOBIM Certified Core Faculty</td> </tr> </table> <p>4.14.a.1.a. At least 50 percent of the core faculty members certified in hematology by the ABIM or AOBIM must annually engage in a variety of scholarly activities, as listed in Program Requirement 4.14.a.1. (Core)</p>	Number of Approved Positions	Minimum Number of ABIM or AOBIM Certified Core Faculty
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Hematology and medical oncology	<p>2.3.b. Programs must appoint at least one of the subspecialty-certified core faculty members <u>in hematology and medical oncology</u> to be associate program director(s). (Core)</p>		

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	<p>2.4.a.2. If the program director has ABIM or AOBIM certification in only one of the subspecialties, a faculty member certified by the ABIM or AOBIM in the other subspecialty must be appointed associate program director, be responsible for the educational program in that second area, and assist the program director with the administrative and clinical oversight of the program. (Core)</p> <p>2.9.a.1. Faculty members who are ABIM or AOBIM certified in cardiovascular disease, endocrinology, diabetes, and metabolism, gastroenterology, hospice and palliative medicine, infectious disease, medical oncology, and pulmonary disease should be available to participate in the education of fellows. (Core)</p> <p>2.10.b. In addition to the program director, programs must have the minimum number of core faculty members who are certified in hematology and/or medical oncology by the ABIM or the AOBIM based on the number of approved fellow positions, as follows: (Core)</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Number of Approved Positions</th> <th style="text-align: center;">Minimum Number of ABIM or AOBIM Certified Core Faculty</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> </tbody> </table> <p>2.10.c. 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 <u>by the ABIM or AOBIM</u>, and at least 50 percent of the individuals must be certified in medical oncology <u>by the ABIM or AOBIM</u>. (Core)</p> <p>4.14.a.1.a.: At least 50 percent of the core faculty members who are certified in hematology or medical oncology by the ABIM or AOBIM (see Program Requirements 2.10.b.-c.) must annually engage in a variety of scholarly activities, as listed in Program Requirement 4.14.a.1. (Core)</p>	Number of Approved Positions	Minimum Number of ABIM or AOBIM Certified Core Faculty		
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Infectious disease	2.3.b. Programs must appoint at least one of the subspecialty-certified core faculty members <u>in infectious disease</u> to be associate program director(s). (Core)				

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	<p>2.10.b. In addition to the program director, programs must have the minimum number of core faculty members who are certified in infectious disease by the ABIM or the AOBIM based on the number of approved fellow positions, as follows: ^(Core)</p> <table border="1" data-bbox="1041 451 1686 597"> <tr> <td data-bbox="1041 451 1350 597">Number of Approved Positions</td> <td data-bbox="1356 451 1686 597">Minimum Number of ABIM or AOBIM Certified Core Faculty</td> </tr> </table> <p>4.14.a.1.a. At least 50 percent of the core faculty members who are certified in infectious disease by the ABIM or AOBIM (see Program Requirements 2.10.b.-c.) must annually engage in a variety of scholarly activities, as listed in Program Requirement 4.14.a.1. ^(Core)</p>	Number of Approved Positions	Minimum Number of ABIM or AOBIM Certified Core Faculty
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Interventional cardiology	<p>2.3.b. Programs must appoint at least one of the subspecialty-certified core faculty members <u>in interventional cardiology</u> to be associate program director(s). ^(Core)</p> <p>2.10.b. In addition to the program director, programs must have the minimum number of core faculty members who are certified in interventional cardiology by the ABIM based on the number of approved fellow positions, as follows: ^(Core)</p> <table border="1" data-bbox="1041 1003 1686 1149"> <tr> <td data-bbox="1041 1003 1350 1149">Number of Approved Positions</td> <td data-bbox="1356 1003 1686 1149">Minimum Number of ABIM or AOBIM Certified Core Faculty</td> </tr> </table> <p>4.14.b. At least 50 percent of the core faculty members who are certified in interventional cardiology by the ABIM or the AOBIM (see Program Requirements 2.10.c.-d.) must annually engage in a variety of scholarly activities from among the following: faculty participation in grand rounds; posters; workshops; quality improvement presentations; podium presentations; grant leadership; non-peer-reviewed print/electronic resources; articles or publications; book</p>	Number of Approved Positions	Minimum Number of ABIM or AOBIM Certified Core Faculty
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	<p>chapters; textbooks; webinars; service on professional committee; or serving as a journal reviewer, journal editorial board member, or editor. (Core)</p>		
Interventional Pulmonology	<p>2.10.c.1. [The required minimum number of core interventional pulmonology faculty members must:] have current certification in pulmonary disease by the ABIM or AOBIM <u>be pulmonary disease physicians</u>; (Core)</p>		
Medical oncology	<p>2.3.b. Programs must appoint at least one of the subspecialty-certified core faculty members <u>in medical oncology</u> to be associate program director(s). (Core)</p> <p>2.9.a.1. <u>Subspecialty physician</u> Ffaculty members who are ABIM or AOBIM certified, in cardiovascular disease, endocrinology, diabetes, and metabolism, gastroenterology, hospice and palliative medicine, infectious disease, medical oncology, and pulmonary disease should be available to participate in the education of fellows. (Core)</p> <p>2.10.b. In addition to the program director, programs must have the minimum number of core faculty members <u>in medical oncology</u> who are certified in medical oncology by the ABIM or the AOBIM based on the number of approved fellow positions, as follows: (Core)</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Number of Approved Positions</td> <td style="text-align: center;">Minimum Number of ABIM or AOBIM Certified Core Faculty</td> </tr> </table> <p>4.14.a.1.a. At least 50 percent of the <u>medical oncology</u> core faculty members who are certified in medical oncology by the ABIM or AOBIM (see Program Requirements 2.10.b.-c.) must annually engage in a variety of scholarly activities, as listed in Program Requirement 4.14.a.1. (Core)</p>	Number of Approved Positions	Minimum Number of ABIM or AOBIM Certified Core Faculty
Number of Approved Positions	Minimum Number of ABIM or AOBIM Certified Core Faculty		
Nephrology	<p>2.3.b. Programs must appoint at least one of the subspecialty-certified core faculty members <u>in nephrology</u> to be associate program director(s). (Core)</p> <p>2.10.b. In addition to the program director, programs must have a minimum number of core faculty members who are certified in nephrology by the ABIM or the AOBIM based on the number of approved fellow positions, as follows: (Core)</p>		

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	<table border="1"> <tr> <td>Number of Approved Positions</td> <td>Minimum Number of ABIM- or AOBIM-Certified Core Faculty Members</td> </tr> </table> <p>4.14.a.1.a. At least 50 percent of the core faculty members who are certified in nephrology by the ABIM or AOBIM must annually engage in a variety of scholarly activities, as listed in 4.14.a.1. (Core)</p>	Number of Approved Positions	Minimum Number of ABIM- or AOBIM-Certified Core Faculty Members
Number of Approved Positions	Minimum Number of ABIM- or AOBIM-Certified Core Faculty Members		
Pulmonary disease and critical care medicine	<p>2.3.b. Programs must appoint at least one of the subspecialty-certified core faculty members <u>in pulmonary disease and critical care medicine</u> to be associate program director(s). (Core)</p> <p>2.9.b. Faculty members who are ABIM- or AOBIM-certified, clinical faculty members in cardiology, gastroenterology, hematology, infectious disease, nephrology, and oncology must participate in the program. (Core)</p> <p>2.10.b. In addition to the program director, programs must have the minimum number of core faculty members who are certified in pulmonary disease and/or critical care medicine by the ABIM or the AOBIM based on the number of approved fellow positions, as follows: (Core)</p> <table border="1"> <tr> <td>Number of Approved Fellow Positions</td> <td>Minimum Number of ABIM- or AOBIM Subspecialty Certified Core Faculty</td> </tr> </table> <p>2.10.c. Of the program director and the required number of subspecialty-certified core faculty members, at least 50 percent of the individuals must be ABIM- or AOBIM-certified in pulmonary disease <u>physicians</u>, and at least 50 percent of the individuals must be ABIM- or AOBIM-certified in critical care medicine <u>physicians</u>. (Core)</p> <p>4.14.a.1.a. At least 50 percent of the core faculty members who are certified in critical care medicine or pulmonary disease by the ABIM or AOBIM (see Program Requirements 2.10.b.-</p>	Number of Approved Fellow Positions	Minimum Number of ABIM- or AOBIM Subspecialty Certified Core Faculty
Number of Approved Fellow Positions	Minimum Number of ABIM- or AOBIM Subspecialty Certified Core Faculty		

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	c.) must annually engage in a variety of scholarly activities, as listed in Program Requirement 4.14.a.1. ^(Core)		
Pulmonary disease	<p>2.3.b. Programs must appoint at least one of the subspecialty-certified core faculty members in <u>pulmonary disease</u> to be associate program director(s). ^(Core)</p> <p>2.10.b. In addition to the program director, programs must have the minimum number of core faculty members who are certified in pulmonary disease by the ABIM or the AOBIM based on the number of approved fellow positions, as follows: ^(Core)</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Number of Approved Positions</td> <td style="text-align: center;">Minimum Number of ABIM or AOBIM Certified Core Faculty</td> </tr> </table> <p>4.14.a.1.a. At least 50 percent of the core faculty members who are certified in pulmonary disease by the ABIM or AOBIM (see Program Requirements 2.10.b.-c.) must annually engage in a variety of scholarly activities, as listed in Program Requirement 4.14.a.1. ^(Core)</p>	Number of Approved Positions	Minimum Number of ABIM or AOBIM Certified Core Faculty
Number of Approved Positions	Minimum Number of ABIM or AOBIM Certified Core Faculty		
Rheumatology	<p>2.3.b. Programs must appoint at least one of the subspecialty-certified core faculty members in <u>rheumatology</u> to be associate program director(s). ^(Core)</p> <p>2.10.b. In addition to the program director, programs must have the minimum number of core faculty members who are certified in rheumatology by the ABIM or the AOBIM based on the number of approved fellow positions, as follows: ^(Core)</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Number of Approved Positions</td> <td style="text-align: center;">Minimum Number of ABIM or AOBIM Certified Core Faculty</td> </tr> </table>	Number of Approved Positions	Minimum Number of ABIM or AOBIM Certified Core Faculty
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	<p>4.14.a.1.a. At least 50 percent of the core faculty members who are certified in rheumatology by the ABIM or AOBIM (see Program Requirements 2.10.b.-c.) must annually engage in a variety of scholarly activities, as listed in Program Requirement 4.14.a.1. ^(Core)</p>				
Transplant hepatology	<p>2.3.b. Programs must appoint at least one of the subspecialty-certified core faculty members in <u>transplant hepatology</u> to be associate program director(s). ^(Core)</p> <p>2.10.b. In addition to the program director, programs must have the minimum number of core faculty members in transplant hepatology by the ABIM or the AOBIM based on the number of approved fellow positions, as follows: ^(Core)</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Number of Approved Positions</th> <th style="text-align: center;">Minimum Number of ABIM or AOBIM Certified Core Faculty</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> </tbody> </table> <p>4.14.a. At least 50 percent of the core faculty members who are certified in transplant hepatology by the ABIM (see 2.10.c.-d.) must annually engage in a variety of scholarly activities from among the following: faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non-peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor. ^(Core)</p>	Number of Approved Positions	Minimum Number of ABIM or AOBIM Certified Core Faculty		
Number of Approved Positions	Minimum Number of ABIM or AOBIM Certified Core Faculty				
Medical genetics and genomics	<p>2.9.a. Faculty members responsible for resident education in biochemical genetics must have <u>demonstrated expertise in current ABMGG certification</u> in clinical biochemical genetics or medical biochemical genetics. ^(Core)</p> <p>2.9.b. Faculty members responsible for resident education in molecular genetics and genomics must have <u>demonstrated expertise current ABMGG certification</u> in clinical molecular genetics and genomics, or laboratory genetics and genomics, or current American Board of Pathology certification in molecular genetic pathology. ^(Core)</p>				

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	<p>2.9.c. Faculty members responsible for resident education in clinical cytogenetics and genomics must have current ABMGG certification <u>demonstrated expertise</u> in clinical cytogenetics and genomics or laboratory genetics and genomics. ^(Core)</p> <p>2.9.e. Associate program directors must be actively participating in the ABMGG Continuing Certification program in the specialty in which they are certified. ^(Core)</p> <p>2.11.b. 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)</p>
Clinical biochemical genetics	<p>2.9.a. Faculty members must have current certification in the discipline by the ABMGG, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.b. Associate program directors must be actively participating in the ABMGG MOC program in the specialty in which they are certified. ^(Core)</p> <p>2.10.b. Faculty members responsible for post-doctoral fellow education in biochemical genetics must <u>be clinical biochemical geneticists</u> have current ABMGG certification in clinical biochemical genetics. ^(Core)</p>
Laboratory genetics and genomics	<p>2.5.a.2. If the program director is certified by the ABMGG in only clinical molecular genetics and genomics or only clinical cytogenetics and genomics, there must be an associate program director with certification in the complementary specialty area, or laboratory genetics and genomics, <u>or qualifications acceptable to the Review Committee.</u> ^(Core)</p> <p>2.9.a. Faculty members must have current certification in the discipline by the ABMGG, or possess qualifications judged acceptable to the Review Committee. ^(Core)</p> <p>2.9.b. Associate program directors must be actively participating in the ABMGG MOC program in the specialty in which they are certified. ^(Core)</p>

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	<p>2.10.b. Faculty members responsible for post-doctoral fellow education in clinical cytogenetics and genomics must <u>be clinical cytogeneticists or laboratory geneticists</u>; have current ABMGG certification <u>experience in clinical cytogenetics and genomics or laboratory genetics and genomics</u>. (Core)</p> <p>2.10.c. Faculty members responsible for post-doctoral fellow education in clinical cytogenetics and genomics must <u>be clinical cytogeneticists or laboratory geneticists</u> have current ABMGG certification in clinical cytogenetics and genomics or laboratory genetics and genomics. (Core)</p>
Medical biochemical genetics	<p>1.7.a. Participating sites must have a medical biochemical genetics laboratory which provides an appropriate volume and variety of biochemical genetics-related services and has an adequate number of qualified staff members, which must include a laboratory director certified in biochemical genetics by the American Board of Medical Genetics and Genomics, <u>or possessing qualifications acceptable to the Review Committee</u>. (Core)</p> <p>2.9.b. The Review Committee will also accept current ABMGG certification in either clinical genetics and genomics or clinical biochemical genetics. (Core)</p> <p>2.10.b. There must be at least three FTE core faculty members <u>in the subspecialty</u>, including the program director, with current ABMGG certification in medical biochemical genetics, clinical genetics and genomics, or clinical biochemical genetics. (Core)</p>
Neurological surgery	<p>2.7.a. The physician faculty members at each participating site must be certified, or on a pathway to certification, and be of sufficient number to educate, supervise, and evaluate residents in clinical and other activities to ensure progressive development in the Milestones targeted by the rotations that take place at their respective sites. (Core)</p> <p>2.10.b. Any faculty member appointed as a site director must be certified in the specialty by the American Board of Neurological Surgery or the American Osteopathic Board of Surgery. (Core)</p>

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	<p>2.11.b. 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>2.11.c. 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>4.11.d.3. [Residents must have:] a minimum of three months FTE in clinical child neurology with management responsibility under the supervision of a child neurologist with ABPN or AOBPN certification or who possesses qualifications acceptable to the Review Committee; (Core)</p> <p>4.11.d.4. [Residents must have:] at least one month FTE in clinical psychiatry, including cognition and behavior under the supervision of a psychiatrist certified by the ABPN or AOBPN or who possesses qualifications acceptable to the Review Committee; (Core)</p> <p>5.1.b.1.a. Each resident must be evaluated by a minimum of three faculty members who are ABPN or AOBPN certified neurologists, including at least one child neurologist. (Core)</p>
Child Neurology	4.11.b.1. [The curriculum must be organized to provide the following:] at least 12 FTE months of adult neurology under the supervision of <u>neurology</u> faculty members certified by the ABPN or AOBPN in neurology, that do not need to be contiguous, including: (Core)
Clinical neurophysiology	2.10.b. The program must have at least two <u>clinical neurophysiology</u> core faculty members, including the program director, who have completed education in and are certified by the ABPN or the AOBPN in clinical neurophysiology. (Core)
Epilepsy	2.10.b. The program must have at least two <u>epilepsy</u> core faculty members, including the program director, who have completed education in and are certified by the ABPN in epilepsy. (Core)
Neurodevelopmental disabilities	2.10.b. The program must have at least two <u>neurodevelopmental disabilities</u> core faculty members, including the program director, who have completed education in and are certified

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	by the ABPN or the ABP in neurodevelopmental disabilities. (Core)
Neuromuscular medicine	2.10.b. The program must have at least two core faculty members, including the program director, who have completed education and are certified in neuromuscular medicine by the ABPN or ABPMR. (Core)
Vascular Neurology	2.10.c. The program must have at least two <u>vascular neurology</u> core faculty members, including the program director, who have completed education in and are certified by the ABPN in vascular neurology. (Core)
Nuclear medicine	<u>2.10.a. Any other specialty or subspecialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee.</u> (Core) 2.10.b. In lieu of the qualifications in 2.10., physician faculty members must have current certification in nuclear radiology by the American Board of Radiology. (Core)
Obstetrics and gynecology	2.7.a.1. The Subspecialty Faculty Educator should be currently certified in the subspecialty by ABOG or AOBG, or possess qualifications that are acceptable to the Review Committee. (Detail)
Gynecologic oncology	2.10.b. In addition to the program director, there must be at least one <u>gynecologic oncology</u> core physician 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)
Maternal-fetal medicine	2.10.b. In addition to the program director, there must be at least one <u>maternal-fetal medicine</u> core physician 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)
Reproductive endocrinology and infertility	2.10.b. In addition to the program director, there must be at least one <u>reproductive endocrinology and metabolism</u> core physician faculty member who is certified in reproductive endocrinology and infertility by the American Board of Obstetrics and Gynecology or the

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	American Osteopathic Board of Obstetrics and Gynecology, or who possesses subspecialty qualifications acceptable to the Review Committee. (Core)
Orthopaedic surgery	<p>2.7.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 or AOBOS certification in the specialty. (Core)</p> <p>2.7.b. There must be at least one FTE physician <u>orthopaedic surgery</u> 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><u>2.10.a. Any other specialty or subspecialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee.</u> (Core)</p> <p>2.10.b. The primary provider of orthopaedic surgery education in any subspecialty area must have ABOS/AOBOS certification <u>appropriate subspecialty qualifications</u>. Other qualified and properly credentialed non-physician practitioners may participate in the education of residents as determined by the program director. (Core)</p> <p>2.11.b. 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> <p>2.11.c. 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)</p>
Adult reconstructive orthopaedic surgery	2.9.b. Physician faculty members who are orthopaedic surgeons have current ABOS or AOBOS certification in orthopaedic surgery or be on a pathway towards achieving such certification. (Core)

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	<p>2.10.b. 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)</p>
Foot and ankle surgery	<p>2.9.b. Physician faculty members who are orthopaedic surgeons must have current ABOS or AOBOS certification in orthopaedic surgery or be on a pathway towards achieving such certification. ^(Core)</p> <p>2.10.b. 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)</p>
Musculoskeletal oncology	<p>2.9.b. Physician faculty members who are orthopaedic surgeons must have current ABOS or AOBOS certification in orthopaedic surgery or be on a pathway towards achieving such certification. ^(Core)</p> <p>2.10.b. 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)</p>
Orthopaedic sports medicine	<p>2.9.a.1. Physician faculty members who are orthopaedic surgeons must have current ABOS or AOBOS certification in orthopaedic surgery or be on a pathway towards achieving such certification. ^(Core)</p> <p>2.10.b. 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</p>

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	<p>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)</p>
Orthopaedic surgery of the spine	<p>2.9.a.1. There must be at least one physician faculty member who is a neurosurgeon and who has current certification in neurological surgery by the American Board of Neurological Surgeons or the American Osteopathic Board of Surgery or be on a pathway towards achieving such certification. (Core)</p> <p>2.9.b. Physician faculty members who are orthopaedic surgeons must have current ABOS or AOBOS certification in orthopaedic surgery or be on a pathway towards achieving such certification. (Core)</p> <p>2.10.b. 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)</p>
Orthopaedic trauma	<p>2.9.b. Physician faculty members who are orthopaedic surgeons must have current ABOS or AOBOS certification in orthopaedic surgery or be on a pathway towards achieving such certification. (Core)</p> <p>2.10.b. 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)</p>
Pediatric orthopaedic surgery	<p>2.9.b. Physician faculty members who are orthopaedic surgeons must have current ABOS or AOBOS certification in orthopaedic surgery or be on a pathway towards achieving such certification. (Core)</p> <p>2.10.b. 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</p>

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	<p>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 months of accredited education. (Core)</p>
Osteopathic neuromusculoskeletal medicine	<p>2.9.a. Faculty members who teach osteopathic neuromusculoskeletal medicine residents in the ambulatory continuity of care clinic or in the hospital must be <u>osteopathic neuromusculoskeletal medicine specialists</u> AOBNMM-certified, AOBSPOMM-certified, or AOBNMM board-eligible, or possess qualifications acceptable to the Review Committee. (Core)</p> <p>2.9.b. Faculty members who teach osteopathic neuromusculoskeletal medicine residents in specialties other than osteopathic neuromusculoskeletal medicine must have current certification by an American Osteopathic Association (AOA) certifying board or an American Board of Medical Specialties (ABMS) member board, or possess qualifications acceptable to the Review Committee. (Core)</p> <p><u>2.10.a. Any other specialty or subspecialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)</u></p> <p>2.10.b. <u>Current</u> certification through the AOBSPOMM is also acceptable. (Core)</p> <p>2.11.b. There must be a minimum of one <u>osteopathic neuromusculoskeletal medicine</u> AOBNMM-certified, AOBSPOMM-certified, or AOBNMM board-eligible core faculty member in addition to the program director. (Core)</p>
Otolaryngology – Head and neck surgery	<p>2.11.b. There must be at least five <u>otolaryngology – head and neck surgery</u> core faculty members who are ABOHNS or AOBOHNS certified in otolaryngology – head and neck surgery. (Core)</p>
Neurotology	<p>2.9.b. The Review Committee for Otolaryngology – Head and Neck Surgery does not accept alternate qualifications for core physician faculty members. (Core)</p>

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	2.10.b. 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	<p>2.9.b. The Review Committee only accepts ABOHNS or AOBOO HNS certification in otolaryngology—head and neck surgery. ^(Core)</p> <p>2.10.b. There must be at least three <u>pediatric otolaryngology</u> 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>
Anatomic Pathology and Clinical Pathology	2.5.a.2. If the program director is not certified in both anatomic and clinical pathology, there must be an associate program director with certification in the complementary specialty area by the ABPath or the AOBP. ^(Core)
Blood banking/transfusion medicine	<p>2.6.a. In addition to the program director, the faculty must include at least one core faculty member with demonstrated expertise in blood banking/transfusion medicine with either blood banking/ transfusion medicine certification by the ABPath or qualifications acceptable to the Review Committee. ^(Core)</p> <p>2.9.b. Core physician faculty members who are not currently certified in blood banking/transfusion medicine must have one of the following:</p> <p>2.9.b. completion of a fellowship in blood banking/transfusion medicine; ^(Core)</p> <p>2.9.b. at least three years of practice experience in the subspecialty; or, ^(Core)</p> <p>2.9.b. completion of a fellowship in a subspecialty relevant to their clinical and educational responsibilities in the program. ^(Core)</p> <p>2.10.b. There must be at least two <u>blood banking/transfusion medicine</u> core faculty members, one of whom must be the program director. ^(Core)</p> <p>2.10.b.1. At least one core faculty member must be certified in blood banking/transfusion medicine by the ABPath. ^(Core)</p>
Chemical pathology	2.6.a. In addition to the program director, the faculty must include at least one core faculty

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	<p>members with demonstrated expertise in chemical pathology with either chemical pathology certification by the ABPath or possess qualifications acceptable to the Review Committee. (Core)</p> <p>2.9.b. Core physician faculty members who are not currently certified in chemical pathology must have either completed a chemical pathology fellowship or have three years of practice experience in the subspecialty. (Core)</p> <p>2.10.b. There must be at least two <u>chemical pathology</u> core faculty members, one of whom must be the program director. (Core)</p> <p>2.10.b.1. At least one core faculty member must be certified in chemical pathology by the ABPath. (Core)</p>
Cytopathology	<p>2.6.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 qualifications acceptable to the Review Committee. (Core)</p> <p>2.9.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>2.10.b. There must be at least two <u>cytopathology</u> core faculty members, one of whom must be the program director. (Core)</p> <p>2.10.b.1. At least one core faculty member must be certified in cytopathology by the ABPath. (Core)</p>
Forensic pathology	<p>2.6.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 AOBP, or qualifications acceptable to the Review Committee. (Core)</p>

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	<p>2.6.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>2.9.b. Core physician faculty members who are not currently ABPath or AOBPath-certified forensic pathologists must have either completed a forensic pathology fellowship or have three years of practice experience in the subspecialty. (Core)</p> <p>2.10.b. There must be at least two <u>forensic pathology</u> core faculty members certified in forensic pathology by the ABPath or AOBPath, one of whom must be the program director. (Core)</p>
Hematopathology	<p>2.6.a. In addition to the program director, the faculty must include at least one <u>hematopathology</u> core faculty member with demonstrated expertise in hematopathology with either hematopathology certification by the ABPath or qualifications acceptable to the Review Committee. (Core)</p> <p>2.9.b. Core physician faculty members who are not currently certified in hematopathology must have either completed a hematopathology fellowship or have three years of practice experience in the subspecialty. (Core)</p> <p>2.10.b. There must be at least two <u>hematopathology</u> core faculty members, one of whom must be the program director. (Core)</p> <p>2.10.b.1. At least one core faculty member must be certified in hematopathology by the ABPath. (Core)</p>
Medical microbiology	<p>2.6.a. In addition to the program director, the faculty must include at least one <u>medical microbiology</u> core faculty member with demonstrated expertise in medical microbiology with either medical microbiology certification by the ABPath or qualifications acceptable to the Review Committee. (Core)</p>

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	<p>2.9.b. Core physician faculty members who are not currently certified in medical microbiology must have either completed a medical microbiology fellowship or have three years of practice experience in the subspecialty.^(Core)</p> <p>2.10.b. There must be at least two <u>medical microbiology</u> core faculty members, one of whom must be the program director. ^(Core)</p> <p>2.10.b.1. At least one core faculty member must be certified in medical microbiology by the ABPath.^(Core)</p>
Neuropathology	<p>2.6.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 qualifications acceptable to the Review Committee.^(Core)</p> <p>2.9.b. Core physician faculty members who are not currently certified in neuropathology must have either completed a neuropathology fellowship or have three years of practice experience in the subspecialty.^(Core)</p> <p>2.10.b. There must be at least two <u>neuropathology</u> core faculty members, one of whom must be the program director. ^(Core)</p> <p>2.10.b.1. At least one core faculty member must be certified in neuropathology by the ABPath.^(Core)</p>
Pediatric pathology	<p>2.6.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 qualifications acceptable to the Review Committee.^(Core)</p> <p>2.9.b. Core physician faculty members who are not currently certified in pediatric pathology must have one of the following:</p>

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	<p>2.9.b. completed a pediatric pathology fellowship; (Core)</p> <p>2.9.b. at least three years of practice experience in the subspecialty; or, (Core)</p> <p>2.9.b. completed a fellowship in a subspecialty of pathology relevant to their clinical and educational responsibilities in the program. (Core)</p> <p>2.10.b. There must be at least two <u>pediatric pathology</u> core faculty members, one of whom must be the program director. (Core)</p> <p>2.10.b.1. At least one core faculty member must be certified in pediatric pathology by the ABPath. (Core)</p>
Selective pathology	<p>2.9.a.1. Physician faculty members must have <u>demonstrated expertise</u> current certification in anatomic pathology and clinical pathology, in anatomic pathology, or in clinical pathology by the ABPath or the AOBPa. (Core)</p>
Pediatrics	<p><u>2.10.a. Any other specialty or subspecialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee.</u> (Core)</p> <p>2.10.b. For all pediatric subspecialty rotations there must be pediatric subspecialty physician faculty members who have current certification in their subspecialty by the ABP or the AOBP, or possess qualifications judged acceptable to the Review Committee. (Core)</p> <p>2.10.c. Other physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess other qualifications judged acceptable to the Review Committee. (Core)</p>

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	2.11.b. In addition to the program director, there must be at least one ABP- or AOBP-certified <u>pediatrics</u> core faculty member for every five approved resident positions in the program. ^(Core)
Adolescent medicine	<p>2.9.b. 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>2.9.b.1. pediatric cardiology; ^(Core)</p> <p>2.9.b.2. pediatric critical care medicine; ^(Core)</p> <p>2.9.b.3. pediatric endocrinology; ^(Core)</p> <p>2.9.b.4. pediatric gastroenterology; ^(Core)</p> <p>2.9.b.5. pediatric hematology-oncology; ^(Core)</p> <p>2.9.b.6. pediatric infectious diseases; ^(Core)</p> <p>2.9.b.7. pediatric nephrology; ^(Core)</p> <p>2.9.b.8. pediatric pulmonology; and, ^(Core)</p> <p>2.9.b.9. pediatric rheumatology. ^(Core)</p> <p>2.10.b. 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 <u>adolescent medicine</u> 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 Pediatrics	2.9.b. In addition to the child abuse pediatrics faculty members, ABP- or AOBP-certified faculty members and consultants in the following subspecialties must be available:

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	<p>2.9.c.1. pediatric critical care medicine; (Core)</p> <p>2.9.c.2. pediatric emergency medicine; (Core)</p> <p>2.9.c.3. pediatric endocrinology; and, (Core)</p> <p>2.9.c.4. pediatric hematology-oncology. (Core)</p> <p>2.10.b. 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 <u>child abuse pediatrics</u> 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>2.9.b. 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>2.9.b.1. adolescent medicine; (Core)</p> <p>2.9.b.2. child neurology; (Core)</p> <p>2.9.b.3. child and adolescent psychiatry; and, (Core)</p> <p>2.9.b.4. medical genetics. (Core)</p> <p>2.10.b. 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 <u>developmental-behavioral pediatrics</u> core faculty members, including 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>

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Neonatal-perinatal medicine	<p>1.2.a.2. The Sponsoring Institution or participating sites must also sponsor an ACGME-accredited residency program in obstetrics and gynecology that has board-certified maternal-fetal medicine specialists. (Core)</p> <p>2.9.b. 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>2.9.b.1. pediatric cardiology; (Core)</p> <p>2.9.b.2. pediatric critical care medicine; (Core)</p> <p>2.9.b.3. pediatric endocrinology; (Core)</p> <p>2.9.b.4. pediatric gastroenterology; (Core)</p> <p>2.9.b.5. pediatric hematology-oncology; (Core)</p> <p>2.9.b.6. pediatric infectious diseases; (Core)</p> <p>2.9.b.7. pediatric nephrology; and, (Core)</p> <p>2.9.b.8. pediatric pulmonology. (Core)</p> <p>2.10.b. 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 <u>neonatal-perinatal medicine</u> 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 cardiology	<p>2.9.a.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>2.9.a.1.a. neonatal-perinatal medicine; (Core)</p>

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	<p>2.9.a.1.b. pediatric critical care medicine; (Core)</p> <p>2.9.a.1.c. pediatric gastroenterology; (Core)</p> <p>2.9.a.1.d. pediatric hematology-oncology; (Core)</p> <p>2.9.a.1.e. pediatric infectious diseases; (Core)</p> <p>2.9.a.1.f. pediatric nephrology; and, (Core)</p> <p>2.9.a.1.g. pediatric pulmonology. (Core)</p> <p>2.10.b. 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 <u>pediatric cardiology</u> 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 medicine	<p>2.9.b. 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>2.9.b.1. neonatal-perinatal medicine; (Core)</p> <p>2.9.b.2. pediatric cardiology; (Core)</p> <p>2.9.b.3. pediatric endocrinology; (Core)</p> <p>2.9.b.4. pediatric emergency medicine; (Core)</p> <p>2.9.b.5. pediatric gastroenterology; (Core)</p> <p>2.9.b.6. pediatric hematology-oncology; (Core)</p>

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	<p>2.9.b.7. pediatric infectious diseases; and, (Core)</p> <p>2.9.b.8. pediatric nephrology. (Core)</p> <p>2.10.b. 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 <u>pediatric critical care medicine</u> core faculty members, inclusive of the program director, who are certified in pediatric critical care medicine by the ABP, or who have other qualifications acceptable to the Review Committee. (Core)</p>
Pediatric endocrinology	<p>2.9.b. 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>2.9.b.1. adolescent medicine; (Core)</p> <p>2.9.b.2. neonatal-perinatal medicine; (Core)</p> <p>2.9.b.3. pediatric critical care medicine; (Core)</p> <p>2.9.b.4. pediatric emergency medicine; (Core)</p> <p>2.9.b.5. pediatric gastroenterology; and, (Core)</p> <p>2.9.b.6. pediatric hematology-oncology. (Core)</p> <p>2.10.b. 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 <u>pediatric endocrinology</u> 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)</p>

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Pediatric gastroenterology	<p>2.9.b. 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>2.9.b.1. neonatal-perinatal medicine; (Core)</p> <p>2.9.b.2. pediatric cardiology; (Core)</p> <p>2.9.b.3. pediatric critical care; (Core)</p> <p>2.9.b.4. pediatric endocrinology; (Core)</p> <p>2.9.b.5. pediatric hematology-oncology; (Core)</p> <p>2.9.b.6. pediatric infectious diseases; (Core)</p> <p>2.9.b.7. pediatric nephrology; and, (Core)</p> <p>2.9.b.8. pediatric pulmonology. (Core)</p> <p>2.10.b. 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 <u>pediatric gastroenterology</u> 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>
Pediatric hematology oncology	<p>2.9.b. 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>2.9.b.1. neonatal-perinatal medicine; (Core)</p> <p>2.9.b.2. pediatric cardiology; (Core)</p>

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	<p>2.9.b.3. pediatric critical care medicine; (Core)</p> <p>2.9.b.4. pediatric emergency medicine; (Core)</p> <p>2.9.b.5. pediatric endocrinology; (Core)</p> <p>2.9.b.6. pediatric gastroenterology; (Core)</p> <p>2.9.b.7. pediatric infectious diseases; (Core)</p> <p>2.9.b.8. pediatric nephrology; and, (Core)</p> <p>2.9.b.9. pediatric pulmonology. (Core)</p> <p>2.10.b. 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 <u>pediatric hematology-oncology</u> 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 hospital medicine	<p>2.9.b. In addition to the pediatric hospital medicine faculty members, ABP or AOBP certified faculty members and consultants in the following subspecialties must be available:</p> <p>2.9.b.1. pediatric critical care medicine; and, (Core)</p> <p>2.9.b.2. neonatal perinatal medicine. (Core)</p> <p>2.10.b. 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 <u>pediatric hospital medicine</u> core faculty members, including the program director, who are certified in pediatric hospital medicine by the ABP, or who have qualifications acceptable to the Review Committee.</p>

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Specialty/Subspecialty	Program Requirement Change
	(Core)
Pediatric infectious diseases	<p>2.9.b. 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>2.9.b.1. adolescent medicine; (Core)</p> <p>2.9.b.2. neonatal-perinatal medicine; (Core)</p> <p>2.9.b.3. pediatric cardiology; (Core)</p> <p>2.9.b.4. pediatric critical care medicine; (Core)</p> <p>2.9.b.5. pediatric emergency medicine; (Core)</p> <p>2.9.b.6. pediatric gastroenterology; (Core)</p> <p>2.9.b.7. pediatric hematology-oncology; (Core)</p> <p>2.9.b.8. pediatric nephrology; (Core)</p> <p>2.9.b.9. pediatric pulmonology; and, (Core)</p> <p>2.9.b.10. pediatric rheumatology. (Core)</p> <p>2.10.b. 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 <u>pediatric infectious diseases</u> core faculty members, inclusive of the program director, who are certified in pediatric infectious diseases by the ABP, or who have other qualifications acceptable to the Review Committee. (Core)</p>
Pediatric nephrology	2.9.b. In addition to the pediatric nephrology faculty members, ABP or AOBP certified faculty members and consultants in the following subspecialties, must be available:

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	<p>2.9.b.1. adolescent medicine; (Core)</p> <p>2.9.b.2. developmental-behavioral pediatrics; (Core)</p> <p>2.9.b.3. neonatal-perinatal medicine; (Core)</p> <p>2.9.b.4. pediatric cardiology; (Core)</p> <p>2.9.b.5. pediatric critical care medicine; (Core)</p> <p>2.9.b.6. pediatric emergency medicine; (Core)</p> <p>2.9.b.7. pediatric endocrinology; (Core)</p> <p>2.9.b.8. pediatric gastroenterology; (Core)</p> <p>2.9.b.9. pediatric hematology-oncology; (Core)</p> <p>2.9.b.10. pediatric infectious diseases; (Core)</p> <p>2.9.b.11. pediatric pulmonology; and, (Core)</p> <p>2.9.b.12. pediatric rheumatology. (Core)</p> <p>2.10.b. 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 <u>pediatric nephrology</u> 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	2.9.b. In addition to the pediatric pulmonology faculty members, ABP or AOBP certified faculty members and consultants in the following subspecialties must be available:

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	<p>2.9.b.1. neonatal-perinatal medicine; (Core)</p> <p>2.9.b.2. pediatric cardiology; (Core)</p> <p>2.9.b.3. pediatric critical care medicine; (Core)</p> <p>2.9.b.4. pediatric emergency medicine; (Core)</p> <p>2.9.b.5. pediatric endocrinology; (Core)</p> <p>2.9.b.6. pediatric gastroenterology; and, (Core)</p> <p>2.9.b.7. pediatric infectious diseases. (Core)</p> <p>2.10.b. 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 <u>pediatric pulmonology</u> 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>
Pediatric rheumatology	<p>2.10.b. 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 <u>pediatric rheumatology</u> 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>2.9.c. 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>2.9.c.1. neonatal-perinatal medicine; (Core)</p> <p>2.9.c.1. pediatric cardiology; (Core)</p>

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	<p>2.9.c.1. pediatric critical care medicine; (Core)</p> <p>2.9.c.1. pediatric endocrinology; (Core)</p> <p>2.9.c.1. pediatric gastroenterology; (Core)</p> <p>2.9.c.1. pediatric hematology-oncology; (Core)</p> <p>2.9.c.1. pediatric infectious diseases; (Core)</p> <p>2.9.c.1. pediatric nephrology; and, (Core)</p> <p>2.9.c.1. pediatric pulmonology. (Core)</p> <p>2.10.b. 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 <u>pediatric transplant hepatology</u> 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	<p>For review and comment:</p> <p>2.10.a. Other physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess other qualifications judged to be acceptable by the Review Committee. (Core)</p>
Pediatric rehabilitation medicine	<p>2.9.b. Dual primary certifications through both the American Board of Physical Medicine and Rehabilitation or the American Osteopathic Board of Physical Medicine and Rehabilitation and the American Board of Pediatrics or the American Osteopathic Board of Pediatrics are considered acceptable qualifications. (Detail)</p>

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	2.10.b. 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 <u>pediatric rehabilitation medicine</u> 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	2.10.b. 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 <u>spinal cord injury medicine</u> 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	2.11.b. 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) 2.11.c. 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)
Psychiatry	4.11.h.1. Supervising faculty members must <u>be child and adolescent psychiatrists</u> have current ABPN certification in child and adolescent psychiatry. (Core) 5.1.i.1. Each of the three required evaluations must be conducted by an ABPN- or AOBNP-certified psychiatrist, and at least two of the evaluations must be conducted by different ABPN- or AOBNP-certified psychiatrists. (Core)
Addiction psychiatry	2.10.b. In addition to the program director, there must be at least one <u>addiction psychiatry</u> core faculty member certified in the subspecialty by the ABPN. (Core)
Child and adolescent psychiatry	2.10.b. In addition to the program director, there must be two <u>child and adolescent psychiatry</u> core faculty members with current ABPN and/or AOBNP certification in child and adolescent psychiatry. (Core)

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Consultation-Liaison psychiatry	2.10.b. In addition to the program director, there must be at least one <u>consultation-liaison psychiatry</u> faculty member certified by the ABPN in the subspecialty. (Core)
Forensic psychiatry	2.10.b. The core faculty must include at least one ABPN or American Osteopathic Board of Neurology and Psychiatry (AOBNP) certified forensic psychiatrist. (Core) 2.10.c. In addition to the program director, there must be at least one <u>forensic pathology</u> core faculty member certified by the ABPN in the subspecialty. (Core) 4.11.i. Clinical treatment and forensic evaluations of children under the age of 14 years must only be provided by fellows who have previously completed an ACGME-accredited educational program in child and adolescent psychiatry or by fellows who are under the supervision of an ABPN or AOBNP certified child and adolescent psychiatrist. (Core)
Geriatric psychiatry	2.10.b. In addition to the program director, there must be at least one <u>geriatric psychiatry</u> core faculty member certified by the ABPN or AOBNP in the subspecialty. (Core)
Radiation oncology	4.11.h.2. Each conference must include the documented participation of a physician board-certified in the applicable specialty or subspecialty. (Core)
Surgery	2.11.b. For each chief resident position there must be at least one <u>surgery</u> core faculty member with ABS and/or AOBS board eligibility or certification in surgery in addition to the program director. (Core)
Complex general surgical oncology	2.6.b. In addition to the program director, the faculty must include 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)
Pediatric surgery	2.6.b. To contribute to fellow education in the care of critically-ill children, the faculty must include at least one individual who is board certified or board eligible in neonatal-perinatal medicine <u>physician</u> , and either, (Core) <ul style="list-style-type: none"> • one individual who is board certified or board eligible in pediatric critical care <u>physician</u>;

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	<p>or, (Core)</p> <ul style="list-style-type: none"> one individual who is board certified or board eligible in <u>pediatric surgery surgeon</u> with qualifications in and board certified or board eligible in critical care. (Core) <p>2.10.b. Core faculty members must be board certified or board eligible in pediatric surgery by the American Board of Surgery. (Core)</p>
Surgical critical care	<p>2.6.a. In addition to the program director, at least one <u>surgical critical care physician surgeon certified in surgical critical care</u> must be appointed to the faculty for every critical care fellow enrolled in the program. (Core)</p> <p>2.10.b. In addition to the program director, there must be at least one <u>surgical critical care core faculty member certified in surgical critical care by the American Board of Surgery or the American Osteopathic Board of Surgery</u> for each critical care fellow enrolled in the program. (Core)</p>
Addiction medicine	<p>2.3.b. Programs must appoint at least one of the subspecialty-certified core faculty members in <u>addiction medicine</u> to be associate program director(s). (Core)</p> <p>2.9.a.1. At least one physician certified in psychiatry by the ABPN or the AOBNP, psychiatrist, must have a continuous and meaningful role in the fellowship. (Core)</p> <p>2.9.a.2. The faculty must include at least one physician with ABMS member board or AOA certifying board certification in at least one of the following specialties: anesthesiology, emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, preventive medicine, or surgery. (Detail)</p> <p>2.10.b. In addition to the program director, programs must have the minimum number of core faculty members <u>in addiction medicine</u> who are certified in addiction medicine by the ABPM, AOBFP, AOBIM, or AOBNP based on the number of approved fellow positions, as follows: (Core)</p>

FACULTY CERTIFICATION						
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	Number of Approved Positions	Minimum Number of Certified -Core Faculty Members				
Clinical informatics	<p>2.3.b. Programs must appoint at least one of the subspecialty-certified core faculty members in <u>clinical informatics</u> to be associate program director(s). (Core)</p> <p>2.10.b. In addition to the program director, programs must have the minimum number of core faculty members <u>in clinical informatics</u> certified by an ABMS member board or AOA certifying board based on the number of approved fellow positions, as follows: (Core)</p> <table border="1"> <thead> <tr> <th>Number of Approved Positions</th> <th>Minimum Number of Certified-Core Faculty Members</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>		Number of Approved Positions	Minimum Number of Certified -Core Faculty Members		
Number of Approved Positions	Minimum Number of Certified -Core Faculty Members					
Urogynecology and Reconstructive surgery	<p>2.6.a. The program must have at least one <u>urogynecology and reconstructive surgery</u> faculty member who is a urologistcertified by the American Board of Urology in urogynecology and reconstructive pelvic surgery, or who possesses other qualifications acceptable to the Review Committee. (Core)</p> <p>2.6.b. The program must have at least one <u>urogynecology and reconstructive surgery</u> faculty member who is an obstetrician-gynecologistcertified by the American Board of Obstetrics and Gynecology or the American Osteopathic Board of Obstetrics and Gynecology in urogynecology and reconstructive pelvic surgery, or who possesses other qualifications acceptable to the Review Committee. (Core)</p> <p>2.10.b. In addition to the program director, there must be at least one <u>urogynecology and reconstructive surgery</u> core program faculty member who is certified in urogynecology and reconstructive pelvic 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>					
Hand surgery	<p>2.9.a.1. Physician faculty members who are hand surgeons must have completed an ACGME-accredited or AOA-approved hand surgery fellowship and be certified in hand surgery by an ABMS board or AOA board, or be on a pathway towards achieving such certification. (Core)</p>					

FACULTY CERTIFICATION					
Specialty/Subspecialty	Program Requirement Change				
	<p>2.10.b. There must be at least two core physician faculty members who are orthopaedic surgeons, plastic surgeons, or surgeons with hand surgery experience, including the program director, who have completed an ACGME-accredited or AOA-approved fellowship in hand surgery and have certification in hand surgery by an ABMS board or AOA Board, and who are actively involved in the instruction and supervision of fellows during the 12 months of accredited education. (Core)</p>				
Hospice and palliative medicine	<p>2.3.b. Programs must appoint at least one of the subspecialty-certified core faculty members <u>in hospice and palliative medicine</u> to be associate program director(s). The associate program director(s) must be provided with support equal to a dedicated minimum time for administration of the program as follows: (Core)</p> <p>2.10.b. In addition to the program director, programs must have a minimum number of core faculty members 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, based on the number of approved fellow positions as follows: (Core)</p> <table border="1" data-bbox="577 966 1900 1088"> <thead> <tr> <th>Number of Approved Fellow Positions</th> <th>Minimum Number of ABMS or AOA Subspecialty-Certified Core Faculty Members</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Number of Approved Fellow Positions	Minimum Number of ABMS or AOA Subspecialty-Certified Core Faculty Members		
Number of Approved Fellow Positions	Minimum Number of ABMS or AOA Subspecialty-Certified Core Faculty Members				
Internal medicine-pediatrics	<p>2.11.b. In addition to the program director, there must be at least <u>one internal medicine-pediatrics core faculty member who is an internal medicine physician and/or pediatrician certified in internal medicine by the ABIM or AOBIM and/or certified in pediatrics by the ABP or AOBP</u> for every eight residents in the program. (Core)</p> <p>2.11.c. Among the program director and the required number of medicine-pediatrics core faculty members, at least 50 percent of the individuals must be <u>internal medicine physicians currently certified in internal medicine by the ABIM or AOBIM</u> and at least 50 percent of the individuals must be <u>pediatricians currently certified in pediatrics by the ABP or AOBP</u>. (Core)</p>				

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	<p>Future Effective (7/1/2026)</p> <p><u>2.10.a. Any other specialty or subspecialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee.</u> (Core)</p> <p>2.10.b. There must be <u>internal medicine physicians</u> with certification in internal medicine by the ABIM or AOBIM to teach and supervise internal medicine residents while they are on internal medicine inpatient and outpatient rotations. (Core)</p> <p>2.10.c. Physicians certified by the ABIM or the AOBIM in the relevant subspecialty must be available to teach and supervise internal medicine residents when they are on internal medicine subspecialty rotations. (Core)</p> <p>2.10.d. Physicians certified by an ABMS member board or AOA certifying board in the relevant subspecialty should be available to teach and supervise internal medicine residents when they are on multidisciplinary subspecialty rotations. (Core)</p> <p>2.10.e. Physicians certified by an ABMS member board or AOA certifying board in the relevant specialty should be available to teach and supervise internal medicine residents while they are having non-internal medicine experiences. (Core)</p> <p>2.10.g. For all pediatric subspecialty rotations there must be pediatric subspecialty physician faculty members who have current certification in their subspecialty by the ABP or the AOBP, or who possess qualifications judged acceptable by the Review Committee. (Core)</p> <p>2.11.b. In addition to the program director, there must be at least one core faculty member in <u>internal medicine</u> certified in internal medicine by the ABIM or AOBIM and/or <u>pediatrics</u> certified in pediatrics by the ABP or AOBP for every eight residents in the program. (Core)</p>

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	<p>2.11.c. Among the program director and the required number of internal medicine-pediatrics core faculty members, at least 50 percent of the individuals must be <u>internal medicine physicians</u> currently certified in internal medicine by the ABIM or AOBIM and at least 50 percent of the individuals must be <u>pediatricians</u> currently certified in pediatrics by the ABP or AOBP. (Core)</p>
Medical Toxicology	<p>4.4.I. Fellows must demonstrate competence in consulting on calls from a referral population of poisoned patients under the supervision of a <u>medical toxicologist</u> physician who is certified in medical toxicology. (Core)</p> <p>4.11.n. Fellows must have 24 months' experience with a referral population of poisoned patients under the supervision of a <u>medical toxicologist</u> physician, who is certified in medical toxicology, or who possess appropriate qualifications as determined by the Review Committee. (Core)</p>
Neurocritical care	<p>2.9.b. Other qualifications acceptable to the Review Committee, ABNS certification in neurological surgery and ABNS Recognized Focused Practice in neurocritical care. (Core)</p> <p>2.10.c. These core faculty members must be certified in neurocritical care by the American Board of Anesthesiology, Emergency Medicine, Internal Medicine, or Psychiatry and Neurology, or have ABNS certification in neurological surgery and ABNS Recognized Focused Practice in neurocritical care; <u>or possess qualifications judged acceptable to the Review Committee.</u> (Core)</p> <p>2.10.c.1. If the Sponsoring Institution has ACGME-accredited neurology and neurological surgery residency programs, the core faculty of the neurocritical care fellowship program must include at least one <u>American Board of Psychiatry and Neurology (ABPN) certified neurologist with ABPN certification expertise</u> in neurocritical care and one ABNS or AOBS certified neurological surgeon. (Core)</p> <p>2.10.c.2. If the Sponsoring Institution has an ACGME-accredited neurology residency program and no neurological surgery residency program, the core faculty of the neurocritical</p>

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	care fellowship program must include at least one ABPN-certified neurologist with ABPN certification in neurocritical care and one ABNS-certified neurological surgeon with ABNS Recognized Focused Practice in neurocritical care , or <u>qualifications judged acceptable to the Review Committee.</u> ^(Core)
Neuroendovascular Intervention	<p>3.2.a.2.d. During the PGY-5 of diagnostic radiology residency and the PGY-6 of neuroradiology fellowship, fellows must complete at least 200 neuroangiograms under the supervision of a qualified physician (an ABR/AOBR-certified a radiologist or interventional neuroradiologist, an ABNS/AOBS-certified endovascular neurosurgeon, or an ABNP/AOBNP-certified interventional neurologist with appropriate training). ^(Core)</p> <p>3.2.a.4.d. During the PGY-5 and -6 of interventional radiology residency and the PGY-7 of neuroradiology fellowship, fellows must complete at least 200 neuroangiograms under the supervision of a qualified physician (an ABR/AOBR-certified radiologist or interventional neuroradiologist, an ABNS/AOBS-certified endovascular neurosurgeon, or an ABNP/AOBNP-certified interventional neurologist with appropriate training). ^(Core)</p> <p>3.2.a.5.b.2. [Fellows must have completed a preparatory year of neuroradiology training that provides education and clinical experience may occur during the neurological surgery residency, and should include: ^(Core)] performing and interpreting a minimum of 200 diagnostic neuroangiograms under the supervision of a qualified physician (an ABR/AOBR-certified radiologist or interventional neuroradiologist, an ABNS/AOBS-certified endovascular neurosurgeon, or an ABNP/AOBNP-certified interventional neurologist with appropriate training); ^(Core)</p> <p>3.2.a.6.c.2. [Fellows must have completed a preparatory year of neuroradiology training that provides education and clinical experience that includes: ^(Core)] performing and interpreting a minimum of 200 diagnostic neuroangiograms under the supervision of a qualified physician (an ABR/AOBR-certified radiologist or interventional neuroradiologist, an ABNS/AOBS-certified endovascular neurosurgeon, or an ABNP/AOBNP-certified interventional neurologist with appropriate training); ^(Core)</p>

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Pediatric emergency medicine	<p>2.9.b. Fellows must have interactions with both ABEM- or AOBEM-emergency medicine certified faculty members and ABP- or AOBP-certified <u>pediatric</u> faculty members over the course of the fellowship in all curricular elements, including didactics and clinical experience in the management of acutely ill and injured patients. (Core)</p> <p>2.9.c. 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>2.10.b. To ensure the quality of the educational and scholarly activity of the program, and to provide adequate supervision of fellows, the core faculty must include at least three pediatric emergency medicine physicians including the program director, there must be at least three members of the core faculty, including the program director, who are ABEM-, AOBEM-, ABP- or AOBP-certified in <u>pediatric emergency medicine</u>. (Core)</p>		
Sleep medicine	<p>2.3.b. Program must appoint at least one of the subspecialty-certified core faculty members to be associate program director(s). (Core)</p> <p>2.9.a.1. Faculty who are ABMS- or AOA-certified in anesthesiology, family medicine, internal medicine, neurology, otolaryngology, pediatrics, psychiatry, pulmonology, should be available to the program. (Core)</p> <p>2.10.b. In addition to the program director, programs must have the minimum number of core faculty members <u>in sleep medicine</u> 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 based on the number of approved fellow positions, as follows: (Core)</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 5px;">Number of Approved Positions</td> <td style="padding: 5px;">Minimum Number of ABMS- or AOA-Certified Core Faculty</td> </tr> </table>	Number of Approved Positions	Minimum Number of ABMS- or AOA- Certified Core Faculty
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Sports Medicine	<p>2.6.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. ^(Core)</p> <p>2.6.b. The faculty must include at least one American Board of Orthopaedic Surgery or American Osteopathic Board of Orthopaedic Surgery 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)</p>		
Geriatric Medicine	<p>2.3.b. Programs must appoint at least one of the subspecialty-certified core faculty members <u>in geriatric medicine</u> to be associate program director(s). The associate program director(s) must be provided with support equal to a dedicated minimum time for administration of the program as follows: ^(Core)</p> <p>2.10.b. In addition to the program director, programs must have the minimum number of core faculty members who are certified in geriatric medicine by the ABIM, ABFM, AOBIM, or AOBFP based on the number of approved fellow positions, as follows: ^(Core)</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 5px;">Number of Approved Positions</td> <td style="padding: 5px;">Minimum Number of Certified Core Faculty Members</td> </tr> </table>	Number of Approved Positions	Minimum Number of Certified Core Faculty Members
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Specialty	Program Requirement Change
Diagnostic Radiology	<p>3.5.a. The program director must conduct a Milestones assessment of a resident's clinical competence within three months of transfer into the program. (Core)</p> <p>3.5.b. Resident transfers from ACGME-accredited integrated interventional radiology programs into diagnostic radiology programs must be limited to transfers within the same Sponsoring Institution and must meet the following qualifications for transfer: (Core)</p> <p>3.5.b.1. Transfers into the PGY 3 or PGY 4 level must be from the equivalent level in the integrated interventional radiology program. (Core)</p> <p>3.5.b.2. Residents transferring into the PGY 5 level must have taken or be eligible to take the ABR Core Examination or the AOBR Combined Physics and Diagnostic Imaging Examination. (Core)</p>
Interventional radiology	<p>3.5.a. Integrated Programs The program director must conduct a Milestones assessment of a resident's clinical competence in both interventional and diagnostic radiology within 12 weeks of transfer into the program. (Core)</p> <p>3.5.b. Resident transfers from ACGME-accredited diagnostic radiology programs into integrated interventional radiology programs must be limited to transfers from within the same Sponsoring Institution and must meet the following qualifications for transfer: (Core)</p> <p>3.5.b.1. Transfers into the PGY 3 or PGY 4 must be from the equivalent level in the diagnostic radiology program. (Core)</p> <p>3.5.b.2. Residents transferring into the PGY 5 must have taken or be eligible to take the ABR Core Examination or the AOBR Diagnostic Radiology Combined Physics and Diagnostic Imaging Written Exam, and must have successfully completed at least three rotations in interventional radiology. (Core)</p>
Emergency Medicine	<p>3.5.a. For information concerning the transfer of residents between emergency medicine residencies with differing educational formats and advanced placement credit for education in</p>

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Specialty	Program Requirement Change
	other specialties, contact the ABEM and/or the AOBEM prior to the resident entering the program.
General Surgery	3.5.a. All transferring residents must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core) 3.5.b. The entirety of a resident's PGY-4 and PGY-5 clinical experience must be spent in the same program. (Core)
Family Medicine	4.10.b. Residents must complete the last 24 months of their education in the same family medicine program. (Core)
Internal Medicine- Pediatrics	Future effective date 7/1/2026: <u>3.3.b. Residents must not begin combined training in internal medicine-pediatrics beyond the beginning of the PGY-2 level. (Core)</u> 3.5.a. Residents must not enter the combined program beyond the beginning of the PGY-2 level. (Core)
Neurological Surgery	3.5.a. The Review Committee for Neurological Surgery does not allow transfer into an ACGME-accredited neurological surgery program from a RCPSC-accredited program at the PGY-2 level or above. (Core) 3.5.b. Prior to matriculating a resident to fill a vacancy at the PGY-2 level and above, the program must obtain Review Committee approval. (Core)
Neurology	3.5.a. The program director must also obtain a written or electronic summative, competency-based performance evaluation of the PGY-1 for a resident entering the program as a PGY-2 and who completed the PGY-1 in a different program. (Core)
Orthopaedic Surgery	4.11.c.2. The final 24 months of education must be obtained in a single program. (Core)
Otolaryngology – Head and neck surgery	3.5.a. The Review Committee for Otolaryngology – Head and Neck Surgery does not allow transfer into an ACGME-accredited otolaryngology – head and neck surgery program at the PGY-2 level or above from a RCPSC-accredited program. (Core)
Plastic Surgery	Resident Eligibility 3.3.a.1. Prerequisite Clinical Education

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Specialty	Program Requirement Change
	<p>The Review Committee must be informed of all training credit granted by the American Board of Plastic Surgery (ABPS) or the American Osteopathic Board of Surgery — Plastic and Reconstructive Surgery that affects a resident’s required educational program length. (Core)</p> <p>Specialty Specific Background and Intent: Residents who receive training credit from the American Board of Plastic Surgery or the American Osteopathic Board of Surgery — Plastic and Reconstructive Surgery may not be required to complete 72 months in the Integrated program or 36 months in the Independent program as outlined in Program Requirements 4.1. Programs must submit a copy of the letter received from the applicable board to the Review Committee, and note the training credit in the resident’s file in ADS.</p> <p><u>3.3.a.3. Residents entering an integrated plastic surgery program at the PGY-2 level must have successfully completed the PG-1 year in general surgery, neurological surgery, orthopaedic surgery, otolaryngology, thoracic surgery, urology, vascular surgery, or an integrated plastic surgery program that satisfies Program Requirement 3.3. (Core)</u></p> <p><u>3.3.a.4. Residents entering an integrated plastic surgery program at the PGY-3 level must meet one of the following:</u></p> <ul style="list-style-type: none"> • <u>successful completion of at least two years of education in general surgery, neurological surgery, orthopaedic surgery, otolaryngology, thoracic surgery, urology, vascular surgery, or two years of an integrated plastic surgery residency program that satisfies Program Requirement 3.3.; (Core)</u> • <u>completion of a residency program in oral and maxillofacial surgery approved by the American Dental Association sufficient to qualify for certification with the American Board of Oral and Maxillofacial Surgery, and attainment of a medical degree followed by a minimum of two years of clinical general surgery. (Core)</u>

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Specialty	Program Requirement Change
	<p>3.5.a. The program must not accept residents from differing educational formats (e.g., integrated to independent format or vice versa) without the advance approval of the Review Committee.^(Core)</p> <p>3.5.b. To be eligible for transfer into <u>to</u> an integrated plastic surgery program, residents must have completed the following residency education in an accredited program as outlined in Program Requirements 3.3.a.1-2.:</p> <p>3.5.b.1. Beginning PGY-2: Residents must have successfully completed the PG-1 year in general surgery, neurological surgery, orthopaedic surgery, otolaryngology, thoracic surgery, urology, vascular surgery, or an integrated plastic surgery program that satisfies Program Requirement 3.3.^(Core)</p> <p>3.5.b.2. Beginning PGY-3: Residents must have successfully completed at least two years of education in any of the surgical specialties listed in Requirement 3.5.b.2.a. or two years of an integrated plastic surgery residency program that satisfies Program Requirement 3.3.^(Core)</p> <p>3.5.b.2.a. Residents who have (1) completed a residency program in oral and maxillofacial surgery approved by the American Dental Association sufficient to qualify for certification with the American Board of Oral and Maxillofacial Surgery, and who have (2) obtained a medical degree, and who have (3) completed a minimum of two years of clinical general surgery after obtaining a medical degree may transfer into the integrated plastic surgery program at the PGY-3 level.^(Core)</p> <p>3.5.c. Beginning PGY-4: Residents must have completed graduate medical education in one of the surgical pathways listed in Program Requirement 3.5.b.2.a. sufficient to qualify for certification by the related Board.^(Core)</p> <p>3.5.c.1. PGY 4, PGY 5, and PGY 6 years must be completed at the same institution.^(Core)</p>

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Specialty	Program Requirement Change
	<p>3.5.c.2. The program must obtain prior approval of the Review Committee before accepting such a resident for transfer. (Core)</p> <p>3.5.d. PGY-5 and -6: Programs must obtain prior approval from the Review Committee before accepting a resident at the PGY-5 or -6 level. (Core)</p> <p>4.11.b.3. Residents in an Integrated program must complete the last 36 months of their education in the same plastic surgery program. (Core)</p>
Psychiatry	3.5.a. If previous ACGME accredited education was not in a psychiatry program, residents may receive up to but no more than 12 months' credit for prior education as part of the expected 48 months of the educational program. (Core)
Thoracic Surgery (Independent)	<p>3.4.a. This summative evaluation must include an assessment of each fellow's performance to date, a summary of the evaluations of the fellow by faculty members and other evaluators, a current Milestones assessment, assessment of the operative Case Logs, and the fellow's comprehensive rotation schedule listing all rotations completed during the educational program. (Core)</p> <p>3.4.b. Only fellows currently enrolled in an independent thoracic surgery fellowship are eligible to transfer to another independent fellowship. (Core)</p> <p>3.4.c. Fellows may not transfer in their final year. (Core)</p> <p>3.4.d. Residents who are participating in a 4+3 early specialization, must transfer into that pathway by the start of their PGY4 surgery training year. (Core)</p> <p>3.4.e. Any fellow transfer must be approved in advance by the Review Committee. (Core)</p>
Thoracic Surgery (Integrated)	<u>3.3.a.1. To be eligible for appointment at the PGY-2 level, residents must have satisfactorily completed a minimum of one year in a program in surgery, integrated vascular surgery, or integrated thoracic surgery that satisfies requirement 3.3. (Core)</u>

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Specialty	Program Requirement Change
	<p><u>3.3.a.2. To be eligible for transfer at the PGY-3 level, residents must have satisfactorily completed a minimum of two years in an integrated thoracic surgery program that satisfies requirement 3.3, or a combination of a minimum of one year in an ACGME-accredited program in surgery or integrated vascular surgery and a minimum of one year in an ACGME-accredited integrated thoracic surgery program, that satisfies requirement 3.3. (Core)</u></p> <p>3.5.a. Resident transfers into an integrated thoracic surgery program must be approved in advance by the Review Committee. (Core)</p> <p>3.5.b. To be eligible for transfer at the PGY-2 level, residents must have satisfactorily completed a minimum of one year in an ACGME-accredited program in surgery, integrated vascular surgery, or integrated thoracic surgery. (Core)</p> <p>3.5.c. To be eligible for transfer at the PGY-3 level, residents must have satisfactorily completed a minimum of two years in an ACGME-accredited integrated thoracic surgery program, or a combination of a minimum of one year in an ACGME-accredited program in surgery or integrated vascular surgery and a minimum of one year in an ACGME-accredited integrated thoracic surgery program. (Core)</p> <p>3.5.d. No resident may transfer into an integrated thoracic surgery program during the PGY 4, 5, or 6.</p> <p>3.5.e. This summative evaluation must include an assessment of each resident's performance to date, a summary of the evaluations of the resident by faculty members and other evaluators, a current Milestones assessment, assessment of the operative Case Logs, and the resident's comprehensive rotation schedule listing all rotations completed during the educational program. (Core)</p>